



Report Identification Number: RO-15-025

Prepared by: Rochester Regional Office

Issue Date: 2/17/2016

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
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-Cardio-pulmonary 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-Others	
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		

Case Information



Report Type: Child Deceased
Age: 12 year(s)

Jurisdiction: Monroe
Gender: Female

Date of Death: 07/29/2015
Initial Date OCFS Notified: 08/03/2015

Presenting Information

On 8/3/15, OCFS received Agency Reporting Form, OCFS-7065 from Monroe County Department of Human Services (MCDHS) regarding the death of the subject child (SC). According to MCDHS the SC died on 7/29/15 as the result of injuries she sustained after she attempted suicide on 7/22/15.

On 7/22/15 MCDHS received a report from the SCR regarding the SC with allegations of Inadequate Guardianship (IG) and Lack of Medical Care (MN) listing the Biological Mother and Father (BM/BF) as subjects. According to the narrative of the report, the SC has a history of depressed moods. She engaged in self-injurious behavior approximately a week ago, cutting herself on the arm. The SC requires mental health treatment. The parents are aware, but have failed to seek treatment. Today, 7/22/15, the SC hung herself. When the SC was found she had no pulse. The SC was resuscitated however, she did not regain consciousness. The roles of the three surviving siblings are unknown.

Executive Summary

This fatality report concerns the death of a 12-year-old female that occurred on 07/29/15. At the time of the death, the family had an open child protective case with MCDHS due to an initial report that was received on 07/22/15 with allegations of Inadequate Guardianship (IG) and Lack of Medical Care (MN). According to the report the SC had a history of depressed mood and self-injurious behaviors. On 07/22/2015, she attempted suicide by hanging herself. The SC was found unresponsive without a pulse, through CPR her heart resumed beating but she did not regain consciousness. The SC was transported to a local hospital and admitted to the pediatric intensive care unit with a very poor prognosis. On 07/29/2015, the parents made the decision to removed the SC from life support. The SC died on the same day at 11:25 a.m.

MCDHS initiated the investigation timely and conducted a joint investigation with Law Enforcement (LE). In addition, MCDHS completed adequate safety/risk assessments and implemented appropriate safety plans when needed. MCDHS conducted a comprehensive investigation and assessment of service needs. MCDHS referred the family to appropriate services to address issues related to grief and loss. MCDHS unsubstantiated the report and determined that there was no credible evidence to support the allegations or that abuse and/or maltreatment contributed to the death of the SC. MCDHS determined that the parents provided a minimum degree of care for the SC.

There are no corrective actions needed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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



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- 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:

As noted above.

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:

Family is currently active with preventive services to address grief and loss issues.

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: 07/29/2015

Time of Death:

Date of fatal incident, if different than date of death: 07/22/2015

Time of fatal incident, if different than time of death: 03:53 PM

County where fatality incident occurred: MONROE

Was 911 or local emergency number called? Yes

Time of Call: 03:53 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? 5 Minutes

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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	12 Year(s)
Deceased Child's Household	Father	No Role	Male	50 Year(s)
Deceased Child's Household	Mother	No Role	Female	39 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)

LDSS Response

During the course of the open CPS investigation dated 7/22/15 with allegations of IG and MN, MCDHS conducted collateral contacts with local law enforcement and the attending hospital personnel on 7/23/15. MCDHS was informed that law enforcement responded to the case address for a report of a 12-year-old found hanging. According to the mother, the SC went to her bedroom after a verbal argument between them. The mother checked on the SC about 5-10 minutes later and found her with pajama pants tied around her neck and the bed post.

Law enforcement reported that they discovered 3 drawings in the SC's room that had messages on them alluding to being cries for help. The parents informed LE that the SC had cut herself about a week prior and they were working on identifying appropriate mental health treatment.

Hospital personnel confirmed that the SC had been admitted to the hospital and placed on the pediatric intensive care unit. It was reported that the SC's condition and prognosis was poor.

On the same day, MCDHS conducted a HV and completed a 24 hours safety assessment. It was determined that there were no concerns and all of the surviving siblings were safe. MCDHS also referred the family to appropriate preventive services to address grief and loss related to the death of the SC.

MCDHS interviewed the BM, BF, and surviving siblings jointly with LE on 7/27/15. All family members consistently reported that on the day of the incident the BF was at work and the BM was home with all 4 children. During this time, the two oldest boys were hanging around the house and preparing for sport tryouts. At some point, the youngest child wanted



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to go to the community swimming pool. The BM asked the SC to accompany him to the pool because she felt that she needed to get out of the house. The SC refused and stated that she did not want to go swimming. The BM and SC engaged in a verbal argument for about 20 minutes. The BM ended up telling her that she did not have to go. The BM took the SC's phone and computer away from her. Afterwards, the SC retreated to her bedroom. The BM called the BF to talk to him about the incident. The BF advised the BM to speak with the SC and attempt to convince her to come out of the bedroom. About 5-10 minutes later the BM went to check on the SC. Upon entering the room, she found the SC hanging from the bed post. The BM directed the oldest child to call 911. The SC did not have a pulse; the BM placed the SC on the floor and initiated CPS as per the dispatcher. EMS responded to the home and transported the SC to the local emergency department.

The family reported that the SC was experiencing issues with peers and bullying. They also reported that about 2 weeks prior the SC had engaged self-injurious behaviors by cutting herself on the arm. The parents stated that they discussed the issue and agreed that the child needed MH treatment but they denied that the injuries were serious or that the child was actively suicidal. The parents admitted that preventive services had recently closed in April with a recommendation that the SC continue with individual therapy however, the providers on the list that they were given did not accept their insurance.

