



Report Identification Number: RO-19-028

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

Issue Date: Jan 07, 2020

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 has an open 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		
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	
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: 1 year(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 07/23/2019
Initial Date OCFS Notified: 07/23/2019

Presenting Information

An SCR report received on 7/23/19, alleged that sometime between 7/22/19 and 7/23/19, the mother was physically assaulted by the parent sub in his home. The mother was strangled by the parent sub and then fled his residence with the subject child. The mother was aware the subject child was ventilator dependent since birth and had a tracheostomy tube. The mother left the subject child's ventilator and trachea supplies at the parent sub's home and failed to make an alternate plan to obtain replacement supplies for the subject child. On 7/23/19 at approximately 4:00 PM, the child's tracheostomy tube became unattached and the subject child was unable to breathe. The mother did not have another tracheostomy tube, and as a result, the subject child expired.

Executive Summary

This report concerns the death of a 1-year-old male child. Monroe County Department of Human Services (MCDHS) received SCR reports on 7/23/19, 7/24/19, and 8/5/19, regarding the death of the subject child. Sometime during the evening of 7/22/19, and the early morning hours of 7/23/19, the mother was assaulted by the parent sub, who was the father of the 2-month-old surviving sibling. Due to the altercation the mother fled the home with the subject child and the surviving sibling. The subject child was a medically fragile child who was ventilator dependent and had a tracheostomy tube since birth. The mother had left the ventilator and the trachea supplies at the parent sub's home when she fled with the children to the maternal grandmother's home. The mother failed to obtain replacement supplies for the subject child. On 7/23/19, the subject child's tracheostomy tube became unattached and the subject child was unable to breath. The mother did not have the proper supplies with her to reattach the tracheostomy tube and as a result the subject child died. 911 was called at 3:54 PM and EMS responded to the scene and the subject child was transported to the hospital where he was pronounced deceased at 4:30 PM.

MCDHS assessed the safety of the 2-month-old surviving sibling and there were no noted safety concerns. Upon further investigation, concerns arose in Family Court after the parent sub filed for custody of the surviving sibling. There were inconsistencies in statements provided by the mother, the maternal grandmother, the parent sub, the paternal grandmother and the nurses who provided round the clock care of the subject child prior to the subject child's death. The Family Court Judge ordered a 1034 investigation to be conducted by MCDHS. During the initial Article 6 custody hearing on 8/8/19, the Judge ordered that the mother was not to be alone with the surviving sibling. The mother was unable to provide a suitable resource for herself and the surviving sibling to stay with and provide supervision. The mother signed a consent for removal and the surviving sibling was temporarily placed in Foster Care. On 8/13/19, MCDHS filed an Article 10 neglect petition in Family Court and on 8/14/19, the Family Court Judge ordered the surviving sibling remain in care pending further orders of the Court.

The medical examiner's office declined jurisdiction as the child died from a known medical cause. The attending physician declared the cause of death was medical and the manner of death natural. There were no physical injuries and no signs of abuse or maltreatment. Law enforcement's investigation remained open and there were no arrests at the time of this writing

MCDHS completed all safety assessments and required reports accurately and on time. MCDHS obtained medical and law enforcement records, interviewed family members, and several collaterals about the care of the subject child. There were recent noted concerns about the care of the subject child by the mother.



MCDHS substantiated the allegations of DOA/fatality, lack of medical care and inadequate guardianship against the mother for the subject child. The mother failed to provide the subject child with the needed medical supplies for his care, thereby placing the subject child in immediate and impending danger of serious harm. MCDHS substantiated the allegation of inadequate guardianship against the mother and the parent sub for the surviving sibling. The mother and parent sub had serious mental health issues that impacted their parenting. On two separate occasions they assaulted each other while the parent sub was holding the surviving sibling. The case was indicated and opened for services. The surviving sibling remained in Foster Care at the time of this writing.

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? N/A

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:

The surviving sibling was remanded into foster care on 8/13/19 via an Article 10 neglect petition. The case remained open for services at the time of this writing.

