



Report Identification Number: BU-21-035

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

Issue Date: May 02, 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: 7 month(s)

Jurisdiction: Niagara
Gender: Male

Date of Death: 12/10/2021
Initial Date OCFS Notified: 12/10/2021

Presenting Information

Niagara County Department of Social Services (NCDSS) received an SCR report on 12/10/2021 which alleged that on the same date, the 7-month-old subject child passed away while in the care of the mother (SM), father (SF), and paternal uncle (PU). The child had been previously diagnosed with a respiratory virus, but no other explanation was provided for his death. The mother had last seen the child alive at approximately 11:30 PM on 12/9/2021 at which time she fed the child then placed him to sleep in the portable playpen in the parents' bedroom. The mother checked on the child at approximately 12:30 AM and found the child unresponsive, cold to the touch, and rigor mortis had set in. The home was also alleged to be a health and safety hazard to the child and the 5 and 2-year-old siblings.

Executive Summary

This report concerns the death of a 7-month-old child which occurred while in the care of his mother, father, and paternal uncle. The child was placed in a portable playpen by the mother at approximately 11:00 PM. The mother returned to the bedroom to check on the child at approximately 12:30 AM and found the child unresponsive.

The parents were interviewed in the home by NCDSS with law enforcement present. The parents stated the child was placed to sleep on his back in the portable playpen with a blanket over his legs. The adults then watched a movie in the other room. The mother checked on the child at approximately 12:30 AM and found him unresponsive and cold to the touch. The father began CPR and the uncle called 911. First responders arrived at the home and transported the child to the hospital by ambulance where he was pronounced dead. The child had been diagnosed with a respiratory virus on 11/22/2021 by his pediatrician. The mother reported the child's symptoms had improved, and at the time of his death had a runny nose and dry cough that had lingered. The 4-year-old and 2-year-old surviving siblings were seen and assessed as safe in the care of the parents by NCDSS.

The Medical Examiner was interviewed by NCDSS and stated there were no signs of abuse, neglect, or suffocation present from the autopsy results. The cause of death was pending at the time the investigation was closed. Law enforcement stated they would not be pursuing criminal charges at the time the investigation was closed and believed the child passed away due to his diagnosed illness. Law enforcement confirmed the condition of the home exceeded minimal standards, though appeared slightly cluttered the night of the fatal incident.

NCDSS confirmed the diagnosis of a respiratory virus with the child's pediatrician. The parents were informed of what to do if the symptoms worsened. No concerns were identified for the child in the care of the parents.

NCDSS made the determination to unsubstantiate all allegations against the mother, father, and paternal uncle in relation to the death of the child and condition of the home due to a lack of credible evidence. The family was offered services in relation to the death of the child though it was unclear from the case record if the family was engaged in services at the time the investigation closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:



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

Determination:

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

Was the decision to close the case appropriate? Yes

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

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

Explain:

The case record contains detailed documentation of supervisory consult throughout the investigation.

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: 12/10/2021

Time of Death: 01:24 AM

Time of fatal incident, if different than time of death: 12:30 AM

County where fatality incident occurred: Niagara

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

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

How long before incident was the child last seen by caretaker? 90 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	Aunt/Uncle	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	7 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	27 Year(s)
Other Household 1	Other Adult - BF to 4-year-old SS	No Role	Male	24 Year(s)

LDSS Response

NCDSS received the SCR report, notified the DA and ME, and coordinated their response with LE. LE informed NCDSS the SC's death could potentially be from unsafe sleep, though the investigation was ongoing. LE informed NCDSS lividity and rigor mortis had set in when LE and EMS responded to the home. A home visit was scheduled with LE to interview the SM, SF, and PU and to assess the safety of the SSs. NCDSS was informed the PU's paramour (OA) also lived in the home but was not present at the time of the fatal incident.

The SM, the SF, the PU, and the OA were interviewed in the home by NCDSS and LE. The SM stated she had fed the SC at approximately 11:30 PM and then placed him to sleep in the portable playpen with a blanket over his legs and a bottle accessible to him if needed. The SM then joined the SF and the PU in the living room to watch a movie. The SM stated she then went to check on the SC at approximately 12:30 finding him unresponsive. The SM yelled for the SF who went to the bedroom. The SF yelled for the PU to call 911. The SF began CPR until EMS responded to the home within minutes and took over. The SM and the SF denied ever co-sleeping with the SC and reported he slept in the portable playpen in their room every night. The PU and OA confirmed they had never seen the parents co-sleep with the SC, and he was able to roll over, sit up, and lift his head independently. The SM and the SF stated the SC had been diagnosed with a respiratory virus at a pediatric appointment on 11/22/21 and was prescribed no medication to treat the symptoms. The SM stated the SC displayed symptoms of a runny nose and dry cough prior to his death, though the symptoms had improved since his initial diagnosis. NCDSS observed the condition of the home to be free of health and safety hazards.

