



## Report Identification Number: RO-20-005

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

**Issue Date: Sep 11, 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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 5 month(s)

**Jurisdiction:** Monroe  
**Gender:** Female

**Date of Death:** 03/16/2020  
**Initial Date OCFS Notified:** 03/16/2020

## Presenting Information

An SCR report alleged on 3/16/20, the mother placed the infant down for a nap. The mother checked on the infant 40 minutes later and found her not breathing. The parents called 911 and they refused to perform CPR. Upon EMS arrival, the infant had no pulse and no heartbeat. She was transported to the hospital, where she was pronounced deceased at 3:11 PM. The parents had no explanation for the infant's death. A second SCR report received on the same date alleged the father was caring for the children and the infant was napping in a portable crib with two pillows and a blanket in it. The father last saw the infant alive at 2:15 PM. When he checked on the infant at 2:28 PM, the infant was wedged between the side of the portable crib and the blanket. The infant had spit up formula, was purple, and she was unresponsive. The father contacted 911 and attempted CPR. The infant died as a result of the unsafe sleeping situation. The infant was born with a positive toxicology for marijuana.

## Executive Summary

On 3/16/20, the Monroe County Department of Human Services (MCDHS) received two SCR reports regarding the death of the five-month-old female infant. MCDHS had open CPS investigations at the time, which were received on 10/3/19 and 10/15/19, with concerns the condition of the home was a hazard to the children, concerns for the parents' marijuana use, and the mother tested positive for marijuana at the time of the infant's birth. The infant resided with her mother, father and one-year-old sibling. The mother's three older children, ages 11, 9 and 7, resided with their father and the mother visited them regularly.

Through a joint investigation with law enforcement, MCDHS learned that on 3/16/20, the mother was at work and the father was caring for the infant and one-year-old sibling. The one-year-old sibling was napping in her portable crib. The father fed the infant a bottle, then he placed her in a second portable crib in the same bedroom for a nap, and he propped her on her right side with a rolled-up blanket. The father checked on the infant approximately 10 minutes later and discovered she was unresponsive, with her arm covering her face. The father attempted to perform CPR, then he called the mother and 911 at 2:28 PM. EMS arrived and continued CPR on the way to the hospital in the ambulance. Attempts to resuscitate the infant at the hospital were unsuccessful, and the infant was pronounced deceased at 3:11 PM.

The parents admitted to using marijuana regularly, but they denied using any drugs on the day of the incident. The home was assessed to contain no safety hazards and the parents were educated about safe sleep guidelines on several occasions during the open investigation and during previous investigations. MCDHS provided the family with a portable crib since the one-year-old sibling's portable crib was broken, and she was assessed to be safe in the care of her parents. The three oldest siblings were with their father on the day of the incident and they were assessed to be safe in their father's care.

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 report. The infant's pediatrician records did not reflect that the parents were advised to prop the infant up or place her on her side to sleep.

MCDHS substantiated the allegation of Inadequate Guardianship against the father due to numerous aggravating factors present. The physical condition of the portable crib posed a safety hazard and was at risk of collapsing since the bottom was broken and did not latch or lock into place. Despite the parents being aware of safe sleep guidelines, there were two blankets, a pillow, a pair of shorts and a cardboard box present in the portable crib and the room was extremely hot, creating an unsafe sleep environment. The remaining allegations of the open investigation and the fatality investigation



were unsubstantiated due to a lack of credible evidence.

The parents were provided with information on bereavement, mental health, and substance abuse services, but they declined these services. The mother was on probation regarding an unrelated matter and her probation officer was pursuing a substance abuse evaluation at the time the investigation closed. The parents were provided with information on burial assistance and it was unknown if they sought assistance.

