



## Report Identification Number: SV-21-006

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

Issue Date: Aug 09, 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 month(s)

**Jurisdiction:** Suffolk  
**Gender:** Male

**Date of Death:** 02/11/2021  
**Initial Date OCFS Notified:** 02/11/2021

## Presenting Information

Suffolk County Department of Social Services (SCDSS) received a report from the SCR alleging the mother placed the 1-month-old subject child to sleep in his crib. The mother checked on the child around 2AM on 2/11/21, to change his diaper and noticed the child was not crying as usual and noticed the child's nose was bleeding. The mother googled the child's symptoms, and then called the child's doctor before calling 911. The subject child was transported to the hospital and pronounced dead at 3:39AM on 2/11/21. The cause of death was cardiac arrest. The child was otherwise healthy and the mother did not have an explanation for the death.

## Executive Summary

On 2/11/21, Suffolk County Department of Social Services received an SCR report regarding the death of the 1-month-old male subject child. At the time of the subject child's death, he resided with the mother and siblings, ages 15, 9, and 3 years old. The mother had custody of the 3 siblings, but the children had contact with their respective fathers. The subject child's father did not reside in the home and had limited contact with the child.

Through a joint investigation with law enforcement it was learned that on 2/11/21, the mother woke and found the infant bleeding from his nose and had the 15-year-old sibling look online to see what would cause the bleeding. The mother learned it was potentially serious and called 911. First responders arrived and transported the infant to the hospital. Resuscitative efforts were unsuccessful, and the infant was pronounced deceased at the hospital at 3:31AM.

An autopsy was performed, and the cause and manner of death were pending at the time this report was written. There was no trauma or apparent illness present during the autopsy examination. The law enforcement investigation found no criminality in the death.

SCDSS unsubstantiated the allegations against the mother for Inadequate Guardianship, Internal Injuries, and DOA/Fatality due to a lack of credible evidence that the mother's actions or inactions caused the infant's death. SCDSS added the allegation of Educational Neglect against the mother for the 15-year-old sibling. The investigation revealed the sibling was not engaged in her virtual learning and had not been doing any classwork, which resulted in her loss of class credit. SCDSS provided the mother with information on grief counseling services, but she declined. Once case objectives were met, the investigation was closed.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

- **Approved Initial Safety Assessment?** Yes



○ Safety assessment due at the time of determination? Yes

● Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

**Determination:**

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

**Explain:**

The siblings were assessed to be safe in the mother's care. Once all case objectives were met, the investigation was closed.

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:**

Casework activity was commensurate with best casework practice and there was detailed supervisory consultation throughout the case.

**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: 02/11/2021

Time of Death: 03:39 AM

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: Unknown

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

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



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

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

Distracted

Asleep

Absent

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	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Other Household 1	Father	No Role	Male	45 Year(s)
Other Household 2	Other Adult - Father of Sibling	No Role	Male	33 Year(s)
Other Household 3	Other Adult - Father of Sibling	No Role	Male	34 Year(s)
Other Household 4	Other Adult - Father of Sibling	No Role	Male	47 Year(s)

### LDSS Response

SCDSS completed all investigative requirements upon notification of the fatality. They reviewed SCR history, notified the DA's office of the death, and spoke to the source of the report, law enforcement, school staff and the medical examiner. They interviewed the parents, siblings, and home visits were conducted throughout the investigation.

The mother reported that the infant was healthy, and he was developmentally on target. The mother and medical records revealed the infant was born premature at 34 weeks and remained in the hospital for two weeks following his birth. The mother reported the subject child was placed in the bassinet located next to her bed. The mother refused to provide additional information related to the child's sleeping arrangements as it was "too upsetting." SCDSS gathered information from the 15-year-old sibling that the subject child had been placed on his back in the bassinet and there were no other items located in the bassinet.

SCDSS interviewed the 15-year-old sibling, who provided information to SCDSS about the subject child's death. The 15-year-old reported she woke with the mother and found the subject child bleeding from the nose. The mother had the 15-year-old search the symptom on the internet and found it could be the result of an infection or something more serious. The mother called 911 when the sibling provided her with that information. SCDSS attempted to interview the 9-year-old sibling, but due to cognitive and developmental delays and limitations, SCDSS was unable to interview the sibling. The 15, 9, and 3-year-old siblings were deemed safe in the care of their mother.

Medical records revealed that the infant was born premature and remained in the hospital for 2 weeks following his birth. The infant was seen at his primary care physician's office the day prior to his death for a well-child visit. There were no



notable concerns from the child's medical visit on 2/10/21. The emergency room doctor who worked on the subject child at the time of death reported the subject child presented to the hospital with no heartbeat. The subject child did not have any external trauma.

