



**Report Identification Number: RO-21-007**

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

**Issue Date: Sep 03, 2021**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 2 month(s)

**Jurisdiction:** Monroe  
**Gender:** Male

**Date of Death:** 03/10/2021  
**Initial Date OCFS Notified:** 03/10/2021

## Presenting Information

Monroe County Department of Human Services (MCDHS) received an SCR report on 3/10/2021 which stated that on 3/7/2021, the mother (SM) co-slept with the 2-month-old subject child (SC) and the 2-month-old twin sibling (SS). The mother woke up around 6:40 AM and found the children on the floor. The subject child was found face down in a pool of blood and vomit. Emergency services were contacted and both children were brought to the hospital. The subject child was found to be in cardiac arrest, had a severe brain injury and a skull fracture and was pronounced deceased on 3/10/2021. The twin sibling had two separate skull fractures. The mother failed to make an adequate sleeping arrangement for the children, leading to their injuries.

## Executive Summary

This report concerns the death of a 2-month-old subject child which occurred on 3/10/2021. At the time of the child's death, there was an open CPS investigation regarding concerns for the child and the twins' injuries. The child was hospitalized on 3/7/2021 with injuries consistent with being smothered while co-sleeping with his mother. The mother found the SC unresponsive in bed after being awoken by the 2-month-old twin sibling who had fallen out of the bed and was crying. The child was transported to the hospital by ambulance and placed on life support. On 3/10/2021, the child was pronounced dead after being taken off life support.

MCDHS received the report on 3/7/2021 and conducted interviews in the home with law enforcement. The mother disclosed that she had been sleeping with the subject child on her chest and the twin sibling was sleeping on top of the bed on a Boppi pillow. The mother was awoken by the twin sibling crying on the floor after falling out of the bed. The mother noticed that the subject child was face down on the bed, not the floor as reported, and he appeared lifeless and had blood surrounding his position on the bed. The mother yelled for assistance and the maternal great-grandmother (MGGM) began CPR while a friend of the adult male living in the home called 911. The subject child was transported to the hospital and placed on life support. After the mother disclosed that the twin sibling had fallen out of the bed, MCDHS advised the mother to seek medical attention for him, and he was transported to the hospital.

The subject child was diagnosed with being in cardiac arrest, presumably secondary to a traumatic brain injury, a skull fracture, and was positive for marijuana from secondhand exposure. The mother informed the hospital that the subject child had fallen from the bed a few days prior to being admitted. The twin sibling was diagnosed with two separate skull fractures, one from the fall out of bed on 3/7/2021, and a second from another fall prior to that. Hospital providers expressed serious concerns for the safety of the children if they were to be discharged home to the care of the mother and MCDHS petitioned the court for custody of the twin sibling which was granted on 3/9/2021. At the time of the petition, there was not an immediate concern for the subject child being discharged from the hospital to the care of the mother, and the prognosis for the child's condition was grave. The subject child was removed from life support on 3/10/2021 and passed away on the same day. The father was not present at the time of the incident and did not live in the home with the mother. The father had no knowledge of the injuries sustained by the children prior to being informed of that was happening. The SS remained in foster care throughout the investigation period and a services case was opened to continue to monitor the foster care placement.

MCDHS made a determination of the allegations in accordance with evidence gathered. The allegations of Internal Injuries, Lack of Medical Care, Inadequate Guardianship and Fractures were substantiated against the mother with regard to both of the children. Additionally, the allegation of DOA/Fatality was substantiated against the mother in regards to the



subject child. The mother gave conflicting stories on how the children were injured and it was learned that another adult had been in bed with the mother and twin children. The mother failed to provide an adequate safe sleep environment for the children, leading to their injuries. Referrals for services were made for drug and alcohol treatment, parenting classes, and trauma counseling and the investigation was closed. The family remained open in a long-term services case.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

Was the decision to close the case appropriate? N/A

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

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

**Explain:**  
MCDHS met regulatory requirements in their investigation into the fatal incident and made a determination of the allegations in accordance with evidence gathered.

