



Report Identification Number: RO-15-026

Prepared by: Rochester Regional Office

Issue Date: 3/2/2016

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



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

Jurisdiction: Monroe
Gender: Male

Date of Death: 07/31/2015
Initial Date OCFS Notified: 08/03/2015

Presenting Information

According to the Agency Reporting form regarding deaths of children and foster care received from the Monroe County Department of Human Services (MCDHS), the subject child (SC) was a neurologically devastated child due to the circumstances of his birth. The biological mother (BM) suffered a placenta abruption during her pregnancy and the SC suffered cardiorespiratory arrest at birth. As a result, the SC had many medical delays and medical issues including hypoxic ischemic encephalopathy. He was fed via Mickey button/G-tube and he was unable to crawl, sit up, walk or speak. On 7/21/15, the SC was taken to the pediatrician who sent the SC to the ED with concerns of edema. The SC received medical care at the hospital until his death on 7/31/15 at 9:08pm.

Executive Summary

This fatality report concerns the report of the death of a three-year-old male child. According to the death certificate the SC's immediate cause of death was complications from hypoxic ischemic encephalopathy as a consequence of a maternal placental abruption at his birth. An autopsy was not conducted. At the time of his death, the SC was placed in an MCDHS certified foster home.

On 7/21/15, the foster mother notified MCDHS the SC was having difficulty breathing, was puffy and running a fever and she was taking him to the pediatrician. MCDHS brought the BM to the pediatric appointment and notified the father. The pediatrician was concerned and referred the SC to the hospital where he was taken and admitted to the PICU. The SC was intubated for hypercarbic and hypoxic respiratory failure related to upper airway obstruction and atelectasis (collapsed lung). After he was intubated, he remained stable and was being monitored by the PICU staff. On 7/29/15, there was an attempt to extubate the SC but due to copious secretions and obstruction he was unable to breathe on his own and he was reintubated. The medical staff had conversations with the BM about the SC's medical condition and the mother signed a DNR/DNI. The decision was made to extubate the SC on 7/31/15 at approximately 4:30pm.

After extubating the SC, he had significant upper airway obstruction and desaturations that did not improve. The decision was made to transition him to comfort care and he was given medication for comfort. The SC passed away on 7/31/15 at 9:08pm.

MCDHS offered bereavement services to the mother, the father, the half-brother and the foster parents.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Safety assessment due at the time of determination?**

N/A

Determination:



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

Explain:

n/a

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:

n/a

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: 07/31/2015

Time of Death: 09:08 PM

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

County where fatality incident occurred: MONROE

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

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

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

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:



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Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	3 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	66 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	31 Year(s)
Other Household 1	Mother	No Role	Female	25 Year(s)
Other Household 2	Father	No Role	Male	37 Year(s)
Other Household 3	Sibling	No Role	Male	8 Year(s)

LDSS Response

MCDHS spoke with appropriate collateral contacts and received the medical documentation from the hospital regarding the SC's death.

Prior to the SC's death, he was receiving appropriate medical care through many medical providers. MCDHS was appropriately following up with the care the SC was receiving at the foster home and sharing the information with the mother and the father.

MCDHS continued to meet with the family after the SC's death.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

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
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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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



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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 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"/>
Explain as necessary: The SC was in a foster home and the half-brother was directly placed with his PGM.				

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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



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

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?	Yes
Were there any siblings ever placed outside of the home prior to this child's death?	Yes
Was the child acutely ill during the two weeks before death?	Yes

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)
09/09/2013	5822 - Deceased Child, Male, 3 Years	5824 - Father, Male, 37 Years	Lack of Medical Care	Indicated	No
	5822 - Deceased Child, Male, 3 Years	5821 - Mother, Female, 25 Years	Lack of Medical Care	Indicated	
	5822 - Deceased Child, Male, 3 Years	5824 - Father, Male, 37 Years	Malnutrition / Failure to Thrive	Indicated	
	5822 - Deceased Child, Male, 3 Years	5821 - Mother, Female, 25 Years	Malnutrition / Failure to Thrive	Indicated	

Report Summary:

The report alleged the SC was born premature and diagnosed with multiple medical conditions. He had seizures, was mentally delayed, had issues swallowing, and aspirated on liquids. The parents missed several appointments with medical



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providers. The SC had a feeding tube which the BM was not capable of using and the SC was not receiving the proper nutrients. The SC gained an average of one gram per day in six months when he should have gained 20 to 30 grams a day if the BM followed the medical regimen provided. The SC was 2yo at the time and weighed only 17 ½ pounds. The SC was to begin day care where he would receive appropriate feedings but the SC did not attend.

