



Report Identification Number: SV-21-036

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

Issue Date: Feb 22, 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: 5 month(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 09/05/2021
Initial Date OCFS Notified: 09/07/2021

Presenting Information

An SCR report alleged that on 9/4/21, the father was feeding the 5-month-old infant and fell asleep with the infant in bed with him. This occurred at approximately 7:43 PM. At an unknown time, the infant rolled over onto his face and stomach. The father woke up at an unknown time and found the infant unresponsive. It was unknown who called 911. The infant was transported to the hospital as the result of oxygen deprivation caused by an unsafe sleep situation. The infant subsequently passed away on 9/5/21. The roles of the mother and maternal grandmother were unknown.

Executive Summary

On 9/7/21, the Westchester County Department of Social Services (WCDSS) received an SCR report regarding the death of the 5-month-old male infant that occurred on 9/5/21. WCDSS had an open CPS investigation at the time, which was received on 9/5/21, regarding the incident that led to the infant's death as well as allegations that the infant fell off the bed earlier that same morning and the mother did not seek medical care for the infant. WCDSS also had an open Preventive Services Case, which opened on 3/23/21, to provide services to the family following the birth of the infant. The mother resided in a downstairs apartment at the maternal grandmother's home. The infant resided with the father since birth and they often visited the mother's home when the father was supervising the mother's contact with the infant. The father applied for custody of the infant and the petition was pending in Family Court at the time of the infant's death. The father had custody of his 8-year-old son (sibling), who also resided with him. The sibling's mother resided out of the country and she did not have frequent contact with the sibling.

Upon investigation, it was learned that on 9/4/21, the father was in the mother's downstairs apartment with the infant and the maternal grandmother was upstairs. The mother was not home, and the sibling was visiting his paternal aunt. The father laid down on the mother's bed with the infant and he fed the infant a bottle. He fell asleep at 7:23 PM with the infant awake and lying on his back, cradled in the father's right arm. The father woke up approximately 20 minutes later and he saw that the infant had turned onto his stomach and he was face down on the father's arm. The infant's lips were blue, he had vomit on his chin, and he was unresponsive. The father brought the infant upstairs and asked the grandmother for help. The grandmother called 911 and she performed CPR per the dispatcher's instructions. EMS arrived and resuscitated the infant, then transported him to the hospital via ambulance. Emergency room doctors' attempts to stabilize the infant were unsuccessful and he was pronounced deceased on 9/5/21.

An autopsy was performed, and the results were pending at the time this report was written. According to the emergency room doctor, the cause of death was an asphyxial event that led to a pulmonary hemorrhage, liver failure and severe lactic acidosis. The infant ultimately went into cardiac arrest and passed away. The doctor said that the infant falling off the bed that morning did not have an impact on his death. Law enforcement reported that they were informed by medical staff that the infant was positive for three viruses at the time of his death. The law enforcement investigation remained open pending the final autopsy report.

On 11/6/21, WCDSS substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the father as he failed to exercise a minimum degree of care when he co-slept with the infant. The physical condition of the sleeping area (two twin beds pushed together and the father co-sleeping with the infant) created an aggravating factor. On the day of the incident, the father placed the infant at imminent danger of impairment when he fell asleep with the infant cradled in his right arm. The infant was found face down and unresponsive on the father's arm and he ultimately died as a result of the incident. The 9/5/21 SCR report was unfounded prematurely and closed on 9/10/21. Upon completion of the fatality



investigation, WCDSS modified the determination of the allegations against the father to substantiated.

WCDSS offered the family funeral assistance and bereavement counseling. The mother engaged in counseling services and the father and grandmother declined. At the time this report was written, the mother had moved into her own apartment and the parents were no longer in a relationship. The case remained open for preventive services with the father and sibling.

PIP Requirement

WCDSS will submit a PIP to the Westchester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the WCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, WCDSS 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 indicated and remained open 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 case circumstances.

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: 09/05/2021

Time of Death: Unknown

Date of fatal incident, if different than date of death:

09/04/2021

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

Unknown

County where fatality incident occurred:

Westchester

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

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 on an adult bed

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

How long before incident was the child last seen by caretaker? 20 Minutes

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	Male	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Other Household 1	Grandparent	No Role	Female	53 Year(s)
Other Household 1	Mother	No Role	Female	26 Year(s)

LDSS Response

WCDSS began their investigation into the infant's death upon receipt of the SCR report dated 9/5/21. During the course of



the fatality investigation, WCDSS contacted the source of the report, reviewed SCR history and interviewed the mother, father, maternal grandmother, paternal aunts and uncles and the sibling. They spoke to hospital staff, law enforcement, the DA's office, school staff, the children's pediatrician and the preventive services caseworker. WCDSS completed the required fatality reports, Safety Assessments and the Risk Assessment Profile timely and accurately.

