



## Report Identification Number: SV-22-029

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

Issue Date: Dec 28, 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

<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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 year(s)

**Jurisdiction:** Nassau  
**Gender:** Male

**Date of Death:** 07/25/2022  
**Initial Date OCFS Notified:** 07/26/2022

## Presenting Information

On 7/26/2022, Nassau County Department of Social Services (NCDSS) received an SCR report regarding the death of a 2-year-old male child which occurred on 7/25/2022. On 7/24/2022, the child had been outside with his mother and his 3-year-old sibling when he fell down 5 concrete stairs, and sustained a bruise under his left eye. The mother contacted the child's pediatrician at the time of the accident, but did not seek in-person medical care. On 7/25/2022, the child was not acting normal and had a seizure when placed down for a nap at 4:00 PM. The mother contacted emergency services twice, then drove the child to the hospital herself. The child was pronounced deceased at 6:02 PM. The 3-year-old and 7-month-old surviving siblings were assessed to be safe in the care of the mother.

## Executive Summary

This report regards the death of the 2-year-old subject child which occurred on 7/25/2022. At the time of the death, the subject child resided with his mother, 3-year-old sibling, and 7-month-old sibling. The subject child and 3-year-old sibling shared the same biological father; however, the mother declined to provide his information and reported he had never been involved in the children's lives. At the time of the fatality, the biological father to the 7-month-old sibling had regular visitation at the mother's home.

On 7/24/2022, around 8:00 PM, the mother, subject child, 3-year-old and 7-month-old siblings were on a set of 5 concrete stairs outside of the mother's home. The subject child was playing with a ball at the top of the stairs when the mother turned her back to reposition herself. When the mother turned back, the subject child was at the bottom of the stairs. The child had a small cut and some blood on his lip but seemed otherwise well. The mother and children returned to the home and the mother prepared the children for bed. The mother checked multiple times with the subject child who denied having any pain or discomfort. The mother noticed the child had a bruise on his face which she attributed to his fall down the stairs. On the morning of 7/25/2022, the subject child ate breakfast and drank water, but seemed lethargic as the day progressed. The subject child stated he was tired, and the mother put him down for a nap in the afternoon. The mother stated she left the room to use the bathroom and when she returned, she observed the child having a seizure. The upstairs neighbors of the mother heard the mother yelling and offered to drive the mother and child to the hospital. During the drive to the hospital, the child was unresponsive and did not appear to be breathing. Upon arrival at the hospital, lifesaving measures were attempted; however, the child was pronounced deceased at 6:02 PM.

The medical examiner reported the preliminary cause of death was peritonitis of the abdominal component and stated the subject child had abnormalities of his abdominal region and small intestine. Law enforcement reported no suspicion of criminality related to the death; however, the criminal investigation remained open awaiting the final autopsy results, which were pending genetic testing. Upon receiving initial information from the Medical Examiner's office that the subject child may have suffered a ruptured intestine, NCDSS coordinated with the family and implemented a safety plan to ensure the mother would not be unsupervised with the surviving siblings. The father of the 7-month-old sibling agreed to move into the home to act as a supervisor as necessary. The safety plan was discontinued after the Medical Examiner determined the injury to the subject child's intestine was consistent with the subject child's fall down the stairs. The Medical Examiner further reported it is possible the subject child showed no signs or symptoms of distress after the incident and stated he did not believe there was a lack of medical care on the part of the mother.

The investigation was closed on 9/16/2022 and the allegations of DOA / Fatality, Inadequate Guardianship, and Lack of Medical Care against the mother regarding the subject child were unsubstantiated. The investigation determination noted



emergency room staff, law enforcement, and the medical examiner found the child’s injuries to be consistent with the mother’s explanation of the child falling down the stairs and noted medical records gathered from the subject child’s pediatrician showed no concerns for the mother’s care of the child.

A Preventive Services Case was opened to provide services for the family including bereavement and mental health counseling, parenting skills classes, and coordination of medical services for the surviving siblings due to the concern the subject child’s abdominal abnormality may have been genetic.

## 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:**  
NCDSS conducted a thorough investigation which met regulatory requirements. NCDSS interviewed family members and collaterals as necessary, gathered relevant information from professional collaterals, and coordinated to provide services for identified needs within the family.

## 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:** 07/25/2022

**Time of Death:** 06:02 PM

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

07/24/2022

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

Unknown

**County where fatality incident occurred:**

Nassau

**Was 911 or local emergency number called?**

Unknown

**Did EMS respond to the scene?**

Unknown

**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

**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 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Month(s)
Other Household 1	Other Adult - Biological Father to the 7-month-old sibling	Alleged Perpetrator	Male	29 Year(s)

### LDSS Response

NCDSS initiated an investigation immediately upon receipt of the SCR report on 7/26/2022. NCDSS interviewed the mother, assessed for the safety of the surviving siblings, and gathered information from pertinent collaterals including law enforcement, hospital staff, the Medical Examiner, the pediatrician, and the family's neighbors who transported the mother and subject child to the hospital.