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: 07/23/2019

Time of Death: 04:30 PM

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

Unknown

County where fatality incident occurred:

Monroe

Was 911 or local emergency number called?

Yes

Time of Call:

03:54 PM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Laying in bed

Did child have supervision at time of incident leading to death? Yes

At time of incident supervisor was: Not impaired.

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	Male	16 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	52 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	54 Year(s)
Other Household 1	Father	No Role	Male	29 Year(s)
Other Household 2	Father	Alleged Perpetrator	Male	19 Year(s)
Other Household 2	Grandparent	No Role	Female	42 Year(s)

LDSS Response

On 7/23/19, MCDHS received an SCR report about the death of the subject child. MCDHS coordinated investigative efforts with law enforcement, completed a CPS history check, contacted the medical examiner's office and the district attorney's office about death. The 2-month-old surviving sibling was initially assess to be safe; however, upon further investigation, safety concerns arose and the surviving sibling was placed in Foster Care via an Article 10 neglect petition.

MCDHS interviewed the mother and parent sub about the events leading up to the death of the subject child. The mother told MCDHS that she left her apartment due to a shooting near her home and went to the parent sub's home. The mother said sometime between the evening hours of 7/22/19, and the early morning hours of 7/23/19, the parent sub assaulted her. The mother said she fled the home with the medically fragile subject child and the surviving sibling and went to the maternal grandmother's home. On 7/23/19, the maternal grandmother's home was being fumigated and they went to spend



the day at the mother’s apartment. The mother and the maternal grandmother said the mother had gone upstairs and the maternal grandmother said the subject child’s tracheostomy tube had become dislodged and the subject child could not breath. The mother came downstairs, and they did not have the appropriate supplies to reattach the tube. The records show 911 was called at 3:56 PM and EMS responded to the home and transported the subject child to the hospital where he was pronounced deceased at 4:30 PM. After several interviews, MCDHS found there were discrepancies in the time frames provided by the maternal grandmother and the mother regarding when the subject child's tracheostomy tube became detached and when 911 was called.

The parent sub and the paternal grandmother said that the mother assaulted the parent sub, police were called, and the paternal grandmother and the parent sub left the home. The mother did not have to leave the home. MCDHS interviewed medical staff that cared for the subject child; the subject child required 24-hour nursing care. The nurses stated they had packed the appropriate medical supplies for the mother to take with her. The nurse also reported they had never witnessed the parent sub assault or display abusive behavior toward the mother. The nurses said the mother was fully trained in how toward reattach the subject child’s tracheostomy tube and knew what supplies were needed.

MCDHS offered referrals for bereavement services as well as other needed services to the family. The grandparents and the parents were questioned about drug/alcohol misuse and they denied misusing drugs/alcohol. There was no evidence of alcohol or drugs in the home at the time of the fatal incident. MCDHS appropriately addressed safe sleep practice with all family members.

The parent sub filed an Article 6 custody petition and the Family Court Judge ordered a 1034 investigation be conducted by MCDHS. The initial custody hearing was held on 8/8/19 in Family Court. As a result of that hearing, the Judge ordered that the mother not be left alone with the surviving sibling. The mother could not provide a suitable resource and signed consent for temporary removal of the surviving sibling; the surviving sibling was placed in Foster Care. On 8/13/19, MCDHS filed and Article 10 neglect petition in Family Court and a hearing was held on 8/14/19, and the Judge ordered the surviving sibling remain in Foster Care pending further orders of the court. The parents were to have supervised visits only and a paternity test was ordered for the parent sub. The case remained open with services in place at the time of this writing.

