



Report Identification Number: SV-21-004

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

Issue Date: Jul 23, 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

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

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

Jurisdiction: Suffolk
Gender: Female

Date of Death: 02/01/2021
Initial Date OCFS Notified: 02/01/2021

Presenting Information

An SCR report was received which alleged that on 2/1/21, the mother and father were caring for the one-year-old subject child, and at 8:07PM, the mother called emergency services because the child had turned blue and could not keep food or liquids down. While being transported to the hospital, the child went into cardiac arrest and died. The child was otherwise healthy, and there was no explanation for her death.

Executive Summary

This fatality report concerns the death of a one-year-old female subject child that occurred on 2/1/21. A report was made to the SCR on that same date with allegations of Inadequate Guardianship, Lack of Medical Care, and DOA/Fatality against the child’s mother and father. Suffolk County Department of Social Services (SCDSS) received the report and investigated the child’s death. An autopsy was completed; however, the final report had not yet been released at the time of this writing. Statements made by the medical examiner noted a preliminary cause of death as myocarditis (inflammation of the lungs and heart due to infection).

At the time of the child’s death, she resided in a temporary housing shelter with her mother, father, and two surviving siblings, ages two and four years old. The surviving siblings’ biological father lived in a different state. The investigation revealed that several days prior to her death, the subject child had been experiencing a fever that the parents treated with over the counter medication. The fever continued for two days, and on 1/30/21, the mother brought the child to the pediatrician. The child was diagnosed with a urinary tract infection and was prescribed medication that was to be taken twice daily. The mother administered the medication to the child as prescribed, and she appeared to begin feeling better; however, on the night of 2/1/21, the child’s condition suddenly worsened and she became lethargic and blue in color. Emergency services were called and transported the child to the local hospital. While on the way to the emergency room, the child became unresponsive and could not be revived. The child was pronounced deceased at 9:21PM on 2/1/21.

From the time the investigation began to the time of its closure, SCDSS interviewed family members and collateral sources, which included the medical examiner, law enforcement, shelter staff and the child’s medical providers. The safety of the surviving siblings was assessed and there were no concerns noted. Law enforcement found no criminality regarding the death of the child, and services were offered to the family in response to the fatality. Through conversations with medical professionals, SCDSS gathered information that the child died due to an infection that traveled to her heart. At the time of this writing, toxicology studies to identify the infection were pending. There was no evidence of abuse or maltreatment regarding the death of the subject child, and providers documented the parents sought timely medical intervention when needed. Therefore, SCDSS unfounded the report and closed the case.

PIP Requirement

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

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

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

Determination:

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

Explain:

SCDSS gathered information to determine the allegations and assess the safety of the surviving siblings.

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 reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/01/2021

Time of Death: 09:21 PM

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

Unknown

County where fatality incident occurred:

Suffolk



Was 911 or local emergency number called? Yes
 Time of Call: 08:07 PM
 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: Laying down.

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted Absent
 Asleep Other:

Total number of deaths at incident event:

Children ages 0-18: 1
 Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Other Household 1	Other Adult - BF of the SSs	No Role	Male	24 Year(s)

LDSS Response

On 2/1/21, SCDSS received the SCR report regarding the death of SC. SCDSS initiated their investigation within 24 hours and coordinated their efforts with their MDT. SCDSS learned there were 2 SSs and worked promptly to assess their safety.

On 2/2/21, SCDSS completed a visit to a relative's home where the family was temporarily staying, as they had moved out of the shelter following SC's death. SCDSS observed the 4yo SS to be free from any suspicious marks or bruises. SCDSS attempted to engage the SS but was unsuccessful. The 2yo SS was with her biological father in another state at the time of the incident. SM video called the BF so SCDSS could assess the 2yo's safety; no concerns were noted. SM refused to speak with SCDSS regarding the fatality at this visit, and SF was not present.

