



Report Identification Number: AL-16-009

Prepared by: Albany Regional Office

Issue Date: Aug 04, 2017

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		
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
CPR-Cardiopulmonary Resuscitation		
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



Case Information

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Montgomery
Gender: Female

Date of Death: 05/08/2016
Initial Date OCFS Notified: 05/25/2016

Presenting Information

The death of this child occurred (17) days prior to the SCR report dated 5/25/16. The deceased child was an otherwise healthy infant that died on 5/8/16. There were no other details available concerning the death of the 3-month old. It was unknown which adults were home at the time of the death. The remaining children in the home were the two-year-old surviving half-sibling who visits the deceased child’s father, the six-year-old surviving sibling and deceased child’s mother. The family’s home was filthy and unsanitary. There are dishes everywhere, the surfaces are covered in mold and there is garbage strewn about. The two-year-old sibling’s back is covered in bleeding flea bites that she received in the home. There are big marijuana bong in the living room, accessible to the children. The two-year-old surviving sibling’s birth mother has an unknown role.

Executive Summary

This report involves the death of a 3-month-old child in Montgomery County. Seventeen days following the SC’s death, the SCR report on 5/25/16, alleged ICFS, IG and DOA/Fatality against the SC’s parents. The report was made at that time because the source believed there to be reasonable cause to suspect. Montgomery County Department of Social Services (MCDSS) immediately initiated the investigation by interviewing and/or observing the mother, father, surviving half-siblings, ages 2 and 6, law enforcement and other adult in the home, and by visiting the family home. MCDSS also immediately requested copies of law enforcement, emergency medical services and medical records. MCDSS reviewed these records, and had no immediate concerns.

During the investigation, MCDSS caseworkers also interviewed the coroner, family doctor, relatives, and collateral sources, conducted multiple home visits. MCDSS offered the family grief counseling and preventive services throughout the investigation.

The coroner had no preliminary concerns, and toxicology results were still pending at the closure of this investigation on 10/17/16. The law enforcement investigation was also conducted and no criminal charges were filed. Law enforcement, the coroner and family doctor had no concerns about the length of time between when the parents last checked on the SC, and when the parents awoke the next day, and did not assert that this caused the SC’s death. Furthermore, neither law enforcement nor the medical doctors asserted that the SC’s sleep position caused the SC’s death. There were no concerns during the investigation regarding the parents’ use/misuse of illegal substances or about the living conditions in the home.

MCDSS unsubstantiated the allegations of ICFS and IG. MCDSS had no concerns about the conditions of the home or the parent’s care and supervision of the children. MCDSS unsubstantiated the allegations of DOA/Fatality based on the medical doctors’ lack of concerns about the SC’s death.

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?** No, sufficient information was gathered to determine some allegations only.
- **Was the determination made by the district to unfound or indicate appropriate?** Unable to Determine

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

There were no concerns regarding the closure of this investigation.

Required Actions Related to the Fatality

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

Issue:	Determination of Nature, Extent and Cause of Conditions (Report)
Summary:	MCDSS appropriately unsubstantiated the allegation of ICFS. However, MCDSS unsubstantiated the allegations of IG, and DOA/Fatality without gathering sufficient information to make a determination regarding all allegations in the report.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(d)
Action:	MCDSS must develop and implement a corrective action plan to make sure the necessary information is obtained from the appropriate parties.
Issue:	Overall Completeness and Adequacy of Investigation
Summary:	Information gathered from OA in household who provided care for the SC just prior to her death was not sufficient to fully investigate the allegations. The interview was incomplete and there was no follow-up to address his inconsistent statements.
Legal Reference:	SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)
Action:	MCDSS must take actions to make sure adequate information is obtained from all household members in order to make a full assessment of the allegations.

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 05/08/2016

Time of Death: 04:35 PM

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

Unknown

County where fatality incident occurred:

Montgomery

Was 911 or local emergency number called?

Yes

Time of Call:

03:35 PM

Did EMS to 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

How long before incident was the child last seen by caretaker? 12 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

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	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	26 Year(s)
Other Household 1	Other Adult - Biological Father of 6-year-old sibling	No Role	Male	26 Year(s)
Other Household 2	Other Adult - Biological Mother of 2-year-old sibling	No Role	Female	23 Year(s)



LDSS Response

On 5/25/16, MCDSS received an SCR report which alleged IFCS and IG against the SC's parents for unsuitable living conditions and presence of drug paraphernalia in the home regarding the 2-year-old and 6-year-old surviving half-siblings. It also alleged DOA/Fatality against the parents regarding the SC. At the time of the SCR report, the SC had been deceased for (17) days. MCDSS immediately went to the home, interviewed household members, law enforcement and observed all surviving siblings. Caseworkers found the home to have no electricity and minor clutter but found the home to be safe.