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: Hospital physician

Multidisciplinary Investigation/Review

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052392 - Sibling, Male, 2 Month(s)	052391 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
052392 - Sibling, Male, 2 Month(s)	052395 - Father, Male, 19 Year(s)	Inadequate Guardianship	Substantiated



Child Fatality Report

052397 - Deceased Child, Male, 16 Month(s)	052398 - Grandparent, Female, 52 Year(s)	Inadequate Guardianship	Unsubstantiated
052397 - Deceased Child, Male, 16 Month(s)	052391 - Mother, Female, 30 Year(s)	Lack of Medical Care	Substantiated
052397 - Deceased Child, Male, 16 Month(s)	052398 - Grandparent, Female, 52 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052397 - Deceased Child, Male, 16 Month(s)	052391 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
052397 - Deceased Child, Male, 16 Month(s)	052391 - Mother, Female, 30 Year(s)	DOA / Fatality	Substantiated

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



Child Fatality Report

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"/>
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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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 The 2-month-old surviving sibling was placed in Foster Care and the mother signed a consent for placement on 8/8/19. An Article 10 Neglect Petition was filed in Family Court and the initial appearance was on 8/14/19. The surviving sibling remained in care pending further court orders.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?
 Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
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08/13/2019	There was not a fact finding	There was not a disposition
Respondent:	052391 Mother Female 30 Year(s)	
Comments:	On 8/8/19, the mother signed a removal with consent for the surviving sibling and the surviving sibling was placed in foster care. MCDHS filed an Article 10 neglect petition on 8/13/19, and at the initial court appearance on 8/14/19, the Family Court Judge ordered the surviving sibling to remain in foster care pending further orders of the court.	

Have any Orders of Protection been issued? Yes	
From: Unknown	To: Unknown
Explain: On 8/14/19, the Family Court Judge ordered that the surviving sibling would remain in Foster Care and the mother and the putative father (parent sub) of the surviving sibling would have supervised visits only pending further orders of the Court. The Court also ordered the putative father to undergo a paternity test.	

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Foster Care/Preventive services



History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? No
Was the child acutely ill during the two weeks before death? Yes

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)
01/09/2019	Deceased Child, Male, 1 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 1 Years	Mother's Partner, Male, 18 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The report alleged the mother and the parent substitute would physically assault the maternal grandmother in the presence of the subject child. The subject child was not harmed. The subject child was on life support and on oxygen. The parent substitute smoked cigarettes around the subject child which had a negative impact on the child's breathing. The mother was aware and continued to allow the parent substitute to smoke around the subject child.

Report Determination: Unfounded

Date of Determination: 04/01/2019

Basis for Determination:

Based on interviews with collaterals, family members, and observations of the subject child and the home, there was not enough evidence to support the allegation of inadequate guardianship against the mother and the parent substitute for the subject child. There was no evidence that anyone smoked in the home. The subject child had 24-hour in home nursing care and there were no noted concerns for the care of the subject child by the mother. The parent substitute did not provide care for the subject child. The mother moved from the maternal grandmother's home into her own apartment prior to the case closing and there were no noted safety concerns in the new home.

OCFS Review Results:

MCDHS gathered sufficient information to make a determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/20/2018	Deceased Child, Male, 6 Months	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

The report alleged that the mother suffered from PTSD, depression, anxiety, and schizophrenia. The mother was the primary caretaker of the subject child and was not in treatment for her mental health issues and was not taking her



prescribed medication. The mother made poor decisions regarding who she allowed to be around the subject child. The mother was acting out aggressively, verbally, and physically. The mother recently became physically violent toward a family member who was at the home. The subject child was present but not injured.

Report Determination: Unfounded

Date of Determination: 06/19/2018

Basis for Determination:

MCDHS unsubstantiated the allegation of inadequate guardianship against the mother for the subject child. Based on interviews with multiple collaterals, family members and hospital records there was no credible evidence to support the allegations. The subject child was born on 10/31/17, and remained in the hospital since his birth. The subject child was a medically fragile child. The mother was referred to community-based services and the case was unfounded and closed.

OCFS Review Results:

MCDHS gathered sufficient information to make a determination.

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

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

There was no history more than three years prior to the fatality; however, the maternal grandmother had extensive history against her for the mother and the uncle of the subject child when they were children.

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