MCDHS was informed that the parents made the decision to remove the SC from life support on 7/29/15. On the same day, the SC died at 11:25 a.m. MCDHS responded to the death by submitting the agency reporting form for serious injuries, accidents, or deaths of children in open child protective or preventive cases via email on 8/3/15 .

A FSS was opened on 8/19/15. The SCR report was unfounded and closed on 9/9/15. An SCR report regarding the death of the SC was not applicable as MCDHS determined that there was not a reasonable cause to suspect that abuse or maltreatment contributed to the death of the SC. As per the death certificate, the manner of death is listed as suicide and the cause is listed as hanging. The family is currently engaged with preventive services.

Official Manner and Cause of Death

Official Manner: Suicide

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

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"/>



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When appropriate, children were interviewed?	<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"/>
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 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"/>

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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petition in Family Court at any time during or after the investigation?				
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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" 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"/>



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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"/>				

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was there an open CPS case with this child at the time of death?	Yes
Was the child ever placed outside of the home prior to the death?	No
Were there any siblings ever placed outside of the home prior to this child's death?	No
Was the child acutely ill during the two weeks before death?	No

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)
07/22/2015	6857 - Deceased Child, Female, 12 Years	6859 - Mother, Female, 39 Years	Lack of Medical Care	Unfounded	No
	6857 - Deceased Child, Female, 12 Years	6858 - Father, Male, 50 Years	Inadequate Guardianship	Unfounded	
	6857 - Deceased Child, Female, 12 Years	6858 - Father, Male, 50 Years	Lack of Medical Care	Unfounded	
	6857 - Deceased Child, Female, 12 Years	6859 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	

Report Summary:

On 7/22/15, MCDHS received an SCR report with allegations of Inadequate Guardianship and Lack of Medical Care. The BM and BF were listed as subjects and the SC was listed as maltreated. The 3 surviving siblings were listed with unknown roles. According to the narrative of the report the SC had a history of depressed mood and had engaged in self-injurious behavior approximately a week ago by cutting herself on the arm. The BM and BF were aware of this but failed to seek treatment. The SC hung herself and was found with no pulse.

The SC was admitted to the hospital. On 7/29/15 during the CPS investigation, the SC was removed from life support. She died on the same day at 11:25 a.m.



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Determination: Unfounded **Date of Determination:** 09/09/2015

Basis for Determination:

MCDHS determined that there was no credible evidence that the SC was actively suicidal and the parents failed to obtain mental health treatment for the SC. As per MCDHS the parents provided a minimum degree of care for the SC. Based on historical CPS records and a collateral with the SC's pediatrician, it was determined that although it was recommended for the SC to engage in MH treatment due to her depressed mood, there was no evidence that she had expressed suicidal ideation. The BM and BF had made attempts to obtain MH therapy for the SC prior to her death.

OCFS Review Results:

MCDHS conducted adequate assessments of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, and gathered sufficient information to make determinations for all allegations of abuse and maltreatment. The decision to unfound the report was appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/18/2013	6855 - Sibling, Male, 8 Years	6852 - Mother, Female, 37 Years	Inadequate Guardianship	Far-Closed	No
	6851 - Deceased Child, Female, 10 Years	6852 - Mother, Female, 37 Years	Inadequate Guardianship	Far-Closed	
	6854 - Sibling, Male, 11 Years	6852 - Mother, Female, 37 Years	Inadequate Guardianship	Far-Closed	
	6856 - Sibling, Male, 7 Years	6852 - Mother, Female, 37 Years	Inadequate Guardianship	Far-Closed	
	6854 - Sibling, Male, 11 Years	6853 - Father, Male, 48 Years	Inadequate Guardianship	Far-Closed	
	6855 - Sibling, Male, 8 Years	6853 - Father, Male, 48 Years	Inadequate Guardianship	Far-Closed	
	6856 - Sibling, Male, 7 Years	6853 - Father, Male, 48 Years	Inadequate Guardianship	Far-Closed	
	6851 - Deceased Child, Female, 10 Years	6853 - Father, Male, 48 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

On 06/18/13, MCDHs received an SCR report with allegations of IG listing the BM and BF as the subjects. The SC and all three surviving siblings were listed as maltreated children. According to the narrative of the report, two weeks ago, the mother became upset and started throwing drinking glasses and bowls at the children. When the father came into the room he engaged in a physical altercation with the mother. The family was referred to a preventive program to address issues related to family functioning. The program provided individual/family therapy. The case was closed on 4/19/15 noting that goals were achieved with a recommendation for the SC to continue with individual therapy.

OCFS Review Results:

The RRO did not identify any regulatory issues with this report, however the RRO recommends that MCDHS closely monitors all preventive cases to assure that identified safety/risk issues are appropriately and fully addressed prior to closing. The presence of several risk factors should have heightened the necessity to assure that the SC was engaged in appropriate MH treatment to address the identified concerns prior to closing.

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



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

No CPS history more than three years prior to fatality.

Known CPS History Outside of NYS

No known CPS history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

Preventive Services were provided to the family after an SCR report was received on 6/18/2013 with allegations of Inadequate Guardianship. The BM and BF were listed as subjects and the SC and 3 surviving siblings were listed as maltreated children. MCDHS appropriately tracked the report to FAR. Upon initiating the assessment MCDHS became aware that there were concerns related to DV, maternal MH and overall family functioning. The MO reported that the FA was the aggressor. The FA reported that the verbal and physical disputes were mutual. Both parents and the children denied that the DV ever took place in the presence of the children. However the children were aware of the DV. The concerns were adequately addressed and the family was referred to preventive services. Preventive services were active with the family until 4/23/15. During this time the family actively engaged and addressed noted concerns. The case was closed on 4/23/15 noting that the family had achieved goals with a recommendation for the SC to engage in MH treatment.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)



Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement 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

Are there any recommended prevention activities resulting from the review? Yes No