On 5/27/16, a second SCR report alleged DOA/Fatality against the parents regarding the SC. This was merged with the initial report.

Based on interviews with law enforcement, emergency medical services, household members, caseworkers learned that the SC was last fed between 8:30-9:00 p.m. on 5/7/16, and placed on her back in the crib with head propped up on pillows. The parents left the home around 10:00 p.m. and left the child with another adult in the home. The father had two drinks and the mother had a sip of a drink but both denied being intoxicated when they returned home. Neither the parents nor the other adult who cared for the child used illegal substances that night. The parents returned to the home at 1:00 a.m. The parents checked on the SC before going to bed at 3:30 a.m., and observed the SC to be laying on her back in the crib with head propped up on pillows. The father awoke at 3:30 p.m. on 5/8/16, and found the SC still laying on her back, but unresponsive and blue in color. The mother attempted CPR while the father contacted 911. First responders arrived at the home, determined the SC was deceased, and contacted the coroner. The preliminary autopsy found no suspicious injuries or conditions that resulted in the SC's death. No cause of death had been determined at the time of this report.

All pertinent collateral contacts were interviewed and there were no concerns from the information obtained around the parent's care of the children. Medical professionals were not concerned about the length of time between when the parents last checked on the SC, and when the parents awoke the following day. MCDSS contacted the coroner, and he would not verify the time of the SC's last feeding.

Caseworkers consulted the family doctor about sleep positioning, based on the SC's position of being propped up against a pillow, and learned that the doctor advised that the pillows be propped under the crib mattress. The family doctor would not assert that the SC's death was caused by the SC's sleep position. The final autopsy report was still pending toxicology results as of the closure of this investigation. Caseworkers reviewed medical records and verified that the family sought timely medical care for the 2-year-old surviving half-sibling's insect bites.

Caseworkers made multiple visits to the family home and observed the living conditions to be adequate. Caseworkers did not observe drug paraphernalia and the parents did not appear to be under the influence of illegal substances at any time during the investigation. The family doctor also reported the parents were compliant with all prescribed medications, and urine screen results were negative on 6/1/16.

Prior to the fatality, the family sought regular medical care for the SC and surviving half-siblings. Caseworkers continually assessed the safety of the surviving half-siblings throughout the investigation. MCDSS determined that there was no information to support a causal relationship between the parents' actions and the SC's death. MCDSS unsubstantiated the allegation of DOA/Fatality. MCDSS also determined that there was no credible evidence to support allegations of IFCS and IG against the parents regarding the subject child and surviving half-siblings.

There were no criminal charges filed and the investigation was closed on 10/17

Official Manner and Cause of Death

Official Manner: Unknown



Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Coroner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
031793 - Deceased Child, Female, 3 Mons	031798 - Father, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
031793 - Deceased Child, Female, 3 Mons	031798 - Father, Male, 32 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
031793 - Deceased Child, Female, 3 Mons	031797 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
031793 - Deceased Child, Female, 3 Mons	031797 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
031793 - Deceased Child, Female, 3 Mons	031797 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
031794 - Sibling, Male, 6 Year(s)	031797 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
031794 - Sibling, Male, 6 Year(s)	031798 - Father, Male, 32 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
031795 - Sibling, Female, 2 Year(s)	031797 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
031795 - Sibling, Female, 2 Year(s)	031798 - Father, Male, 32 Year(s)	Inadequate Food / Clothing / Shelter	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 safety 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"/>



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	Needed but 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Additional information, if necessary:

MCDSS offered the family grief counseling and preventive services to support the family. MCDSS also discussed with



the mother the option of mental health counseling for post partum depression and the mother did not believe that this was a concern nor was counseling needed. MCDSS did not identify any concerns regarding the mother's mental health impacting the care provided to the children.

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? N/A

Explain:

No immediate service needs or supports were identified regarding safety of the children. MCDSS offered grief counseling and the family declined.

