



Report Identification Number: RO-21-028

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

Issue Date: May 26, 2022

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Monroe
Gender: Female

Date of Death: 12/06/2021
Initial Date OCFS Notified: 12/06/2021

Presenting Information

An SCR report alleged that sometime on 12/5/21, the father picked up the 2-year-old sibling and 1-month-old subject infant for a visit. On 12/6/21, at approximately 6:45 AM, the father woke up to find the infant unresponsive and not breathing in her portable crib. The sibling was also in the portable crib with the infant. The father called 911 and he was holding the infant when EMS arrived. The infant was transported to the hospital and was pronounced deceased at 7:37 AM on 12/6/21.

Executive Summary

On 12/6/21, the Monroe County Department of Human Services (MCDHS) received an SCR report regarding the death of the 1-month-old female infant. At the time of the infant’s death, she and the 2-year-old sibling primarily resided with the father, paternal grandmother, and great grandmother. The mother shared custody of the children with the father and she resided with the maternal grandmother and maternal uncle.

Through a joint investigation with law enforcement, MCDHS learned that the children were at the father’s home on the night of 12/5/21. The father and sibling slept in the father’s bed and the infant slept in the portable crib that was at the foot of the father’s bed. The father woke up around 6:45 AM, and he discovered the sibling had climbed into the portable crib and he was lying next to the infant. The infant was laying on her back, and she was pale and unresponsive. The father immediately brought the infant to the paternal grandmother for help, and he called the mother and 911. He attempted to perform CPR until EMS arrived and took over. The infant was transported to the hospital via ambulance, where she was pronounced deceased at 7:37 AM.

An autopsy was performed, and the final report was pending at the time this report was written. The law enforcement investigation remained open pending the final autopsy results.

Home visits were conducted at both parents’ homes and the sibling was assessed to be safe. The parents engaged in Family Trauma Intervention Services and the father engaged in chemical dependency services.

MCDHS unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship against the father regarding the infant and Inadequate Guardianship against the father regarding the sibling. At the time the case was closed, the cause of the infant’s death had not yet been determined; however, there were no signs of trauma and it appeared to be accidental. There was a lack of credible evidence that the parents failed to provide the children with a minimum degree of care or that the infant’s death was caused by the actions or inactions of the parents. On 12/30/21, the case was opened for preventive services.

PIP Requirement

For citations identified in historical cases, MCDHS will submit a PIP to the Rochester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) MCDHS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, MCDHS will review the plan and revise as needed to address ongoing concerns.

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

Explain:

The case was appropriately unfounded and opened for Preventive Services.

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:

Casework activity was commensurate with best casework practice.

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: 12/06/2021

Time of Death: 07:37 AM

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:

06:59 AM

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

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

How long before incident was the child last seen by caretaker? 5 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- 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	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	24 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	60 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	74 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Other Household 1	Aunt/Uncle	No Role	Male	23 Year(s)
Other Household 1	Grandparent	No Role	Female	60 Year(s)
Other Household 1	Mother	No Role	Female	23 Year(s)

LDSS Response

MCDHS reviewed SCR history and they spoke to the source of the report, law enforcement and hospital staff. They reviewed records from the pediatrician, EMS, hospital, law enforcement, the infant's birth records and the 911 call. They interviewed the adults at both parents' homes and they assessed both homes to be safe. Attempts to interview the sibling were unsuccessful due to his development level, but he was observed to be safe throughout the investigation. MCDHS consulted with their legal department regarding the father's history of drug and alcohol use and physical violence toward the mother.

Through interviews with the parents, it was learned that the parents separated in the summer of 2021, due to a history of the father using drugs and alcohol and becoming physically violent toward the mother. The mother denied any incidents of violence since then, or that the violence occurred in the presence of the children. The infant was born full-term, and she was healthy. The parents were aware of safe sleep guidelines and the infant slept in a bassinet at the mother's home. At the father's home, the sibling slept in the father's bed and the infant slept in a portable crib in the father's bedroom. The



portable crib was at the foot of the father’s bed, and the top of the crib was level with the bed. The father said it used to be the sibling’s portable crib, so sometimes the sibling climbed into it during the day and played. The parents denied the sibling ever slept in the portable crib or basinet with the infant.