## 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: 03/10/2021

Time of Death: 01:57 PM



County where fatality incident occurred: Monroe  
 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? No  
 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? No - but needed  
 At time of incident was supervisor impaired? Unknown if they were 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	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Other Adult - MGGM	Alleged Perpetrator	Female	71 Year(s)
Deceased Child's Household	Other Adult - MGGM's partner	No Role	Male	62 Year(s)
Deceased Child's Household	Other Adult - Unrelated home member	No Role	Male	18 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Month(s)
Other Household 1	Father	No Role	Male	16 Year(s)

### LDSS Response

MCDHS received the initial SCR report on 3/7/2021 which alleged that the SC went into cardiac arrest and had blood coming from his nose and mouth, consistent with being smothered. EMS was called and the SC was transported to the hospital at 6:58 AM. The SC was placed on life support upon his arrival to the hospital. On 3/10/2021, the SC was taken off life support and passed away. A subsequent report was made for the incident which included the allegation of DOA/Fatality against the SM. The report also alleged that the SS had fallen out of the bed and sustained an injury. The SS was also transported to the hospital for an evaluation on 3/7/2021.

MCDHS initiated their investigation upon receipt of the initial report and coordinated their response with LE. MCDHS was informed that the subject child was found unresponsive on the bed and not on the floor as reported initially to the SCR. An initial interview of the SM occurred in the home with LE. The SM stated that at 2:45 AM, the SC was asleep on her chest and the SS was asleep on a Boppi pillow on top of the adult bed with her. The SM stated she was sleeping and



was awoken by the SS at 6:24 AM. The SS had fallen out of the bed and was crying. The SM stated she got out of bed to get the SS and then noticed the SC was on his stomach, with his head and face tucked into where the blanket had been and had blood alongside him. The SM got assistance from the MGGM and 911 was called. The SM's bed was observed to have two Boppy pillows and multiple blankets on it. The bedroom was cluttered, and one bassinet was observed for the twins to share with the windows open and a fan on. The SM admitted to using marijuana with other adults in the home the night of the incident. The SS was brought to the hospital for a skeletal survey following the interview. It was unknown if LE was pursuing criminal charges at the time the investigation closed. MCDHS discussed the concern for the age disparity between the SM and the BF with the SM. The SM stated that she and the BM met at a party and the BF had lied about his age. The SM then found out the BF's true age and the relationship was terminated. No further action was taken by LE or MCDHS regarding this issue.

MCDHS spoke with hospital staff following the receipt of the initial report. The SC was diagnosed with a skull fracture the SM attributed to falling out of the bed two days prior to the date of the report. The SC was also diagnosed with cardiac arrest presumably secondary to a traumatic brain injury and a brain death evaluation was going to be performed. The injuries were reported to be consistent with being smothered while co-sleeping with the SM. The SS was diagnosed with two separate skull fractures from two possible incidents. Hospital staff did not believe the children could be discharged home safely due to the extent of their injuries and lack of medical care. The SC was diagnosed as brain dead and removed from life support on 3/10/2021.

The BF was interviewed at the CAC while the children were hospitalized. The BF disclosed knowledge of regular marijuana use by the SM and the adults in the home. The BF disclosed no knowledge of the children's injuries and did not live in the home with the SM.

On 3/9/2021, the SS was placed into foster care upon being ready to be discharged from the hospital. There were no appropriate familial resources identified by the SM or BF prior to the removal. The BF was not an appropriate resource to take the SS due to his living situation at the time the child was removed. The SC remained hospitalized until his death on 3/10/2021.

During the investigation, concerns were raised regarding daily marijuana use by SM, co-sleeping with the children, and that there was possibly another adult in the bed having intercourse with SM at the time of the fatal incident. The SM denied intercourse occurred though confirmed an adult male was in bed with her and the children at the time of the incident. The multiple concerns for the version of events, the lack of medical care for the children due to their skull fractures consistent with falling out of the bed, the SM's marijuana use that night, and the SM's knowledge of appropriate safe sleep conditions led MCDHS to substantiate the allegations against the SM on behalf of both children.

**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  
**Comments:** MCDHS followed MDT requirements while conducting their investigation into the incident.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes  
**Comments:** Monroe County has an OCFS approved Child Fatality Review Team.



## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057743 - Deceased Child, Male, 2 Month(s)	057745 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated
057743 - Deceased Child, Male, 2 Month(s)	057745 - Mother, Female, 23 Year(s)	Fractures	Substantiated
057743 - Deceased Child, Male, 2 Month(s)	057745 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
057743 - Deceased Child, Male, 2 Month(s)	057745 - Mother, Female, 23 Year(s)	Internal Injuries	Substantiated
057743 - Deceased Child, Male, 2 Month(s)	057745 - Mother, Female, 23 Year(s)	Lack of Medical Care	Substantiated
057743 - Deceased Child, Male, 2 Month(s)	057745 - Mother, Female, 23 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
057743 - Deceased Child, Male, 2 Month(s)	057746 - Other Adult - MGGM, Female, 71 Year(s)	Inadequate Guardianship	Unsubstantiated
057743 - Deceased Child, Male, 2 Month(s)	057746 - Other Adult - MGGM, Female, 71 Year(s)	Lack of Medical Care	Unsubstantiated
057744 - Sibling, Male, 2 Month(s)	057745 - Mother, Female, 23 Year(s)	Fractures	Substantiated
057744 - Sibling, Male, 2 Month(s)	057745 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
057744 - Sibling, Male, 2 Month(s)	057745 - Mother, Female, 23 Year(s)	Lack of Medical Care	Substantiated
057744 - Sibling, Male, 2 Month(s)	057746 - Other Adult - MGGM, Female, 71 Year(s)	Inadequate Guardianship	Unsubstantiated
057744 - Sibling, Male, 2 Month(s)	057746 - Other Adult - MGGM, Female, 71 Year(s)	Lack of Medical Care	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or 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 impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	-------------------------------------	--------------------------	--------------------------	--------------------------

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

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



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

If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

**Explain as necessary:**  
 The SS was removed after two separate skull fractures were found during his skeletal exam. The injuries were consistent with having fallen out of the bed on separate occasions, and no medical treatment had been sought prior to the death of the SC.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

- Family Court                       Criminal Court                       Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
03/09/2021	There was not a fact finding	There was not a disposition
Respondent:	057745 Mother Female 23 Year(s)	
Comments:	A neglect petition was filed on 3/9/2021 due to the multiple skull fractures found during the SS's medical examination following the death of the SC. The SS was placed in foster care on the same date and a long term services case was opened.	

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input 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 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"/>



<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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 SS was removed from the care of the SM and placed in foster care as a result of the injuries found during his medical exam following the death of the SC.

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

**Explain:**  
Referrals were made for grief and trauma counseling for the SM. Additional services were court ordered as part of the neglect petition filed against the SM.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

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



# Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/26/2020	Aunt/Uncle, Female, 12 Years	Other Adult - BF to 14 and 12 year old's , Male, 37 Years	Inadequate Guardianship	Substantiated	No
	Aunt/Uncle, Female, 12 Years	Other Adult - BF to 14 and 12 year old's , Male, 37 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Male, 16 Years	Other Adult - MGM's partner, Male, 61 Years	Childs Drug / Alcohol Use	Substantiated	
	Aunt/Uncle, Male, 16 Years	Other Adult - MGM's partner, Male, 61 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Male, 16 Years	Other Adult - MGM's partner, Male, 61 Years	Lack of Supervision	Substantiated	
	Aunt/Uncle, Male, 14 Years	Other Adult - MGM's partner, Male, 61 Years	Childs Drug / Alcohol Use	Substantiated	
	Aunt/Uncle, Male, 14 Years	Other Adult - MGM's partner, Male, 61 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Male, 14 Years	Other Adult - MGM's partner, Male, 61 Years	Lack of Supervision	Substantiated	
	Aunt/Uncle, Male, 16 Years	Aunt/Uncle, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Male, 16 Years	Aunt/Uncle, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Aunt/Uncle, Female, 12 Years	Aunt/Uncle, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Female, 12 Years	Aunt/Uncle, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Aunt/Uncle, Female, 12 Years	Aunt/Uncle, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Female, 12 Years	Aunt/Uncle, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Aunt/Uncle, Male, 14 Years	Aunt/Uncle, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Male, 14 Years	Aunt/Uncle, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Aunt/Uncle, Female, 12 Years	Grandparent, Female, 70 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Aunt/Uncle, Female, 12 Years	Grandparent, Female, 70 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Female, 12 Years	Grandparent, Female, 70 Years	Lack of Supervision	Substantiated	
	Aunt/Uncle, Female, 12 Years	Grandparent, Female, 70 Years	Sexual Abuse	Unsubstantiated	
Aunt/Uncle, Female, 12 Years	Grandparent, Female, 70 Years	Childs Drug / Alcohol Use	Unsubstantiated		



