



**Report Identification Number: RO-21-027**

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

**Issue Date: Apr 22, 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		
<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:** 29 day(s)

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

**Date of Death:** 12/03/2021  
**Initial Date OCFS Notified:** 12/03/2021

## Presenting Information

An SCR report alleged that on 12/3/21, at approximately 5:55AM, the mother found the 29-day-old subject child unresponsive in her crib. The mother immediately called 911 and when emergency medical services arrived they pronounced the child dead. The mother last checked on the child at 2:00AM, and noticed that she was fussy and coughing. The mother gave the child ibuprofen and went back to bed. The child was otherwise healthy and the mother and father had no plausible explanation for the child's death.

## Executive Summary

On 12/3/21, the Monroe County Department of Human Services (MCDHS) received an SCR report regarding the death of the 29-day-old female child that occurred on the same day. At the time of the death the family had an open CPS investigation, which began on 11/5/21, and was concerning the child's positive toxicology for marijuana at the time of her birth. The child resided with her mother, father and five siblings, aged 15, 10, 7, 3 and 1-years-old. The siblings were assessed to be safe in the care of their parents.

MCDHS conducted a joint investigation with law enforcement to gather information regarding the fatality. It was learned that on 12/3/21, the child was home with the mother, father and siblings. In the evening, the child was placed to sleep in her bassinet. The mother and father stayed up late, which they stated was typical for them, due to medical concerns for the 1-year-old sibling. Between 2:00AM-3:00AM, the subject child woke up and the mother bottle fed her and changed her diaper. The child was placed back to sleep swaddled and on her back in her bassinet. A few hours later, the mother checked on the child and discovered her in the same position, cold and unresponsive. The mother called 911 and began resuscitation efforts until emergency medical services arrived.

An autopsy was performed and the preliminary results did not show any indicators of physical abuse or maltreatment. The official cause and manner of death were pending the results of the toxicology. At the time this report was written, there had been no criminal charges filed related to the child's death.

The allegations of Inadequate Guardianship and DOA/Fatality against the mother and father were unsubstantiated. MCDHS determined there was no information gathered to support that the parents failed to provide a minimum degree of care resulting in the child's death. The family was offered grief counseling services and mental health counseling. The family was enrolled in community services at case closure on 12/28/21.

## 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:**

MCDHS made an appropriate determination given the evidence gathered.

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:**

There was supervisory consultation documented throughout the investigation. MCDHS completed all required casework activity and closed their investigation.

### Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 12/03/2021

Time of Death: Unknown

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

County where fatality incident occurred: Monroe

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other



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

**How long before incident was the child last seen by caretaker?** 3 Hours

**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	29 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Other Adult - Father of the 15yo sibling	No Role	Male	32 Year(s)
Other Household 2	Other Adult - Father of the 7yo sibling	No Role	Male	47 Year(s)

### LDSS Response

Upon receipt of the SCR report on 12/3/21, MCDHS initiated their investigation and coordinated efforts with law enforcement, conducted a CPS history check, interviewed the family, and offered services regarding the fatality.

MCDHS and law enforcement completed joint interviews with the parents. The parents reported the child was put to sleep in her bassinet earlier in the evening. Between 2:00AM and 3:00AM, the child began to cry and cough. The mother fed the child two ounces of formula and changed her diaper. The child was placed back to sleep in the bassinet on her back without any blankets. The parents were often up late, as the 1-year-old sibling had medical concerns and they monitored her closely due to this. The parents went to sleep and at approximately 5:30AM, the mother woke and checked on the child. The child was cold to the touch and not breathing. The mother called 911 and performed cardiopulmonary resuscitation until first responders arrived. The parents denied having co-slept with the child and were aware of safe sleep practices. The mother reported she had known someone who lost an infant due to unsafe sleep, so she chose to never co-sleep.

MCDHS gathered information from emergency medical services, who reported they responded to a 911 call regarding the subject child being unresponsive. When they arrived on scene, they took over resuscitation efforts. The parents were described as distraught. Despite efforts to revive the child, she was pronounced deceased at the home and transported to the medical examiner's office.

MCDHS completed a home visit and observed the child's sleeping arrangements. The child had a Pack-N-Play, which had



a detachable bassinet and was reported to be where the child slept. The siblings were interviewed separately and alone and did not report any safety concerns. The siblings confirmed the child slept in the detachable bassinet and was sometimes swaddled or put to sleep with a pacifier. The siblings reported the child was coughing and sneezing the days prior to the death and did not seem like her normal self. One of the siblings stated the mother was providing medicine which alleviated the child's symptoms. The father of the 15-year-old sibling was interviewed and stated he had minimal contact with the family; however, reported no concerns for the care of the children.

