

Report Identification Number: SV-22-019

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

Issue Date: Nov 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

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	DA-District Attorney	
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	SXTF-Sex Trafficking
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		

Case Information

Report Type: Child Deceased
Age: 19 day(s)

Jurisdiction: Nassau
Gender: Male

Date of Death: 04/09/2022
Initial Date OCFS Notified: 06/01/2022

Presenting Information

An SCR report alleged on 4/9/22, between 1:00 AM and 2:00 AM, the mother fed the 19-day-old infant and laid him down to sleep. The father checked on the infant between 7:45 AM and 8:00 AM on the morning of 4/9/22. At that time, the father discovered the infant was blue and struggling to breathe. The parents transported the infant to the hospital in their personal vehicle and arrived at 8:24 AM. Hospital staff then performed CPR on the infant but were unsuccessful in reviving him. At that point, the infant's core body temperature had dropped to 87 degrees. The infant was pronounced deceased at 9:13 AM. The infant was otherwise healthy and the parents did not have an explanation for the infant's death.

Executive Summary

On 6/1/22, the Nassau County Department of Social Services (NCDSS) received an SCR report regarding the death of the 19-day-old male infant that occurred on 4/9/22. A subsequent SCR report was received on 7/6/22, with concerns there was a large amount of cocaine found in the infant's body due to the parents putting cocaine in the infant's milk bottle and the infant ingesting it. At the time of the infant's death, he resided with the mother, the father, the father's aunt, and the father's three children, aged 14, 12 and 4 years. The father had custody of the siblings and the siblings' mother resided in Suffolk County with another adult and the other adult's 5-year-old child. The siblings' visited their mother regularly.

NCDSS and law enforcement jointly investigated the infant's death and they learned that on 4/9/22, between 1:00-2:00 AM, the mother fed the infant a bottle then laid him down to sleep in his crib. The father made a bottle and he checked on the infant between 7:45-8:00 AM. At that time, the father observed the infant to be unresponsive. The parents transported the infant to the hospital in their personal vehicle and arrived at 8:42 AM. Hospital staff performed CPR, but were unable to revive the infant, and he was pronounced deceased at 9:13 AM. The siblings were on a visit with their mother at the time of the incident.

An autopsy was performed, and the medical examiner was unable to share information with NCDSS due to the ongoing homicide investigation. According to law enforcement, the medical examiner determined the infant's cause of death was acute poisoning from cocaine. The detective was unaware of the exact amount of cocaine that was found in the infant's body, but he said it was a significant amount and enough to kill an adult. Two baby bottles, one empty and one full, were taken into evidence and were found to have cocaine in them. The parents denied using drugs or keeping drugs in the home. They had no explanation for the bottles having cocaine in them or for the infant having cocaine in his system. No criminal charges had been filed and the law enforcement investigation remained open at the time this report was written.

NCDSS filed an Article 10 Neglect Petition against the parents, and the siblings were removed from the father's custody and placed in the custody of their mother on 8/18/22. An order of protection was issued barring the parents from any unsupervised contact with the siblings. The parents and siblings enrolled in mental health and bereavement counseling services and the parents enrolled in chemical dependency services.

NCDSS indicated both CPS investigations based on a fair preponderance that the parents were the sole caretakers of the infant, he died from acute cocaine poisoning and cocaine was found in two of the infant's bottles that the parents prepared. The allegation of Inadequate Guardianship was substantiated against the parents regarding the siblings as it remained unknown how the cocaine got into the infant's bottles and into his system, placing the siblings at risk of harm. The case was opened for ongoing CPS services and the petitions were pending in Family Court.

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 appropriately indicated and opened for CPS services.

Was the decision to close the case appropriate? N/A

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: 04/09/2022

Time of Death: 09:13 AM

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

Unknown

County where fatality incident occurred:	Nassau
Was 911 or local emergency number called?	Yes
Time of Call:	Unknown
Did EMS respond to the scene?	No
At time of incident leading to death, had child used alcohol or drugs?	No
Child's activity at time of incident:	

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 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	Aunt/Uncle	No Role	Female	65 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	19 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	40 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	14 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	12 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Other Household 1	Other - Other Adult	No Role	Female	42 Year(s)
Other Household 1	Other Adult - Siblings' Mother	No Role	Female	33 Year(s)
Other Household 1	Other Adult - Other Adult	No Role	Female	42 Year(s)
Other Household 1	Other Child - Other Adult's Child	No Role	Female	5 Year(s)

LDSS Response

NCDSS investigated the infant's death by reviewing SCR history, notifying the district attorney's office about the death, and speaking to the sources of the reports, law enforcement, school staff, and the pediatrician. NCDSS interviewed the mother, father, father's aunt, the sibling's mother, and the siblings.

