



Report Identification Number: SY-23-045

Prepared by: New York State Office of Children & Family Services

Issue Date: Mar 26, 2024

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services had an open investigation or a CPS monitored services case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services	DA-District Attorney	
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	SXTF-Sex Trafficking
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 10 month(s)

Jurisdiction: Madison
Gender: Female

Date of Death: 10/28/2023
Initial Date OCFS Notified: 10/28/2023

Presenting Information

On 10/28/2023, initial and duplicate SCR reports were received regarding the death of the 10-month-old subject child which occurred that day. The SCR reports alleged that the mother, father, subject child, and surviving sibling were in the family's car while the parents delivered food. One of the SCR reports alleged the parents left the subject child alone in her car seat for an unknown period of time. Around 9:00 PM, the mother noticed the subject child was cold to the touch and unresponsive. The parents carried the subject child inside of a gas station where bystanders initiated CPR and contacted 911. Emergency medical services responded to the scene and transported the subject child to the hospital. Hospital staff observed suspicious trauma and bruising to the subject child's rectal area. Hospital staff continued CPR; however, the subject child was pronounced deceased at 9:41 PM.

Executive Summary

This report concerns the death of the 10-month-old subject child which occurred on 10/28/2023. At the time of her death, the subject child resided with her mother, father, and 5-year-old sibling. Due to the initial unexplained nature of the subject child's death, Madison County Department of Social Services (MCDSS) coordinated with the mother and father to enact a safety plan such that their contact with the sibling would be supervised. The parents cooperated with the safety plan, which was lifted once MCDSS learned of pertinent information regarding the fatality. The sibling was assessed to be safe in the care of the parents during the remainder of the investigation.

On 10/28/2023, the mother, father, subject child, and surviving sibling were in the family's car while the parents worked delivering food. The father was driving, the mother was in the passenger seat, and the subject child and surviving sibling were in the back seat of the car in an infant car seat and booster seat, respectively. The family stopped at a gas station and the mother fed the subject child a few ounces of formula while the father was pumping gas. Around 9:00 PM, the mother reached into the back seat and touched the subject child's leg and noticed she was cold to the touch. The mother then shined a light into the back seat and observed the subject child was blue in color. The family stopped at another gas station and the mother ran inside with the subject child. Bystanders initiated CPR and contacted 911.

Emergency medical services responded and took over resuscitative efforts. The subject child was transported to the hospital where life saving efforts continued; however, the subject child was pronounced deceased at 9:41 PM. Hospital staff noted a concern for sexual abuse due to bruising and trauma to the subject child's rectum.

An autopsy was completed, and the final autopsy report listed the manner of death as Natural and the cause of death as Pneumonia RSV/Enterovirus complicated by Failure to Thrive. The autopsy report noted the subject child's diagnosis of Failure to Thrive was not suspected to be attributed to abuse or neglect by the parents and furthermore, noted there was no evidence of sexual abuse found during the autopsy. There was no criminality suspected in the subject child's death and the law enforcement investigation was closed with no charges or arrests.

The allegations of DOA / Fatality, Inadequate Guardianship, Internal Injuries, Lacerations / Bruises / Welts, and Lack of Supervision were unsubstantiated. The Investigation Conclusion Narrative noted there was no evidence found to support any of the allegations and the final autopsy report listed the manner of death as Natural with no evidence of abuse or neglect.

MCDSS offered information and referrals for bereavement and other services and the mother and father declined all



services. The mother reported she had contacted the surviving sibling’s school counselor who agreed to speak with the sibling regarding the subject child’s death. The CPS investigation was unfounded and closed on 1/22/2024.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:
MCDSS conducted a thorough investigation which met regulatory requirements. Information was gathered from pertinent sources to conduct the fatality investigation and assess the safety of the surviving sibling. The determination was made in congruence with the information gathered.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/28/2023

Time of Death: 09:41 PM

Time of fatal incident, if different than time of death: Unknown



County where fatality incident occurred: Oneida
 Was 911 or local emergency number called? Yes
 Time of Call: 09:08 PM
 Did EMS respond to the scene? Yes
 At time of incident leading to death, had child used and/or ingested alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

Total number of deaths at incident event:

Children ages 0-18: 1
 Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	10 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)

LDSS Response

Immediately upon receipt of the SCR report, MCDSS initiated an investigation, coordinated with law enforcement, interviewed the parents, gathered information from pertinent collaterals, and implemented a safety plan concerning the surviving sibling.

The mother and father were interviewed on multiple occasions and provided substantively similar timelines regarding the events of 10/28/2023. The mother and father were working together delivering food in the family's car with the subject child and surviving sibling in the back seat. At an unknown time during the evening, the mother fed the subject child formula while the family was stopped at a gas station. Around 9:00 PM, the mother touched the subject child's leg and noticed she was cold to the touch. The mother shone a flashlight into the back seat and observed the subject child was blue in color. The father pulled the car into a gas station and the mother ran inside with the subject child where bystanders initiated CPR and contacted 911. The parents stated the subject child had a low fever of 100 degrees earlier in the day and they administered an over-the-counter fever reducer. The surviving sibling had been ill in the days prior, seen at the doctor, and the same medication was recommended. The parents denied the children were left alone or unsupervised in the car at any point and denied any physical abuse or trauma inflicted on the subject child.

