



Report Identification Number: RO-22-004

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

Issue Date: Aug 03, 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

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: Monroe
Gender: Female

Date of Death: 02/25/2022
Initial Date OCFS Notified: 02/25/2022

Presenting Information

An SCR report alleged that on 2/25/22 at 7:00 AM, the mother woke and observed that the 1-month-old infant was not breathing and there was blood and milk trickling from her nose. The mother picked the infant up, patted her to try to get her to breathe, then called 911 for emergency assistance. She was instructed to administer CPR to the infant until EMS arrived. The infant was intubated while being transported to the hospital. Because she required a higher level of care, she was transported to another facility. The infant was pronounced dead at 1:17 PM. The infant was otherwise healthy and the mother and father had no explanation for her death.

Executive Summary

On 2/25/22, the Monroe County Department of Human Services (MCDHS) received an SCR report regarding the death of the 1-month-old female infant that occurred on that date. At the time of the infant's death, she resided with her mother, father, and three siblings ages 13, 10 and 4. The father of the 13-year-old sibling resided out of state and did not have visitation. The father of the 10-year-old sibling lived nearby and had frequent visitation. The father of the 4-year-old sibling and infant had two additional children, ages 7 and 5, who resided with their mother and were visiting the home on the night of the fatal incident.

MCDHS conducted a joint investigation with law enforcement, and learned that on 2/24/22, the family was up all night and fell asleep between 4:00-5:30 AM on 2/25/22. The mother and 4-year-old sibling fell asleep in the mother's bed upstairs and the infant slept on her stomach in a portable crib that attached to the side of the bed with a strap. The 13 and 10-year-old siblings slept in separate bedrooms upstairs and the father and half siblings slept in the living room downstairs. The mother woke around 7:30 AM, and discovered the infant was not breathing. The mother screamed for assistance, and she called 911. The two oldest siblings waited for the ambulance to arrive while the parents performed CPR. EMS arrived and performed life-saving measures. The infant regained a pulse, and she was transported to the hospital via ambulance. She was then transported to a second hospital for a higher level of care, where her condition worsened, and CPR resumed. The infant was pronounced deceased at 1:17 PM.

Collateral sources had no concerns for the siblings and half siblings, and they were assessed to be safe in their parents' care. Hospital staff and law enforcement reported no trauma or injuries were observed on the infant's body. An autopsy was performed, and the results were pending at the time this report was written. No charged had been filed and the law enforcement investigation remained open pending the final autopsy results.

MCDHS unsubstantiated the allegations against the parents due to a lack of evidence to support there were any concerns for non-accidental trauma or aggravating factors that contributed to the infant's death. Bereavement and trauma services were offered and accepted by the family.

PIP Requirement

For a citation identified in a historical case, MCDHS will submit a PIP to the Rochester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) MCDHS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, MCDHS 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:

The case was unfounded based on the evidence gathered and 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 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: 02/25/2022

Time of Death: 01:17 PM

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:

07:53 AM

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? 2 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	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	43 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Other Household 1	Other Adult - 10yo Sibling's Father	No Role	Male	34 Year(s)
Other Household 2	Other Adult - 13yo Sibling's Father	No Role	Male	32 Year(s)

LDSS Response

MCDHS investigated the infant's death by reviewing SCR history and speaking to the source of the report, hospital staff, school staff, law enforcement, the pediatrician, the DA's office, and the Medical Examiner. MCDHS assessed the homes of the parents, half siblings and father of the 10-year-old sibling. They interviewed the mother, father, siblings, fathers of the 13 and 10-year-old siblings, the half siblings, and the mother of the half siblings.

The parents reported the infant was born at 38 weeks gestation and she only weighed 4lbs 12oz, but she was healthy. They had concerns about the infant's breathing at times, and they suspected she had a respiratory condition that was common in both sides of their family. They said they discussed the concern with the pediatrician and no medication was prescribed. The parents' bedroom was observed to have a portable crib with one side down where it attached to the side of the adult bed with a clip. There was a t-shirt laid out flat on top of the fitted sheet, a learning toy, a bottle, and a few miscellaneous items observed inside the crib. The mother said the pediatrician advised them to place the infant to sleep on her stomach



and she always placed her to sleep in that position with her head to the side, and she covered the infant’s legs with a blanket.

The family reported the half siblings were visiting on the night of 2/24/22, and the whole family was up all night playing video games, eating and spending time together. They said the infant was acting and eating normally prior to the incident. The father, half siblings and two oldest siblings went to sleep around 4:00 AM. The two oldest siblings slept in separate bedrooms upstairs and the father and half siblings slept in the living room downstairs. The mother, infant and 4-year-old sibling went to sleep around 5:30 AM in the mother’s bedroom. The mother said she woke around 7:30 AM, and she discovered the infant was not breathing. When she lifted the infant out of the portable crib, she saw a milk and blood substance had come out of the infant’s nose and the infant was unresponsive. The mother checked the infant’s airway and there were no objects in her mouth. The father and siblings said they woke when the mother started screaming that the infant was not breathing.