On 2/4/21, SCDSS again met with SM to discuss the fatality report. SM explained that on 1/30/21 she brought SC to see a doctor due to her having a fever for the past several days. The doctor diagnosed SC with a urinary tract infection and prescribed her a medication that was to be taken twice daily. SM reported that immediately after the doctor's visit, she picked up the medication and administered the first dose to SC. SM stated SC had two doses on that day, and two the next day; she appeared to begin feeling better. SM reported she gave SC one dose on the morning of 2/1/21. SM reported SC



was acting normally but was not eating much. SM explained that later that night, SC suddenly laid down and became lethargic, pale, and cool to the touch. SM said that is when she called 911. SM reported EMS arrived and she rode in the ambulance with SC. She stated that on the way to the hospital, SC became unresponsive. SM reported SC was a healthy child and had no medical issues.

On 2/5/21, SCDSS spoke with the case manager (CM) at the shelter where the family had been residing. The CM explained the family moved into the shelter in November 2019. He stated there were protocols in place due to COVID-19 that prevented frequent face to face contact with families; however, SM and SF always appeared sober, kept their unit clean, and the CHN were always observed to be well dressed with proper hygiene. The CM last visited the family’s unit on 1/30/21, and SM made no mention of SC being ill or seeing a doctor. The CM had no further information.

On 2/12/21, a subsequent SCR report was received with concerns SM and SF had failed to seek timely medical care for SC, and the SSs were being left with MGM, who was not an appropriate caretaker for the CHN. SCDSS consolidated this report into the fatality investigation.

On 2/16/21, SCDSS interviewed SF whose recollection of events validated what SM had reported. He had nothing additional to add surrounding the incident.

On 2/17/21, SCDSS spoke with the doctor who treated SC’s urinary tract infection. The doctor reported SC did not look like a “sick child.” He explained SM acted appropriately by bringing SC to see him, and SM had reported SC had a fever for 2 days prior to the visit; SM had been treating the fever with over the counter medications. The doctor explained 2 days was an appropriate time to wait before seeking medical care and he had no concerns of abuse or neglect regarding SC.

From the time the investigation began to the time of its closure, SCDSS spoke with family members and collateral sources. SCDSS fully investigated the subsequent allegations and found no evidence to support them. There were no criminal charges brought against either parent regarding the death of SC, and SCDSS provided the parents with referrals for grief services and assistance with finding temporary housing. Evidence gathered found SC died due to an infection that spread to her heart, and the parents acted appropriately by seeking medical care when SC’s condition worsened. SCDSS unsubstantiated the allegations against SM and SF and closed the case.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: From a 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

Comments: This fatality investigation was conducted by the Suffolk County MDT.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: Suffolk County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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057571 - Deceased Child, Female, 1 Yrs	057572 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
057571 - Deceased Child, Female, 1 Yrs	057572 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
057571 - Deceased Child, Female, 1 Yrs	057573 - Father, Male, 20 Year(s)	DOA / Fatality	Unsubstantiated
057571 - Deceased Child, Female, 1 Yrs	057573 - Father, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
057571 - Deceased Child, Female, 1 Yrs	057572 - Mother, Female, 23 Year(s)	Lack of Medical Care	Unsubstantiated
057574 - Sibling, Male, 4 Year(s)	057572 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
057575 - Sibling, Female, 2 Year(s)	057572 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

Additional information:

SCDSS interviewed the family and collateral sources. Due to age and developmental status, the surviving siblings could not be interviewed. Progress notes and other documentation were completed and entered within the required timeframes.

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:				



Child Fatality Report

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
SCDSS offered the family services in response to the child's death.

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"/>

Explain as necessary:
The surviving siblings were assessed as safe and did not need to be removed as a result of this fatality report.

Legal Activity Related to the Fatality



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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input 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"/>

Additional information, if necessary:
 SCDSS provided the family with referrals and resources regarding grief and bereavement counseling, as well as mental health providers and funeral cost assistance. SCDSS assisted the family with securing temporary housing at a family shelter.