The mother was interviewed at her home on 7/26/2022, and reported she and her three children had been outside on the evening of 7/24/2022 when the subject child fell down the concrete steps. The mother stated the subject child got up and she did not observe any obvious signs of injury other than a small amount of blood on his lip. The mother stated she asked the subject child multiple times throughout the evening and the next day if he felt ok, and he replied that he felt fine and was "a big boy". The mother stated she did later observe a bruise on the subject child's face when putting him to bed on



the evening of 7/24/2022. The mother stated the child was acting normal, eating and drinking, and did not complain of any pain.

The mother reported she contacted the pediatrician’s office via phone on the evening of 7/24/2022 and the morning of 7/25/2022 and spoke with an answering service. The mother reported she was told if the child did not appear to be experiencing pain or discomfort he did not need to be seen by a medical professional. The doctor’s office reported they had no record of the mother calling or speaking to the office or the answering service on 7/24/2022 or 7/25/2022. Law enforcement reported they had observed outgoing calls on the mother’s phone; however, that information would need to be verified via a subpoena of the phone records. The record did not reflect further information received from LE regarding the phone records.

The mother report she contacted 911 twice upon finding the subject child unresponsive, but received an automated message stating her call would be answered in the order it was received, causing her to panic and try again. The mother reported she called 911 again once in the car on the way to the hospital and her call was answered; however, the 911 operator instructed her to pull over and wait for EMS and she declined to do so as they were almost at the hospital.

NCDSS interviewed the family’s neighbors who reported they heard a commotion inside the home and offered to help the mother transport the child to the hospital. The neighbors reported they had no previous concerns for the mother’s care of her children.

NCDSS interviewed the father of the 7-month-old sibling who reported he had regular visits with his child and the rest of the family at their home. The father stated he had no concerns for the mother’s parenting abilities.

NCDSS undertook efforts to identify and locate the biological father of the deceased child and 3-year-old sibling. When interviewed, the mother stated she knew only the father's first name, and denied having knowledge of his locating or contacting information. The mother reported the father to the deceased child and 3-year-old sibling had not been involved with the children's lives. The biological father to the 7-month-old sibling reported similar information and stated he believed the father to the deceased child and 3-year-old sibling may reside in Maryland or El Salvador, though he had no further locating information. NCDSS requested CPS history from the state of Maryland and learned the family had no such history.

The mother accepted preventive services for herself and the surviving siblings. A Family Services Stage was opened on 9/6/2022 and remained open at the time this report was written.

### 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:** NCDSS referred the fatality to an OCFS-approved Child Fatality Review Team.

### SCR Fatality Report Summary



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
062013 - Deceased Child, Male, 2 Yrs	062014 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
062013 - Deceased Child, Male, 2 Yrs	062014 - Mother, Female, 26 Year(s)	Lack of Medical Care	Unsubstantiated
062013 - Deceased Child, Male, 2 Yrs	062014 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
062015 - Sibling, Male, 3 Year(s)	062014 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
062015 - Sibling, Male, 3 Year(s)	062017 - Other Adult - Biological Father to the 7-month-old sibling, 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 type="checkbox"/>	<input checked="" 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:**

The biological father to the deceased child and 3-year-old sibling was not identified or interviewed.

### 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 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
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"/>
<b>Explain as necessary:</b> A safety plan was developed with the family when necessary.				

### 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



# Child Fatality Report

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>				
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 checked="" type="checkbox"/>	<input 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"/>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

Services were provided to the surviving siblings as needs were identified.

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

Explain:

NCDSS provided the mother with referrals for bereavement and parenting services. NCDSS further aided the mother in securing services for the surviving siblings, including medical services.

## History Prior to the Fatality

### Child Information

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

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No



Was the child acutely ill during the two weeks before death?

No

### 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)
07/04/2021	Deceased Child, Male, 1 Years	Mother, Female, 25 Years	Lack of Supervision	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 25 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Male, 1 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Other - Child of the roommate, Female, 4 Years	Other Adult - Mother's roommate, Female, 29 Years	Other	Unsubstantiated	
	Other - Child of the roommate, Female, 4 Years	Other Adult - Father of the 4-year-old other child, Male, 44 Years	Other	Unsubstantiated	

**Report Summary:**

The SCR report alleged the mother slapped the then 9-month-old subject child on his face and had left the subject child and his then 1-year-old sibling alone in the home unsupervised. At the time of the report, the mother and her children were residing with the mother's friend and that friend's 4-year-old child.

**Report Determination:** Unfounded

**Date of Determination:** 08/10/2021

**Basis for Determination:**

The determination noted the subject child and surviving siblings were observed with no marks or injuries indicative of physical abuse and the mother denied she used physical discipline with any of her children. The mother and collaterals interviewed denied the mother left any of her children home alone or unsupervised. Allegations of "Other" were added to the investigation pursuant to a court ordered investigation regarding the mother's friend, her child, and that child's father.

**OCFS Review Results:**

NCDSS conducted an investigation that met regulatory requirements. NCDSS interviewed all relevant parties, referred the family to services when applicable, provided safe sleep education regarding the then 9-month-old subject child, and provided the mother with a portable crib upon learning the child was sleeping with his sibling.

**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