The mother reported that the infant was healthy, and he appeared to be acting normal the day prior to his death. She said on 4/9/22, she fed the infant a bottle of formula around 1:45 AM, then she placed the infant to sleep in his crib. She was sleeping when the father woke up around 8:00 AM, and when he found the infant to be blue and unresponsive. She said it took about 5 minutes for the car to start so she called 911, then they drove to the hospital once the car started. The mother admitted to using cocaine in the past, with her last time being 7/18/21. She denied using cocaine since she found out she was pregnant, and she denied having any cocaine in the home. The father said he came home from work, had 3-4 shots of liquor, then went to bed between 9:00-10:00 PM. He said the mother gave the infant a bottle during the night, but he did not wake up. He woke around 8:00 AM and he made a bottle for the infant. When he went into the bedroom, he saw that

the infant had vomited formula. He picked up the infant and then woke up the mother. They called 911 then drove to the hospital when the car started, since first responders would take too long. He attempted CPR on the way to the hospital. He denied any drug use and he said the mother had not used cocaine since July 2021.

The father's aunt reported that she had been residing in the home for 6 months at the time of the incident. She said she was cleaning the living room when the father came out of the infant's bedroom holding the infant, who appeared blue. She told the father the infant looked dead, and it wasn't normal for the infant to look like that. The father said they had to go to the hospital, so she woke up the mother, who was still sleeping. She, the father, and mother drove to the hospital, and they called to tell hospital staff they were coming. She said the infant was both breast and bottle fed, and the parents always made the bottles. She assisted with caring for the siblings, but she denied that she provided regular care for the infant.

The siblings' mother said she had the siblings for the weekend and the father called and asked her to return the siblings earlier than usual on the date the infant died. She had no concerns for the father's and mother's care of the children; however, she had concerns for the father's alcohol consumption in the past. The siblings reported no concerns for drug use and they were assessed to be safe in their mother's care.

No drugs or drug paraphernalia was observed in the parents' home and the parents appeared sober at all contacts. The infant shared a bedroom with the 4-year-old sibling, and he slept in a crib. The infant's formula was stored in this bedroom and the remaining formula cans were not opened. Pediatrician records showed the infant was last seen on 4/6/22 and he was observed to be healthy with no concerns.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
061766 - Deceased Child, Male, 19 Days	061768 - Father, Male, 40 Year(s)	DOA / Fatality	Substantiated
061766 - Deceased Child, Male, 19 Days	061768 - Father, Male, 40 Year(s)	Poisoning / Noxious Substances	Substantiated
061766 - Deceased Child, Male, 19 Days	061767 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
061766 - Deceased Child, Male, 19 Days	061768 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
061766 - Deceased Child, Male, 19 Days	061767 - Mother, Female, 18 Year(s)	DOA / Fatality	Substantiated



Child Fatality Report

061766 - Deceased Child, Male, 19 Days	061767 - Mother, Female, 18 Year(s)	Poisoning / Noxious Substances	Substantiated
061769 - Sibling, Female, 14 Year(s)	061767 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
061769 - Sibling, Female, 14 Year(s)	061768 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
061770 - Sibling, Female, 12 Year(s)	061767 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
061770 - Sibling, Female, 12 Year(s)	061768 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
061771 - Sibling, Male, 4 Year(s)	061767 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
061771 - Sibling, Male, 4 Year(s)	061768 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
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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"/>
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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 checked="" type="checkbox"/>	<input 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 referred for the appropriate 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
The siblings were removed from the father's custody and placed in the custody of their mother on 8/18/22.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

- Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS



Date Filed:	Fact Finding Description:	Disposition Description:
08/22/2022	There was not a fact finding	There was not a disposition
Respondent:	061767 Mother Female 18 Year(s)	
Comments:	NCDSS filed an Article 10 Neglect Petition against the parents and the siblings were placed in their mother's custody. The petition was pending in Family Court at the time this report was written.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
08/22/2022	There was not a fact finding	There was not a disposition
Respondent:	061768 Father Male 40 Year(s)	
Comments:	NCDSS filed an Article 10 Neglect Petition against the parents and the siblings were placed in their mother's custody. The petition was pending in Family Court at the time this report was written.	

Have any Orders of Protection been issued? Yes	
From: 08/18/2022	To: Unknown
Explain: An order of protection was issued barring the parents from any unsupervised contact with the siblings.	

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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

The children enrolled in bereavement and mental health services.

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

Explain:

The parents enrolled in bereavement, mental health, and chemical dependency 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)
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06/18/2021	Mother, Female, 17 Years	Father, Male, 40 Years	Childs Drug / Alcohol Use	Substantiated	No
	Mother, Female, 17 Years	Father, Male, 40 Years	Inadequate Guardianship	Substantiated	
	Mother, Female, 17 Years	Father, Male, 40 Years	Sexual Abuse	Substantiated	
	Mother, Female, 17 Years	Grandparent, Female, 42 Years	Sex Trafficking	Unsubstantiated	
	Mother, Female, 17 Years	Grandparent, Female, 42 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged on an ongoing basis since March 2021, the father forced the mother to use cocaine and alcohol with him. The father forced the mother to have sexual intercourse with him and the father tattooed his name on the mother's left arm. The maternal grandmother was aware of the sex, drugs and alcohol misuse and she failed to intervene. The grandmother had been receiving money from the father. As a result, the mother continued to be sexually assaulted and forced to use drugs and alcohol.