The 4-year-old and 2-year-old SS were seen in the home. NCDSS attempted an interview of the 4-year-old SS, and he



expressed no knowledge of the fatal incident and disclosed no other concerns to ECDSS. The SSs were assessed as safe in the care of the parents throughout the investigation.

NCDSS obtained the SC's medical records from his pediatrician. The records confirmed the SC's respiratory virus diagnosis on 11/22/21 and the parents were provided with information on what to do if the symptoms worsened. There were no concerns identified for the SC or SSs in the care of the parents in their records.

The BF to the 4-year-old SS was interviewed in his home. He identified no concerns for the care of the 4-year-old SS by the SM or the SF and confirmed his knowledge of the fatal incident to NCDSS.

NCDSS interviewed the ME and were informed the SC had no signs of abuse or trauma. The ME stated there were no signs of suffocation present in the SC and the cause of death was pending the toxicology report. The final autopsy report was not issued at the time the investigation was closed.

LE was interviewed by NCDSS. LE informed NCDSS there would be no criminal charges pursued against the parents unless the final autopsy report revealed new information. The condition of the home was reported to be slightly cluttered, though free of health and safety concerns by both LE and first responders to the home.

The allegation of DOA/Fatality against the SM, the SF, and the PU regarding the SC were unsubstantiated. The allegations of IG and IFCS against the SM, the SF, and the PU regarding the SC and the SSs were unsubstantiated. Services were offered to the family in relation to the death of the SC, and a desire to participate in the services was expressed. It was unclear in the case record if the family had engaged in the services at the time the investigation was closed.

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059878 - Deceased Child, Male, 7 Mons	059881 - Father, Male, 32 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059878 - Deceased Child, Male, 7 Mons	059883 - Aunt/Uncle, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
059878 - Deceased Child, Male, 7 Mons	059883 - Aunt/Uncle, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
059878 - Deceased Child, Male, 7 Mons	059882 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated



059878 - Deceased Child, Male, 7 Mons	059881 - Father, Male, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
059878 - Deceased Child, Male, 7 Mons	059881 - Father, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
059878 - Deceased Child, Male, 7 Mons	059883 - Aunt/Uncle, Male, 29 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059878 - Deceased Child, Male, 7 Mons	059882 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
059878 - Deceased Child, Male, 7 Mons	059882 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
059879 - Sibling, Female, 2 Year(s)	059882 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059879 - Sibling, Female, 2 Year(s)	059882 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
059879 - Sibling, Female, 2 Year(s)	059883 - Aunt/Uncle, Male, 29 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059879 - Sibling, Female, 2 Year(s)	059883 - Aunt/Uncle, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
059879 - Sibling, Female, 2 Year(s)	059881 - Father, Male, 32 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059879 - Sibling, Female, 2 Year(s)	059881 - Father, Male, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
059880 - Sibling, Male, 4 Year(s)	059883 - Aunt/Uncle, Male, 29 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059880 - Sibling, Male, 4 Year(s)	059881 - Father, Male, 32 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059880 - Sibling, Male, 4 Year(s)	059881 - Father, Male, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
059880 - Sibling, Male, 4 Year(s)	059882 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059880 - Sibling, Male, 4 Year(s)	059882 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
059880 - Sibling, Male, 4 Year(s)	059883 - Aunt/Uncle, Male, 29 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 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"/>



Child Fatality Report

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"/>

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

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Unable to Determine

**Explain:**

A referral for services was made on behalf of the children and information for providers was provided to the parents. It was unknown from the case record if the services were being utilized at the time the investigation was closed.

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

Explain:

A referral for services was made and information for providers was provided to the parents. It was unknown from the case record if the services were being utilized at the time the investigation was closed.

History Prior to the Fatality

Child Information

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

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)
04/04/2020	Sibling, Male, 2 Years	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Female, 49 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	



Child Fatality Report

Sibling, Male, 2 Years	Grandparent, Female, 49 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Grandparent, Female, 49 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Female, 8 Months	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated

Report Summary:

The SCR report alleged the SM's home was in deplorable condition and presented a health and safety hazard to the then 17, 16, 2-year-old, and 8-month-old children. The report alleged the home had significant plumbing problems, garbage strewn throughout, and animal waste on the floors. The SM and MGM did not take any measures to correct the condition of the home. A subsequent SCR report was received which alleged the 2-year-old child had been scratched by the dogs and cats in the home some time in the last two months.

Report Determination: Unfounded**Date of Determination:** 05/12/2020**Basis for Determination:**

NCDSS received the SCR report and was unable to perform an in-person home visit due to COVID-19 protocols being in place. Multiple virtual visits were held with all parties and the SM gave NCDSS a virtual tour of the home. The condition of the home was observed to be free of health and safety hazards. The family denied the 2-year-old had been scratched or bitten in a serious manner and was observed to be free of marks and bruises.

OCFS Review Results:

NCDSS conducted an investigation that met regulatory requirements. The home was not observed to be in a hazardous condition and collateral sources identified no concerns for the children. The investigation was unsubstantiated and closed.

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

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

There was no 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 NYS.

Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

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

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