Aunt/Uncle, Female, 12 Years	Grandparent, Female, 70 Years	Inadequate Guardianship	Substantiated
Aunt/Uncle, Female, 12 Years	Grandparent, Female, 70 Years	Lack of Supervision	Substantiated
Aunt/Uncle, Female, 12 Years	Grandparent, Female, 70 Years	Sexual Abuse	Unsubstantiated
Aunt/Uncle, Male, 14 Years	Grandparent, Female, 70 Years	Childs Drug / Alcohol Use	Substantiated
Aunt/Uncle, Male, 14 Years	Grandparent, Female, 70 Years	Inadequate Food / Clothing / Shelter	Substantiated
Aunt/Uncle, Male, 14 Years	Grandparent, Female, 70 Years	Inadequate Guardianship	Substantiated
Aunt/Uncle, Male, 14 Years	Grandparent, Female, 70 Years	Lack of Supervision	Substantiated
Aunt/Uncle, Male, 16 Years	Grandparent, Female, 70 Years	Childs Drug / Alcohol Use	Substantiated
Aunt/Uncle, Male, 16 Years	Grandparent, Female, 70 Years	Inadequate Guardianship	Substantiated
Aunt/Uncle, Male, 16 Years	Grandparent, Female, 70 Years	Lack of Supervision	Substantiated
Aunt/Uncle, Male, 16 Years	Mother, Female, 19 Years	Inadequate Guardianship	Substantiated
Aunt/Uncle, Male, 16 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Substantiated
Aunt/Uncle, Male, 16 Years	Unrelated Home Member, Female, 36 Years	Childs Drug / Alcohol Use	Substantiated
Aunt/Uncle, Male, 16 Years	Unrelated Home Member, Female, 36 Years	Inadequate Guardianship	Substantiated
Aunt/Uncle, Male, 16 Years	Unrelated Home Member, Female, 36 Years	Lack of Supervision	Substantiated
Aunt/Uncle, Male, 14 Years	Unrelated Home Member, Female, 36 Years	Childs Drug / Alcohol Use	Substantiated
Aunt/Uncle, Male, 14 Years	Unrelated Home Member, Female, 36 Years	Inadequate Guardianship	Substantiated
Aunt/Uncle, Male, 14 Years	Unrelated Home Member, Female, 36 Years	Lack of Supervision	Substantiated

**Report Summary:**

The SCR report alleged that the 14-year-old male uncle resided with the MGM; twin 12-year-old aunts visited the home while their father was hospitalized. The 14-year-old had a history of sexually acting out on the 12-year-old twins and required a higher level of supervision. The twin 12-year-olds had sexual intercourse for money while in the community. All three of the children regularly used marijuana in the MGM's home and the MGM failed to intervene.

**Report Determination:** Indicated

**Date of Determination:** 08/24/2020

**Basis for Determination:**

MCDHS met with all family members and relevant collateral contacts. The father of the 14-year-old and 12-year old twins was shot multiple times and hospitalized. The 14-year-old was living with the MGM; due to his inappropriate sexual contact with the 12yo twins, there was an order of protection barring contact between them. The order was



violated when the twins were staying with the MGM. MCDHS learned that the other adults in the home were using marijuana with the children and the MGM did not intervene to stop. A neglect petition was filed and all three children were placed in foster care and a long term services case was opened.

**OCFS Review Results:**

MCDHS met regulatory requirements in conducting their investigation into the allegations. MCDHS assessed the safety of the children and determined that further intervention was required, a neglect petition was filed, and all three children were placed in foster care to address the concerns for their safety.

**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 is no known history outside of NYS.

**Legal History Within Three Years Prior to the Fatality**

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

**Recommended Action(s)**

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

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