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:

SCDSS provided referrals for grief and bereavement services to the parents for the SSs.

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

Explain:

SCDSS provided referrals for grief and bereavement services to the parents, as well as funeral cost 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? Yes

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)
11/10/2019	Deceased Child, Female, 7 Months	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Female, 7 Months	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 22 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

This SCR report was received with concerns SM smoked marijuana to the point of impairment while being the sole caretaker to the CHN. The report alleged SM became violent after using marijuana, and on one occasion kicked a door down and began breaking items in the home in the presence of the CHN. Three months prior SM threatened suicide and to kill the CHN. SM would leave the CHN with strangers and frequently miss appointments to address the now 4yo SS's developmental delays. A subsequent report was received on 12/3/19 with further concerns SM was impaired when caring for the CHN.

Report Determination: Unfounded

Date of Determination: 02/28/2020

Basis for Determination:

SCDSS completed interviews with SM, observed the CHN, and spoke with the CHN's pediatrician. SM would not provide any information regarding SC's biological father during this investigation, therefore, SF was not interviewed. The CHN were assessed as safe during unannounced and scheduled home visits and SM never appeared to be under the influence. The pediatrician's records noted no concerns. SM denied what was reported and no evidence was gathered to support the allegations.

OCFS Review Results:

The record did not reflect attempts to speak with the family's case manager at the shelter, nor was a request for any law enforcement incident reports requested. Most progress notes were entered more than one month after event dates.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

Summary:

The record did not reflect SCDSS spoke with the family's case manager at the shelter where they were residing, or that any incident reports were requested from law enforcement that may have corroborated the concerns that were reported.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

LDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Most progress notes in the case record were entered more than one month after event dates.

Legal Reference:

18 NYCRR 428.5

Action:

SCDSS will enter progress notes contemporaneously as events occur.

PIP Requirement:

There is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. SCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/02/2018	Sibling, Female, 5 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

This SCR report was received with concerns SM was mentally ill and it impaired her ability to care for her CHN. There were further allegations that SM did not feed or bathe the CHN regularly and SM had left the CHN with a relative and never returned for them.

Report Determination: Unfounded

Date of Determination: 09/14/2018

Basis for Determination:

SCDSS completed interviews with SM and collateral sources, which included the maternal great grandmother and maternal uncle. SM denied any mental health concerns. The CHN were observed on more than one occasion to be clean and were assessed as safe. SCDSS discussed safe sleep practices with SM and observed an adequate sleeping environment. SM reported she went on vacation for 4 days and left the CHN with their maternal great grandmother. The now 2yo SS was receiving early intervention services. The family resided with the maternal great grandmother who SM stated was a support for her and the CHN. The home met minimal standards and there was no evidence gathered to support the allegations.

OCFS Review Results:

This investigation met all statutory requirements.

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/31/2018	Sibling, Female, 1 Months	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 1 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Other Adult - BF of the SSs, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

This SCR report was received with concerns SM had untreated mental health concerns, including anger management, which impaired her ability to care for the CHN. The report alleged SM screamed at the CHN for no reason and did not provide the CHN with enough food. The children were alleged to have poor hygiene and dirty clothing. Two subsequent reports were received during this investigation alleging the same concerns, and also concerns of domestic violence between SM and BF.

Report Determination: Unfounded**Date of Determination:** 07/23/2018**Basis for Determination:**

SCDSS completed interviews with SM and collateral sources, which included family members, medical providers, and the now 4yo SS's early intervention specialist; no concerns were noted regarding the care of the CHN. The home was observed to meet minimal standards with an ample supply of food. The CHN were observed to be clean. SM denied the allegations regarding DV and denied any recent mental health concerns. BF could not be located during this investigation and therefore was not interviewed. Safe sleep practices were discussed, and adequate sleeping environments were observed. SCDSS found no evidence to support the allegations and the CHN were assessed as safe.

OCFS Review Results:

This investigation met all statutory requirements.

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