Through interviews with the parents, it was learned that the infant was born at 35 weeks gestation and he remained in the Neonatal Intensive Care Unit for six days due to requiring respiratory support. On 3/26/21, the infant was discharged to the father's care due to concerns for the mother's diagnosed mental health issues and cognitive delays. There was a crib in the mother's bedroom, but the infant often slept between the parents on the mother's bed, which was two twin beds pushed together. The parents said they had been educated about safe sleep guidelines by WCDSS. The infant was diagnosed with a respiratory virus in July 2021 and he was diagnosed with the same virus the week prior to the fatal incident. The parents denied that the infant had any signs of illness during the 72 hours prior to the fatal incident.

The parents reported that on 9/4/21, the mother fed the infant a bottle around 5:00 AM, then she placed him on the bed next to the father. The infant rolled into the gap between the two twin beds and he fell onto the carpeted floor approximately two feet below. The infant did not appear to be harmed so the parents did not seek medical care. The mother left the home at approximately 10:00 AM and she was gone all day. The father dropped the infant off at the babysitter's home and he went to work. The father picked the infant up from the babysitter around 4:30 PM and they returned to the mother's home. The father said he laid down with the infant on the mother's bed around 7:00 PM and he fed the infant a bottle. He said there was a pillow and blankets on the bed, but there were no items within reach of the infant. The father said the the infant was awake and cradled in his right arm when he fell asleep. He said he woke up about 20 minutes later and he saw that the infant had turned over onto his stomach and the infant was face down on his arm.

The sibling reported no concerns, and he was assessed to be safe in the father's care. The grandmother expressed no concerns for the father's care of the infant or sibling. She said she was upstairs eating dinner when the father came upstairs with the infant and the infant was not breathing. She called 911, then called the mother to inform her of the incident. The mother said she was about four hours away when the grandmother informed her about the incident, and she arrived at the hospital around 11:00 PM. Emergency room doctors were still trying to stabilize the infant when she arrived.

EMS records showed that the infant was in cardiac arrest when they arrived at the mother's home. CPR was initiated at 7:49 PM and clear formula and spit up was cleared from the infant's airway. CPR discontinued at 7:57 PM when a heartbeat was obtained and the infant was transported to the hospital.

The preventive services caseworker reported that the parents had been cooperative and they were engaged in the recommended services. They had discussed safe sleep guidelines with the parents and they had no safety concerns for the children in the father's care.

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 infant's death was referred to an OCFS approved Child Fatality Review Team.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059449 - Deceased Child, Male, 5 Mons	059450 - Father, Male, 33 Year(s)	DOA / Fatality	Substantiated
059449 - Deceased Child, Male, 5 Mons	059450 - Father, Male, 33 Year(s)	Inadequate Guardianship	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 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 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"/>



Child Fatality Report

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 the Preventive Services Case remained open to continue providing services to the father and sibling.

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"/>				
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 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 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? Yes

Explain:

The sibling was referred for bereavement counseling.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

The parents and grandmother were referred for bereavement counseling.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Had heavy alcohol use
- Smoked tobacco



Child Fatality Report

- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- Used illicit drugs

Infant was born:

- Drug exposed
- With fetal alcohol effects or syndrome
- With neither 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)
09/05/2021	Deceased Child, Male, 5 Months	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 5 Months	Father, Male, 33 Years	Internal Injuries	Substantiated	
	Deceased Child, Male, 5 Months	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 5 Months	Mother, Female, 26 Years	Internal Injuries	Unsubstantiated	

Report Summary:

An SCR report alleged that at 5:00 AM on 9/4/21, the infant fell two feet off a bed onto the floor and he was found under the bed by the mother. The mother failed to seek medical attention or treatment. At approximately 8:00 PM the father fed the infant milk and then awoke approximately 20 minutes later. The infant was unresponsive and blue, with vomit on him. The infant was in respiratory distress and in lactic acidosis, inciting injury causing inflammation of the whole body and requiring intubation, oxygen support, multiple pressers, and multiple other interventions. At that time, the infant's organs appeared to be failing. The explanation for the infant's condition was suspicious.