The mother reported the child was birthed at home after she had gone to the hospital to deliver and was sent home. Following the birth, the mother and child were brought to the hospital and the child had a positive toxicology for marijuana. The mother and child were discharged home the following day. The mother reported during a routine doctor's visit, the pediatrician said the child had traits of a blood disorder, but it did not require treatment at that time. The child was sick with cold-like symptoms leading up to her death, as were some of the siblings in the home, and the mother was administering children's ibuprofen. Information obtained from the pediatrician showed that the child was brought in for routine well-child exams following her birth and she had poor weight gain, but it was not a major concern. The child missed her weight check on 11/30/21 due to the family being ill and the appointment was rescheduled. There were no other concerns noted.

### 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:** Monroe County Department of Human Services indicated in their 24-hour and 30-day fatality reports that the death would be referred to their OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059933 - Deceased Child, Female, 29 Days	059934 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
059933 - Deceased Child, Female, 29 Days	059934 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
059933 - Deceased Child, Female, 29 Days	059935 - Father, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
059933 - Deceased Child, Female, 29 Days	059935 - Father, Male, 32 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:**

MCDHS documented diligent efforts to interview absent fathers. The father of the 15-year-old sibling was notified and interviewed via telephone. The father of the 7-year-old sibling was incarcerated and notified of the report.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
--	-----	----	-----	---------------------



Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

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

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
 The family was enrolled in a family trauma intervention counseling program.

**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 family was referred to trauma intervention counseling.

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

**Explain:**  
 The family was referred to trauma intervention counseling.

## 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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

## 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)
11/05/2021	Deceased Child, Female, 1 Days	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

**Report Summary:**

An SCR report alleged that on 11/4/21, the mother gave birth to the subject child. At the time of the child's birth, the mother tested positive for marijuana. The siblings and father had an unknown role.

**Report Determination:** Unfounded

**Date of Determination:** 01/14/2022

**Basis for Determination:**

MCDHS completed casework and collateral contacts and determined there was lack of credible evidence to substantiate the allegation. MCDHS learned that the mother consumed edible marijuana while pregnant to alleviate nausea and enhance appetite. There was no evidence that the mother's drug use impacted the subject child. There were no concerns for other drug use. The siblings were determined to be safe in the mother's care.

**OCFS Review Results:**

Within 24 hours of receipt of the SCR report, MCDHS contacted the source, completed a home visit and interviewed the family. A history check was documented and written notices of the SCR report were sent timely. A Plan of Safe Care was completed with the mother and father. MCDHS reviewed safe sleep with the parents, and observed a safe sleep environment. MCDHS offered preventive services to the family. All required face-to-face interviews were completed and thorough. Absent BF's were added and notified of the report. There were detailed supervisory consultations throughout the investigation. The subject child died during the investigation and a subsequent report was made regarding the death.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/06/2020	Sibling, Female, 13 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 13 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 2 Days	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Days	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR reported alleged that the mother gave birth to the 1-year-old sibling. At the time of the sibling's birth, the mother tested positive for marijuana. The mother admitted to using marijuana during her pregnancy. The mother reported she used marijuana while pregnant with the 15-year-old, 7-year-old and 3-year-old siblings and continued to use marijuana while breastfeeding them. The role of the father was unknown.

**Report Determination:** Unfounded**Date of Determination:** 08/10/2020**Basis for Determination:**

MCDHS unfounded and closed their investigation. It was determined through casework and collateral contacts that there was no evidence that the mother failed to provide a minimum degree of care for the children. The mother used marijuana while pregnant with the 1-year-old sibling in order to increase her appetite. The sibling had a heart defect at birth, and medical collaterals reported it was not the result of the mother's marijuana use. The children reported no knowledge of drug use.

**OCFS Review Results:**

MCDHS initiated their investigation within 24-hours of receipt of the report. MCDHS contacted the source, completed a history check and sent written notice of the SCR report. The safety of the children was assessed throughout the investigation. A Plan of Safe Care was completed with the mother. MCDHS reviewed safe sleep with the mother and father, and observed a safe sleep environment for the 1-year-old sibling. MCDHS offered appropriate services to the family. All required face-to-face interviews were completed and thorough. Absent BF's were added and notified of the report. There were detailed supervisory consultations throughout the investigation.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**CPS - Investigative History More Than Three Years Prior to the Fatality**

In 2012, there was an unfounded CPS investigation against daycare staff regarding the 15yo and 10yo siblings. It was reported the day care provider was driving the siblings while impaired by marijuana.

In 2014, the family had a CPS FAR case regarding domestic violence toward the mother by her boyfriend in the presence of the 15yo, 10yo and 7yo siblings.

In 2018, there was an unfounded CPS investigation against the mother regarding the 3yo sibling. The report was made after the mother tested positive for marijuana at the time of the sibling's birth.

**Known CPS History Outside of NYS**

There was no known CPS History outside of NYS.

**Preventive Services History**

Between 5/21/14 and 7/17/15, the mother had a voluntary preventive services case. The mother received day care assistance so she could attend mental health treatment for a history of trauma and domestic violence. The mother stopped attending treatment and MCDHS closed their case.

**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