History Prior to the Fatality

Child Information

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

Was there an open CPS case with this child at the time of death? 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)	Status/Outcome	Compliance Issue(s)
12/04/2015	Sibling, Female, 2 Years	Other Adult - Biological Mother to 2-year-old sibling, Female, 23 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 2 Years	Other Adult - Biological Maternal Uncle to 2-year-old sibling, Male, 20 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 2 Years	Other Adult - Step-Parent of 2-year-old sibling, Male, 23 Years	Lacerations / Bruises / Welts	Unfounded	



Years			
Sibling, Female, 2 Years	Other Adult - Biological Mother to 2-year-old sibling, Female, 23 Years	Lacerations / Bruises / Welts	Unfounded
Sibling, Female, 2 Years	Other Adult - Biological Maternal Uncle to 2-year-old sibling, Male, 20 Years	Lacerations / Bruises / Welts	Unfounded
Sibling, Female, 2 Years	Other Adult - Step-Parent of 2-year-old sibling, Male, 23 Years	Inadequate Guardianship	Unfounded

Report Summary:

On 12/4/15, an SCR report alleged that, the then 2-year-old sibling presented with bruises to her buttocks and fingerprint marks to her rib area. The origin of these injuries were unknown and there were concerns that these resulted from injuries inflicted by the mother, maternal uncle, and/or male step-parent in the home.

Determination: Unfounded

Date of Determination: 12/22/2015

Basis for Determination:

The allegations were unsubstantiated based on mother's, maternal uncle's and step-father's denials of using physical discipline with the child. Caseworker observations of the children found them being free of any visible marks or bruises. The pediatrician confirmed that she had had no concerns regarding the care of the child.

OCFS Review Results:

While MCDSS interviewed the parents face-to-face, and observed both children, and interviewed the child's doctors by phone, two additional subjects (step-father and maternal uncle) were interviewed by phone but not face-to-face, nor were diligent efforts documented. Key information regarding domestic violence was not addressed with a 3rd adult in the home. Although caseworkers made an additional attempt to contact the step-father and maternal uncle by phone, the investigation was closed after nineteen days, and did not allow sufficient time for gathering sufficient information to determine the allegations or to assess for risk of future abuse/maltreatment or family service needs.

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

Issue:

Predetermination/Assessment of Current Safety and Risk

Summary:

Sufficient information was not gathered to support decisions regarding risk of future abuse/maltreatment, family service needs, or regarding determination of all allegations. The investigation was closed prior to the completion of an adequate assessment of risk of future abuse/maltreatment and of family service needs.

Legal Reference:

18 NYCRR 432.1(aa)

Action:

MCDSS must develop and implement a plan which ensures that sufficient information is gathered to support decisions regarding risk of future abuse/maltreatment, service needs and determination of allegations.

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

Sufficient efforts were not made to interview the alleged subjects during the investigation.

Legal Reference:

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

Action:

MCDSS must develop and implement a corrective action plan that addresses ensuring that all alleged subjects of a report



are interviewed face-to-face during an investigation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/11/2014	Sibling, Female, 2 Years	Father, Male, 32 Years	Lacerations / Bruises / Welts	Unfounded	Yes
	Sibling, Female, 2 Years	Father, Male, 32 Years	Inadequate Guardianship	Unfounded	

Report Summary:

On 7/11/14, an SCR report alleged that, while in the father’s care, the then 7-month-old sibling sustained an injury to the left eyelid for which the father had no explanation.

Determination: Unfounded

Date of Determination: 04/21/2015

Basis for Determination:

The allegations were unsubstantiated based on the pediatrician’s assertion that it was likely the 7-month-old child could be injured while crawling and trying to pull herself up either because she could have fallen on an object or an object could have fallen on the child. The mother also agreed with this assertion. The father’s explanation for injury was that the child had fallen and hit her face while attempting to pull herself up on a toy piano.

OCFS Review Results:

MCDSS interviewed both parents and the child’s pediatrician. There was a significant gap in casework activity that interfered with gathering sufficient information to assess safety. Caseworkers attempted to contact the father by phone on 7/17/14 and 8/7/14, and attempted a home visit to the father’s last known address on 7/21/14. Caseworkers learned that the father’s next visit with the child was on 7/20/14 and visits occurred every other weekend, yet there was no casework activity from 8/7/14 until 2/27/15, when Caseworkers again contacted the mother regarding the father’s last known address. The father was not interviewed until 2/27/15, and CPS history was not reviewed until 4/2/15.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

Significant gaps in casework activity caused a concern for the safety of the child and was deemed detrimental to the progress of the investigation, including delaying the closure of the investigation in a timely manner.

Legal Reference:

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

Action:

MCDSS must develop and implement a corrective action plan that addresses timely casework activity to address safety and to determine an investigation within the required time frames.

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

None.

Known CPS History Outside of NYS

No known CPS history outside of New York State.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No



Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

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

Action:	It is recommended that education and training be delivered to community providers and stakeholders, including but not limited to, law enforcement agencies and emergency medical responders regarding mandated reporter responsibilities and what constitutes reasonable cause to suspect abuse or maltreatment of a child.
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Are there any recommended prevention activities resulting from the review? Yes No