Due to the reported concerns for sexual abuse, the surviving sibling was interviewed at a CAC. The sibling denied any abuse, sexual or otherwise, and reported he and the subject child were safe and well cared for by the mother and father. The sibling was observed to be clean and free of suspicious injuries.

Due to the initial uncertainty regarding the cause of death, a safety plan was implemented wherein the mother and father



agreed to be supervised with the surviving sibling. The maternal grandmother and grandfather resided near to the family, and the surviving sibling stayed with them until such time as it was determined there were no ongoing safety concerns related to the fatality and the safety plan ended. The grandparents were interviewed and denied any concerns for the subject child or surviving sibling in the care of the parents.

There was a 12-year-old paternal half-sibling who resided with his mother and visited infrequently with the father. MCDSS contacted the 12-year-old half-sibling's mother who reported the half-sibling was well cared for in her home and rarely visited the father. The 12-year-old half-sibling's mother declined further CPS involvement and requested that MCDSS not visit her home or interview her son.

MCDSS gathered information from the children's pediatrician and learned both children were up to date with well visits and immunizations. Records showed there was previous concern for the subject child's poor weight gain; however, the pediatrician noted the parents were compliant with appointments and medical directives. The subject child was scheduled for a consultation with a specialist on 11/1/2023, due to a concern her poor weight gain was related to a thyroid issue.

MCDSS spoke with other service providers including Early Intervention, who visited the family twice monthly. All providers denied any concerns for the subject child and surviving sibling in the care of the parents.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

Comments: The fatality was referred to a regional Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066569 - Deceased Child, Female, 10 Month(s)	066570 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
066569 - Deceased Child, Female, 10 Month(s)	066570 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
066569 - Deceased Child, Female, 10 Month(s)	066571 - Father, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
066569 - Deceased Child, Female, 10 Month(s)	066571 - Father, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
066569 - Deceased Child, Female, 10 Month(s)	066570 - Mother, Female, 27 Year(s)	Internal Injuries	Unsubstantiated
066569 - Deceased Child, Female, 10 Month(s)	066570 - Mother, Female, 27 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
066569 - Deceased Child, Female, 10 Month(s)	066570 - Mother, Female, 27 Year(s)	Lack of Supervision	Unsubstantiated



Child Fatality Report

Month(s)	Year(s)		
066569 - Deceased Child, Female, 10 Month(s)	066571 - Father, Male, 30 Year(s)	Internal Injuries	Unsubstantiated
066569 - Deceased Child, Female, 10 Month(s)	066571 - Father, Male, 30 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
066569 - Deceased Child, Female, 10 Month(s)	066571 - Father, Male, 30 Year(s)	Lack of Supervision	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

MCDSS offered bereavement and counseling services to the family which were declined by the parents.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

MCDSS offered bereavement and counseling services to the family which were declined by the parents.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

Yes

Was the child acutely ill during the two weeks before death?

Yes

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Had a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

Infant was born:

- With a positive toxicology
- With fetal alcohol effects or syndrome



Exhibiting withdrawal symptoms

With none of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/29/2023	Deceased Child, Female, 7 Months	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Deceased Child, Female, 7 Months	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 7 Months	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Female, 7 Months	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged there was no food in the home for the subject child and surviving sibling and they were hungry as a result. The SCR report further alleged the home was infested with bedbugs and the surviving sibling had bedbug bites on his body. The father was alleged to be physically abusive towards the mother in the presence of the children.

Report Determination: Unfounded

Date of Determination: 08/24/2023

Basis for Determination:

The mother and father, as well as family collaterals and service providers, denied physical violence in the home or in the presence of the children. MCDSS learned from law enforcement there were no reports on file of violence between the parents. The home was observed to meet minimal standards with food and supplies for the children. The children were observed free of bug-bites. Through contact with the children's pediatrician, MCDSS learned there was a concern for the subject child's poor weight-gain; however, the pediatrician reported no concerns for the parent's care of the child and attributed it to a thyroid issue for which she was referred to a specialist appointment on 11/1/2023.

OCFS Review Results:

MCDSS initiated a timely investigation by making an immediate unannounced home visit to assess the safety of the subject child and surviving sibling. MCDSS gathered information from the family, law enforcement, the children's pediatrician, and other community based service providers, all of which reported no immediate concerns for the children in the care of the parents. The reported allegations were unsubstantiated in accordance with the evidence gathered, and the CPS investigation was appropriately closed.

Are there Required Actions related to the compliance issue(s)? Yes No

CPS - Investigative History More Than Three Years Prior to the Fatality

The father was listed as a FAR Recipient on an SCR report dated 4/26/12. There were concerns the father engaged in



verbal and physical violence towards the mother of a now 12-year-old surviving sibling. The FAR stage was closed with no concerns and the family declined service referrals.

Known CPS History Outside of NYS

There was no known history outside of NYS.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity.

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No