The father stated that the mother dropped the children off at his house on 12/3/21, and the infant had a typical weekend. The infant appeared to be fine when he last fed her a bottle around 1:00 AM on 12/6/21. The infant drank three ounces of formula, then he burped her and placed her on her back in the portable crib. There was a fleece blanket spread out flat under the infant and he placed a second fleece blanket on top of the infant, covering up to her mid torso. The sibling tried to climb into the portable crib at that time, but the father redirected him, and they both fell sleep in the father’s bed. When he woke up around 6:45 AM, the father realized the sibling had crawled into the portable crib and he was cuddled up to the infant. The infant was still on her back and facing up, but she was very pale, so he knew something was wrong. He brought the infant downstairs to the grandmother. He called the mother first, then he called 911. The father admitted to regular marijuana use but denied using drugs while caring for the children. He admitted to occasional alcohol use, and he said he drank one beer the night of the incident. He was observed to be coherent, and he did not appear impaired during casework contacts.

The paternal grandmother said she last saw the children around 9:00 PM on 12/5/21, and both children were awake and appeared to be fine at that time. She received a call from the mother telling her the father needed assistance. She found the father in the kitchen, and she assisted him with calling 911. She said the infant was very cold and she was not responding to the father’s attempts to revive her. The great grandmother left for work around 11:30 PM, so she was not home at the time of the incident. The grandmother and great grandmother had no concerns for the parents’ care of the children.

The mother said she last saw the infant at the father’s home on 12/4/21. She appeared to be in good health at that time and the mother had no concerns. On the morning of 12/6/21, she received a call from the father telling her the infant was not breathing. When she arrived at the father’s home, the infant was in the ambulance. She briefly spoke to the father before she went to the hospital, and he appeared to be sober.

Pediatrician records showed the infant was last seen on 11/23/21, and there were no concerns noted. EMS and hospital records showed the infant had no pulse and no signs of trauma.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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 case was referred to an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060301 - Deceased Child, Female, 1 Mons	060302 - Father, Male, 24 Year(s)	Inadequate Guardianship	Unsubstantiated



Child Fatality Report

060301 - Deceased Child, Female, 1 Mons	060302 - Father, Male, 24 Year(s)	DOA / Fatality	Unsubstantiated
060303 - Sibling, Male, 2 Year(s)	060302 - Father, Male, 24 Year(s)	Inadequate Guardianship	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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Explain:
Risk was adequately assessed and a Preventive Services Case was opened to provide the family with Family Trauma Intervention Services.

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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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 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 type="checkbox"/>	<input checked="" 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

The parents engaged in Family Trauma Intervention 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? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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)
05/19/2021	Other Child - Other Child , Male, 3 Years	Other Adult - Other Adult , Female, 25 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - Other Child , Male, 3 Years	Other Adult - Other Adult , Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Other Adult - Other Adult , Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Other Adult - Other Adult , Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Other Child , Female, 1 Years	Other Adult - Other Adult , Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Female, 1 Years	Other Adult - Other Adult , Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Other Child , Male, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Male, 3 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Other Child , Female, 1 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Female, 1 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Other Child , Male, 3 Years	Other Adult - Other Adult , Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Male, 3 Years	Other Adult - Other Adult , Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Other Adult - Other Adult , Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Other Adult - Other Adult , Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Other Child , Female, 1 Years	Other Adult - Other Adult , Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Female, 1 Years	Other Adult - Other Adult , Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Other Child , Male, 3 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Male, 3 Years	Father, Male, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
Sibling, Male, 2 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated		



Sibling, Male, 2 Years	Father, Male, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Other Child, Female, 1 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Other Child, Female, 1 Years	Father, Male, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Other Child, Male, 3 Years	Other Adult - Other Adult, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - Other Child, Female, 1 Years	Other Adult - Other Adult, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - Other Child, Male, 3 Years	Other Adult - Other Adult, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - Other Child, Female, 1 Years	Other Adult - Other Adult, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated

Report Summary:

An SCR report alleged the home that the mother and father resided in with the sibling was in deplorable condition. There was trash and clothing all over the home as well as dog urine and feces on the floors creating a health hazard to the children. The parents of the other children failed to clean up the residence. As a result, the children continued to be exposed to the unsanitary conditions. It was unknown if the children had sustained visible injuries as a result of the conditions. Reports dated 6/10/21 and 6/19/21 alleged the father physically assaulted the mother in the presence of the children and that the parents and other adults used drugs and alcohol to impairment.