## 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 investigation was appropriately indicated and closed.

**Was the decision to close the case appropriate?** Yes

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

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

### Explain:

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:** 03/16/2020

**Time of Death:** 03:11 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:**

02:28 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

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

**How long before incident was the child last seen by caretaker?** 10 Minutes

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

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	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Other Adult - Siblings' Father	No Role	Male	33 Year(s)
Other Household 1	Sibling	No Role	Female	11 Year(s)
Other Household 1	Sibling	No Role	Female	9 Year(s)
Other Household 1	Sibling	No Role	Female	7 Year(s)

## LDSS Response

MCDHS began their investigation into the incident immediately upon receipt of the SCR reports. They contacted the sources of the reports and reviewed SCR history.



MCDHS conducted a home visit with law enforcement and spoke to the father on 3/16/20. The father appeared to be sober and there were no drugs observed in the home. The home was extremely warm, and the portable crib was observed to have two blankets, a pillow with a bloody mucous stain, a pair of shorts and a folded-up box wedged against the wall of the crib. The portable crib was observed to be broken and it did not latch securely. The one-year-old sibling's portable crib was also observed to be broken and it contained a couch cushion and some toys. The case record reflected that both portable cribs were observed during the open investigation, although it was not documented whether they were broken.

The father denied the infant had been sick or that she was on any medication. The father reported the one-year-old sibling was napping when he fed the infant a bottle. After feeding the infant, he propped her on her right side due to reflux, placed her in her portable crib with a rolled-up blanket, and placed a pacifier in her mouth. The father went into the kitchen to prepare dinner. He then turned the water in the bathroom on so he could take a shower. He went into the bedroom to check on the infant about 10 minutes after he laid her down to sleep. He noticed her right arm was underneath her in an odd position and her left arm was over head and covering her face. The infant's face was purple and there was bloody mucous on her face. The father turned the infant over onto her back and he began to perform CPR. Mucous, blood and formula went into his mouth. He moved the infant into the living room and continued CPR while he called the mother and then 911.

MCDHS and law enforcement then went to the hospital to speak to the mother. The mother reported the apartment was always very warm since they did not have a thermostat in their apartment. She said the infant was healthy, but she often spit up her formula. They used a pillow to prop up the infant's head and she was placed on her back or her side to sleep. The mother said she left for work at 11:30 that morning and the infant last ate between 9:30 and 10:00 AM and she appeared fine at that time. The mother reported she was on probation for an unrelated matter and she visited her three older children every other weekend at the maternal grandmother's home. The one-year-old sibling was observed to be safe and there were no concerns for her care.

Orleans County Department of Social Services interviewed the three oldest siblings and their father at their home. They were unable to share any information about the incident, and they had no concerns for their care or for the infant's care. The siblings' father reported the three children were already engaged in mental health counseling and he declined needing any additional services.

MCDHS contacted all necessary collaterals and thoroughly investigated the incident. EMS records showed the infant was found to be pulseless and in cardiac arrest on the couch and there was no trauma found on the infant's body. Pediatrician records showed the infant and one-year-old sibling were not up to date on immunizations as the mother believed in delaying immunizations until the children were older. The infant was last seen on 12/16/19 for her two-month check-up, and there were no concerns at that time. The recordings of the 911 calls showed that the mother and father both called 911 at 2:28 PM and reported the infant was not breathing. The recording of the father's call was consistent with his account of the incident. The mother stated that she was on her way home from work and she received a call from the father stating that the infant was not breathing.

Upon completion of their investigation, MCDHS appropriately closed their case.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

**Multidisciplinary Investigation/Review**

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



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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054741 - Deceased Child, Female, 5 Mons	054742 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
054741 - Deceased Child, Female, 5 Mons	054743 - Father, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated
054741 - Deceased Child, Female, 5 Mons	054742 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
054741 - Deceased Child, Female, 5 Mons	054742 - Mother, Female, 30 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
054741 - Deceased Child, Female, 5 Mons	054743 - Father, Male, 26 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:				



<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

The parents were referred for mental health counseling, bereavement services and substance abuse services.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

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





### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" 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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:  
The siblings were already engaged in mental health counseling and there were no additional service needs identified.

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

Explain:  
The parents were referred for mental health and bereavement counseling and provided with information on funeral assistance.