SCDSS completed all necessary casework activity prior to making a determination of the allegations, then closed the investigation once all needed services were offered to the family. At the time of investigation closure, the family was not engaged in bereavement or mental health counseling. The mother was receptive to additional support and services for the 9-year-old sibling who had been diagnosed with autism and additional cognitive delays.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Comments:** SCDSS adhered to previously approved protocols for joint investigations by collaborating with law enforcement and notifying the DA's office of the death.

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

**Comments:** There is no OCFS approved Child Fatality Review Team in Suffolk County.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057602 - Deceased Child, Male, 1 Mons	057603 - Mother, Female, 41 Year(s)	DOA / Fatality	Unsubstantiated
057602 - Deceased Child, Male, 1 Mons	057603 - Mother, Female, 41 Year(s)	Inadequate Guardianship	Unsubstantiated
057602 - Deceased Child, Male, 1 Mons	057603 - Mother, Female, 41 Year(s)	Internal Injuries	Unsubstantiated
057606 - Sibling, Female, 15 Year(s)	057603 - Mother, Female, 41 Year(s)	Educational Neglect	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<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 relevant collateral sources.

### Fatality Safety Assessment Activities

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

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

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



<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 SCDSS assessed the needs of the family and offered services related to grief and mental health counseling. Though the mother was not receptive to those services, she accepted referrals for community-based support related to the needs of the 9-year-old sibling.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
<b>Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 There was no removal of the surviving siblings.

**Legal Activity Related to the Fatality**

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

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

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



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

**Other, specify:** Project Lifesaver

**Additional information, if necessary:**

SCDSS provided referrals for community-based bereavement and mental health counseling. SCDSS also provided information for a community-based program that assists individuals with cognitive impairments for support regarding the 9-year-old sibling.

**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 community-based services to the family.

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

**Explain:**

SCDSS provided the mother with community-based referrals for grief and mental health counseling. The mother was not receptive to services, but was open to services and support for the 9-year-old sibling.

## 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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/08/2020	Sibling, Female, 15 Years	Mother, Female, 41 Years	Educational Neglect	Unsubstantiated	No
	Sibling, Female, 15 Years	Mother, Female, 41 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

SCDSS received a report from the SCR alleging the 14-year-old sibling was a fully virtual student. She missed 40 days of school and was failing as a result.

**Report Determination:** Unfounded

**Date of Determination:** 01/29/2021

**Basis for Determination:**

SCDSS determined the sibling was making an effort to engage in virtual learning, but had concerns about keeping the camera on at all times. SCDSS discussed the concerns with the school and it was determined the child would not have to keep the camera on. SCDSS determined there was no credible evidence the sibling's education was impacted.

**OCFS Review Results:**

SCDSS assessed the safety of the children upon receipt of the SCR report. SCDSS addressed all concerns with the family during the investigation. Casework was completed within the required timeframes.

**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)
08/04/2020	Sibling, Male, 8 Years	Mother, Female, 40 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Male, 8 Years	Mother, Female, 40 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 40 Years	Lack of Supervision	Substantiated	

**Report Summary:**

SCDSS received a report from the SCR which alleged the 8-year-old sibling was autistic and had a history of opening doors. The mother fell asleep and left the sibling unsupervised. During the time the mother was asleep, the sibling got out of the home and went down the street wearing only a dirty diaper.

**Report Determination:** Indicated

**Date of Determination:** 09/11/2020

**Basis for Determination:**

SCDSS determined the child was placed at risk as he needed a higher level of supervision than what the mother provided. SCDSS indicated the report after assessing the children and confirming that the mother installed additional door locks and alarms.

**OCFS Review Results:**

SCDSS completed all casework within the required timeframes. SCDSS addressed all concerns with the family during 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**

The mother had CPS history dating back to 2011. She had been unfounded for substance abuse and lack of supervision. One indicated report from 2015 regarding lack of supervision against the mother regarding the sibling, who was autistic and found outside of the home.



The father was indicated in 1997 for Fractures/Lacerations/Bruises/Welts, Inadequate Guardianship, DOA/Fatality, and Internal Injuries regarding his girlfriend's child. The girlfriend's child sustained multiple injuries to the chest and abdomen as well as multiple perforations to the bowel. The father was charged with murder and sentenced to 19 years to life in prison and had been released in March 2020.

**Known CPS History Outside of NYS**

There was no known history outside of New York State.

**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