Report Determination: Unfounded

Date of Determination: 10/12/2021

Basis for Determination:

The parents and sibling were residing with another couple and their two children. The home was cluttered and dirty at the initial home visit and the adults were instructed to clean the home. The home was assessed to be clean and safe at follow up home visits and the children were assessed to safe. The father stated that they got into a verbal dispute but the mother said the father physically assaulted her and the other adults confirmed this. The adults denied the children were present and the mother recanted to LE. The adults denied using drugs and they appeared sober at all contacts. The mother and sibling moved in with the maternal grandmother following the father's assault on the mother.

OCFS Review Results:

Home visits were conducted and the four adults were interviewed. MCDHS provided the adults with a portable crib and cleaning supplies. They discussed safe sleep with the adults. The mother was pregnant with the subject infant and MCDHS offered her preventive services, but she declined. Safety Assessments were completed timely and accurately and relevant collaterals were contacted. An SCR history review was not documented for the required adults. The RAP did not reflect that the mother was a victim of abusive or threatening incidents by the father.

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

Issue:

Review of CPS History

Summary:

An SCR history review was not documented for the required adults.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, MCDHS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, MCDHS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

Issue:



Adequacy of Risk Assessment Profile (RAP)

Summary:

The RAP did not reflect that the mother was a victim of abusive or threatening incidents by the father.

Legal Reference:

18 NYCRR 432.2(d)

Action:

MCDHS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/23/2020	Sibling, Male, 11 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 11 Months	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 11 Months	Father, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 11 Months	Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 11 Months	Grandparent, Female, 52 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 11 Months	Grandparent, Female, 52 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 11 Months	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 11 Months	Mother, Female, 21 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 11 Months	Mother, Female, 21 Years	Swelling / Dislocations / Sprains	Unsubstantiated	
	Sibling, Male, 11 Months	Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 11 Months	Father, Male, 22 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 11 Months	Father, Male, 22 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

Report Summary:

An SCR report alleged the mother, father and paternal grandmother abused marijuana and the grandmother also abused crack and alcohol in the presence of the then 11-month-old sibling. Drug dealers went to the home on a regular basis. The mother and father left dirty diapers laying around which were unsanitary. The sibling had a red mark with swelling on his head and bruising on his arm. The mother and father had verbal arguments and the father physically assaulted the mother in the presence of the sibling.

Report Determination: Unfounded

Date of Determination: 04/07/2020

Basis for Determination:

It was determined the parents and grandmother rented separate rooms at the same location and the parents did not allow the grandmother to have caretaking responsibilities for the sibling due to her alcohol misuse. The sibling was observed to



be clean and free from visible bruises or marks other than a physical deformity on his head. The sibling's pediatrician confirmed he was born with a physical deformity and that he was referred to a plastic surgeon. The parents and grandmother denied drug concerns or physical violence. There was no evidence that drug dealers visited the home.

OCFS Review Results:

The home was assessed to be safe and the parents and grandmother were interviewed. Safe sleep was discussed with the parents and a safe sleep environment was observed. Safety Assessments and the RAP were completed timely and accurately. Relevant collaterals were contacted and no service needs were identified.

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

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

An SCR report dated 2/2/18 was unsubstantiated for the allegations of Inadequate Guardianship, Child's Drug/Alcohol Misuse and Parent's Drug/Alcohol Misuse against the father regarding two children not listed on this report.

Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

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.

Additional Local District Comments

Monroe has reviewed this draft fatality report and are in agreement to the facts presented.

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