### 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? No

**Infants Under One Year Old**

**During pregnancy, mother:**

- |  |   |
|--|---|
| <input type="checkbox"/> Had medical complications / infections<br><input type="checkbox"/> Misused over-the-counter or prescription drugs<br><input type="checkbox"/> Experienced domestic violence<br><input type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use<br><input type="checkbox"/> Smoked tobacco<br><input checked="" type="checkbox"/> Used illicit drugs |
|--|---|

**Infant was born:**

- |   |   |
|---|---|
| <input type="checkbox"/> Drug exposed<br><input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)
10/03/2019	Sibling, Female, 1 Years	Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 1 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Days	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Days	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the father smoked marijuana in the home and in the presence of the 1-year-old sibling. As a result, the home smelled of marijuana and the sibling was getting a contact high. The mother was aware but failed to intervene to protect the sibling. The home was unkempt and was a safety hazard. There was food and garbage all over the home and the home was infested with flies. A subsequent report received 10/15/19 alleged the mother tested positive for marijuana when she gave birth to the subject infant and she was not in a drug treatment program.

**Report Determination:** Unfounded

**Date of Determination:** 04/15/2020

**Basis for Determination:**

The mother tested positive for marijuana when she gave birth to the infant, although the infant was negative. The parents appeared sober at all contacts. The home was observed on several occasions to meet minimum standards with no safety hazards or drug paraphernalia observed. The mother completed a substance abuse evaluation and there were no treatment recommendations. The infant passed away during the investigation and her death continued to be investigated through the open fatality investigation.

**OCFS Review Results:**

Several home visits were conducted and the parents were interviewed. Safe sleep education was provided and two portable cribs were observed for the infant and 1-year-old sibling. A Plan of Safe Care was completed and the mother was referred for parenting skills classes. The mother's probation officer, hospital staff and the pediatrician were spoken to and the appropriate bereavement services were offered to the parents. Safety assessments and the RAP were completed accurately and timely and the required persons were provided with Notice of Existence letters.

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)
05/30/2018	Sibling, Female, 9 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 7 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 7 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 7 Years	Mother, Female, 28 Years	Excessive Corporal Punishment	Substantiated	

**Report Summary:**

Orleans County Department of Social Services (OCDSS) received an SCR report that alleged during visitation with the siblings, the mother tied the 9-year-old sibling to a chair as punishment. The mother and father beat the dogs and encouraged the children to beat the dogs when the dogs misbehaved. The mother did not use the proper restraints or booster seats for the siblings and she drove recklessly with the siblings in the car.

**Report Determination:** Indicated

**Date of Determination:** 08/06/2018

**Basis for Determination:**

The three oldest siblings resided with their father and visited the mother every other weekend. There was credible evidence gathered that during visitation the mother tied the 9-year-old sibling to a chair with zip ties for punishment, the mother and father beat their dogs with a stick and the siblings were scared, and the mother threw the 11 and 7-year-old siblings into the deep end of the pool to teach them how to swim despite the siblings reporting they were scared.

**OCFS Review Results:**

MCDHS conducted a home visit at the mother's home and interviewed the mother and father and observed the 1-year-old sibling. Safe sleep education was provided and a safe sleep environment was observed. OCDSS conducted a home visit at the siblings' father's home and interviewed the siblings' father, his partner and the siblings. Safety assessments were completed accurately and timely and the required persons were provided with Notice of Existence. The necessary collaterals were contacted, including the maternal grandparents, school staff, the pediatrician and the children's mental health counselors. The mother was not listed as the secondary caretaker on the RAP, despite regular visitation.

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

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**



The mother was not listed as a secondary caretaker on the RAP despite having regular visitation and caretaking responsibilities for the siblings.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

OCDSS will accurately reflect the current caretakers of children in risk assessments, and accurately assess and document each respective risk element identified into the Risk Assessment Profile.

**PIP Requirement:**

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

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

There is 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.

### 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 County has reviewed this report. We are in agreement with all information presented regarding Monroe County's work.

#### 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