Report Determination: Indicated**Date of Determination:** 09/10/2021**Basis for Determination:**

WCDSS initially unsubstantiated the allegations based on a lack of credible evidence. The infant sustained no injuries when he fell off the bed around 5:00 AM and the mother was not present at the time of the fatal incident. On 11/6/21, the allegations of II and IG against the father were modified to substantiated based on the father falling asleep on the adult bed with the infant cradled in his right arm. He woke up to find the infant face down on his arm and unresponsive. According to the ER doctor, the cause of death was an asphyxial event that led to a pulmonary hemorrhage, liver failure and severe lactic acidosis. The infant ultimately went into cardiac arrest and passed away.

OCFS Review Results:

WCDSS interviewed the parents, sibling, maternal grandmother, and paternal aunts and uncles. They spoke to the DA's office, law enforcement and hospital staff. The record did not reflect that SCR history was reviewed and the RAP did not reflect the mother's limited cognitive skills or the parents' developmentally inappropriate expectations of the children. WCDSS unfounded and closed the investigation prior to gathering necessary documentation to accurately determine the allegations. Upon completion of the fatality investigation, WCDSS recognized the error and they amended the allegations against the father and added an addendum to the Investigation Conclusion Narrative.

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

Review of CPS History

Summary:

The record did not reflect that SCR history was reviewed.



Legal Reference:

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

Action:

Within 1 business day of a report, WCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, WCDSS 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 the mother's limited cognitive skills or the parents' developmentally inappropriate expectations of the children.

Legal Reference:

18 NYCRR 432.2(d)

Action:

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

Issue:

Pre-Determination/Nature, Extent and Cause of Any Condition

Summary:

The case was pre-determined to the assessment of the allegations. The case closed prior to gathering the necessary documentation to accurately determine the allegations.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

WCDSS will make an adequate assessment of the nature, extent and cause of any condition enumerated in the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/23/2021	Deceased Child, Male, 3 Days	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

An SCR report alleged that the mother had a history of diagnosed mental health issues with multiple suicide attempts. The mother gave birth to the infant and she had no support to care for the infant. The mother was unable to adequately care for herself and she required prompts and assistance with bathing and feeding herself. She was taught how to properly feed and hold the infant but then she failed to hold him or feed him properly. Due to the mother's ongoing mental health concerns and her level of cognitive functioning, the mother was unable to adequately care for the infant.

Report Determination: Unfounded

Date of Determination: 05/22/2021

Basis for Determination:

Due to concerns for the mother's mental health and cognitive delays, she made a plan for the infant's care prior to giving birth. In October 2020, the mother and maternal grandmother contacted WCDSS to obtain preventive services. The parents made a plan for the father to care for the infant with his family assisting with daycare. The parents provided WCDSS with notarized letters of their plan. The father applied for custody of the infant and the mother agreed to not have any sole caretaking responsibilities. The infant was observed to be safe in the father's care and a Preventive Services Case was opened.

**OCFS Review Results:**

WCDSS interviewed the mother, father, grandmother, sibling and family members. Safety Assessments and the RAP were completed timely and accurately. WCDSS consulted with their legal department and they spoke to the mother's mental health therapist. The case record did not reflect that WCDSS provided the family with safe sleep education/information or that they assessed for a safe sleep environment for the infant.

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

Issue:

Failure to provide safe sleep education/information

Summary:

The case record did not reflect that WCDSS provided the family with safe sleep education/information or that they assessed for a safe sleep environment for the infant.

Legal Reference:

13-OCFS-ADM-02 & CPS Program Manual, Chapter 6, J-1

Action:

WCDSS will provide information on sleep safety to the parents and caretakers of infants and parents-to-be whom they encounter and see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

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

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 04/28/2021

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts



	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: WCDSS provided preventive services to the family.				

Preventive Services History

WCDSS opened a Preventive Services Case on 3/23/21 following the birth of the subject infant. The mother was unable to care for the infant due to mental health concerns and cognitive delays. The infant was discharged from the hospital to the father's care and the mother agreed to be supervised while caring for the infant. The mother resided with the maternal grandmother. The infant and sibling resided with the father. The father applied for custody of the infant in April 2021 and his petition was pending at the time of the infant's death. The father had sole custody of the sibling, who was temporarily staying with his paternal aunt at the time of the fatal incident. The father requested daycare assistance and the mother was engaged in mental health counseling and learning how to parent the infant. Following the infant's death, the mother and father separated and the Preventive Services Case remained open with the father and sibling.



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