Report Determination: Indicated

Date of Determination: 08/17/2021

Basis for Determination:

The mother was in a relationship with the father and residing with him. She initially reported he forced her to have sex and he provided her with drugs and alcohol on a regular basis. The grandmother was aware of the relationship as the father was assisting the mother with immigration, but she was not aware of the drugs and alcohol until she found the mother intoxicated at his house. Blood tests showed a high level of alcohol and cocaine in the mother's system. The mother recanted her story and said she was in a consensual relationship with the father. The father said it was consensual and he denied giving the mother drugs or alcohol. Law enforcement investigated and no charges were filed.

OCFS Review Results:

NCDSS coordinated with ACS and they interviewed the mother, father, maternal grandmother, maternal uncle and the siblings. Safety Assessments and the RAP were completed timely and accurately. Relevant collaterals were contacted and NCDSS referred the mother for mental health and chemical dependency services. The mother was assessed to be safe in the care of the maternal uncle. The siblings did not disclose any concerns and they were assessed to be safe in the care of the father.

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)
10/30/2020	Sibling, Female, 12 Years	Father, Male, 39 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 12 Years	Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 11 Years	Father, Male, 39 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 11 Years	Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 39 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged the father was an alcoholic and he had been under the influence for the previous two weeks. The father passed out and he was not able to adequately care for the siblings. During this time, the oldest sibling was responsible for the two younger siblings. The father was not providing food for the siblings and they were going to bed hungry. Two subsequent reports were received on 11/26/20, which alleged on that date the father consumed alcohol to the point of passing out while caring for the siblings. On multiple occasions over the previous two weeks, the father was the sole caregiver for the siblings while intoxicated from alcohol.

Report Determination: Unfounded

Date of Determination: 03/26/2021

Basis for Determination:

The investigation revealed the father was intoxicated and passed out in the presence of the siblings on 11/26/20, but there were other adults present. The siblings reported being scared of the father when he drank alcohol, but stated he mostly stayed in his bedroom and they denied he became physically aggressive. All family members denied the father had become intoxicated since receipt of the SCR report and the siblings were determined to be well cared for and safe.

OCFS Review Results:

The homes of the father and siblings' mother were assessed to be safe and SCR history was reviewed. NCDSS interviewed the father, siblings, and siblings' mother. Safety Assessments and the RAP were completed timely and accurately and Notice of Existence was provided to the required adults. NCDSS appropriately referred the father for chemical dependency services.

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)
05/18/2020	Sibling, Female, 12 Years	Father, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 12 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 10 Years	Father, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged the father had a history of alcoholism and physical violence toward the siblings' mother in front of the siblings. On 5/17/20, the father was drunk while caring for the siblings. He could barely walk and the siblings were scared. The siblings' mother had to pick up the siblings.

Report Determination: Unfounded

Date of Determination: 06/18/2020

Basis for Determination:

The father had custody of the siblings. After visitation, the mother returned the siblings to the father's home without contacting the father first to make sure he was home. The siblings were home without an adult for several hours; however, they were able to contact both parents by phone and the oldest sibling was capable of caring for the younger siblings. The mother returned to the father's home and she had the siblings in the car when the father arrived home. The father and siblings denied the father was under the influence of alcohol when he returned home. The siblings reported the father and their mother do not get along, but they denied any physical violence.

OCFS Review Results:

NCDSS assessed the homes of the father and siblings' mother to be safe. They interviewed the mother, father, siblings and paternal grandfather. SCR history was reviewed, Safety Assessments and the RAP were completed timely and accurately and Notice of Existence was provided to the required adults.

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)
02/24/2020	Sibling, Female, 11 Years	Father, Male, 38 Years	Other	Unsubstantiated	No
	Sibling, Female, 10 Years	Father, Male, 38 Years	Other	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 38 Years	Other	Unsubstantiated	
	Sibling, Female, 11 Years	Mother, Female, 31 Years	Other	Unsubstantiated	
	Sibling, Female, 10 Years	Mother, Female, 31 Years	Other	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 31 Years	Other	Unsubstantiated	
	Sibling, Female, 11 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

NCDSS conducted a court ordered investigation regarding the father and siblings' mother. There were concerns that on 2/16/20, the siblings' mother physically assaulted the father while the father was holding the now 4-year-old sibling. This occurred in the presence of the two oldest siblings.

Report Determination: Unfounded

Date of Determination: 04/17/2020

Basis for Determination:

There was a lack of credible evidence gathered that a physical altercation took place in the presence of the siblings as alleged in the father's custody petition. The father denied drinking alcohol in excess as alleged in the siblings' mother's custody petition. The siblings reported no concerns for physical violence or excessive alcohol use by the father.

OCFS Review Results:

NCDSS reviewed SCR history, assessed the father's home to be safe, and interviewed the mother, father and siblings. Safety Assessments and the RAP were completed timely and accurately and Notice of Existence was provided to the required adults.

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

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

On 5/29/2015 a court ordered investigation was conducted by the Administration for Children's Services (ACS) regarding the father and siblings' mother in reference to custody petitions filed for the two oldest siblings.

An SCR report dated 3/22/17 was unsubstantiated by ACS against the father for the allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse regarding the two oldest siblings.

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