EMS records showed the parents were performing CPR on the adult bed upstairs when they arrived. The infant was warm and unresponsive with no pulse. The infant was noted to be small and there were no signs of trauma. CPR was performed, and the infant regained a pulse and was transported to the hospital. Hospital staff reported the infant had a pulse when she arrived, and there were no signs of trauma on her body. She was transported to a second hospital, although shortly after arrival, CPR was re-initiated, and she was unable to be revived.

The children’s pediatrician had no concerns for their care. Two of the siblings had a diagnosed respiratory condition and the mother was compliant with their medical care. The doctor said the infant had not been diagnosed with the respiratory condition, and she was too young for such diagnosis. The doctor said the parents were aware of safe sleep guidelines and they had been advised to place the infant to sleep on her back.

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: The case was referred to a Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060821 - Deceased Child, Female, 1 Mons	060822 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
060821 - Deceased Child, Female, 1 Mons	060822 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
060821 - Deceased Child, Female, 1 Mons	060823 - Father, Male, 43 Year(s)	DOA / Fatality	Unsubstantiated
060821 - Deceased Child, Female, 1 Mons	060823 - Father, Male, 43 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 father of the 13-year-old sibling resided out of state, therefore a face-to-face interview was not conducted and MCDHS spoke to him on the phone.

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"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: Risk was adequately assessed and the family was provided with bereavement services.				

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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

Explain:

The siblings and half siblings were provided with bereavement services.

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

Explain:

The parents were provided with bereavement services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No

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

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

Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

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

- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

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



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/03/2020	Sibling, Male, 11 Years	Father, Male, 41 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 8 Years	Father, Male, 41 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 41 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged the father was physically violent toward the mother while in the presence of the now 13 and 10, and 4-year-old siblings. The father hit the mother while the siblings were in the home and he had been violent with the mother for the previous 5-6 years. There were no injuries to the siblings.

Report Determination: Unfounded**Date of Determination:** 02/14/2020**Basis for Determination:**

MCDHS documented there was a lack of credible evidence that the parents failed to meet a minimal degree of care for the siblings; however, the now 13-year-old sibling reported to school staff and MCDHS that he saw the father hitting and threatening the mother and he was afraid when this occurred. He said the last incident occurred the week prior. The now 10-year-old sibling said he heard the parents talking loudly but he denied that he saw them physically fighting. The parents denied physical violence during a joint interview and the home was assessed to be safe. A search of law enforcement records found no calls to the home and the siblings and mother were free from marks.

OCFS Review Results:

The two oldest siblings were interviewed separately at school, then a home visit occurred where the parents were interviewed together, and the youngest sibling was observed. Based on the allegations, and the oldest sibling's disclosure of physical violence, it would have been beneficial to interview the parents separately and to offer DV services to the mother. Notice of Existence was mailed to the required adults, SCR history was reviewed and the source was spoken to. An attempt to contact the father of the now 13-year-old sibling was unsuccessful. There were no documented attempts to speak to the father of the now 10-year-old sibling.

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

Issue:

Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:

The father of the now 10-year-old sibling was added to the report and notified about the investigation; however, attempts to interview him were not documented.

Legal Reference:

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

Action:

MCDHS will make casework contacts in accordance with the following regulation: Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

CPS - Investigative History More Than Three Years Prior to the Fatality

SCR report dated 6/14/11 was Sub for the allegations of IG and L/B/W against the father regarding his now adult children.



SCR report dated 1/18/12 was Unsub for the allegations of SA and IG against the father regarding his now adult daughter and IG and L/B/W regarding his now adult son.

SCR report dated 10/22/13 was Unsub for the allegations of IG and LS against the mother regarding the 13yo sibling and another child.

SCR report dated 8/27/15 was Unsub for the allegations of IG, LS and PD/AM against the mother regarding the 13 and 10yo siblings.

SCR report dated 12/15/15 was Unsub for the allegations of IG and PD/AM against the mother regarding the 13 and 10yo siblings and L/B/W regarding the 10yo sibling.

SCR report dated 4/12/16 was Unsub for the allegations of IG, XCP, L/B/W and S/D/S against the mother regarding the 10yo sibling.

SCR report dated 4/26/17 was Unsub for the allegation of IG against the mother of the father's children regarding the 7yo child.

SCR report dated 4/24/18 was Unsub against the mother of the father's children for the allegations of IF/C/S, PD/AM and IG regarding the 7yo child and IG, L/B/W and PD/AM regarding the 5yo child.

Known CPS History Outside of NYS

There is no known CPS 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