Determination: Indicated **Date of Determination:** 10/18/2013

Basis for Determination:
MCDHS found the BM continued to miss the SC's appointments and his weight remained the same even with MCDHS' assistance. A subsequent SCR report was received alleging the 8yo half-brother shot himself with a gun found in the home. He was hospitalized. The BM was charged with EWOC and Possession of a Weapon. The Criminal Court imposed a non-offensive OOP. As a result, MCDHS filed an Article 10 Neglect petition. The children were removed and directly placed by the court with the MGM. After being placed with the MGM for a short period, the SC gained almost a pound. The report was IND with the allegations SUB against the BM only as the BF did not live in the home and was unaware of the concerns.

OCFS Review Results:
MCDHS conducted an adequate assessment of immediate danger to all children within 24 hours, completed adequate safety and risk assessments, made appropriate collateral contacts, implemented appropriate safety plans when needed, assessed and offered appropriate services, and gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.

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)
09/29/2013	5835 - Sibling - half-brother's father, Male, 8 Years	5833 - Mother - half-brother's father, Female, 25 Years	Inadequate Guardianship	Indicated	No
	5835 - Sibling - half-brother's father, Male, 8 Years	5833 - Mother - half-brother's father, Female, 25 Years	Lacerations / Bruises / Welts	Indicated	
	5835 - Sibling - half-brother's father, Male, 8 Years	5833 - Mother - half-brother's father, Female, 25 Years	Lack of Supervision	Indicated	
	5835 - Sibling - half-brother's father, Male, 8 Years	5833 - Mother - half-brother's father, Female, 25 Years	Swelling / Dislocations / Sprains	Indicated	
	5834 - Deceased Child - half-brother's father, Male, 3 Years	5833 - Mother - half-brother's father, Female, 25 Years	Inadequate Guardianship	Indicated	
	5835 - Sibling - half-brother's father, Male, 8 Years	5833 - Mother - half-brother's father, Female, 25 Years	Internal Injuries	Indicated	

Report Summary:
On 09/29/15, three SCR reports were received and consolidated into one SCR report. In sum and substance, the reports alleged the 8yo half-brother found a loaded gun in his mother's purse and shot himself in the groin area where he was bruised and swollen as a result. The half-brother required surgery to assess for internal damage. The SC was in the home



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at the time and both were not being supervised at the time.

Determination: Indicated

Date of Determination: 10/27/2013

Basis for Determination:

MCDHS found the BM was taking a bath and left the half-brother and the SC, who were 6 and 2yo at the time, unsupervised. The half-brother shot himself in the groin with a gun found in the home. He had surgery but no significant damage was found. The half-brother admitted to LE and EMS the gun was the BM's but later recanted. The BM denied the gun was hers. LE removed an unregistered 25 handgun and gun ammunition for a 9mm and a 380. The BM denied knowing the ammunition was there. A safety plan was made for the half-brother and the SC to stay with the MGM while the Article 10 Neglect petition was being filed. The BM was charged with EWOC and criminal possession of a weapon.

OCFS Review Results:

MCDHS conducted an adequate assessment of immediate danger to all children within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, assessed and offered appropriate services, and gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.

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)
05/06/2014	5842 - Deceased Child, Male, 3 Years	5841 - Grandparent, Female, 46 Years	Inadequate Guardianship	Indicated	No
	5842 - Deceased Child, Male, 3 Years	5841 - Grandparent, Female, 46 Years	Burns / Scalding	Indicated	
	5842 - Deceased Child, Male, 3 Years	5841 - Grandparent, Female, 46 Years	Lack of Medical Care	Indicated	

Report Summary:

The report alleged the SC had a mark that was 6 cm running 2 ½ cm over his knee. The mark was pale with redness and was wet. The MGM stated the SC returned from daycare with the mark. The daycare denied knowledge of the mark.

Determination: Indicated

Date of Determination: 07/14/2014

Basis for Determination:

The family denied knowledge of how the SC was burned and the SC was non-verbal. IT was alleged the SC was burned at daycare which daycare denied. The MGM did not seek treatment for the burn for four days. The SC was admitted to the hospital's burn unit and found to have 2nd degree burns over 1.33% of his leg. The physician was concerned over the extent of the burn, no cause, and lack of timely medical attention. She had further concerns due to the SC's lack of mobility and could not ascertain how he could have accidentally injured himself. Due to the SC's burn, lack of medical care provided and no explanation how he was burned, the SC and the half-brother were removed from the MGM's home.

OCFS Review Results:

MCDHS conducted an adequate assessment of immediate danger to all children within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, assessed and offered appropriate services, and gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.

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)
05/06/2014	7062 - Deceased Child, Male, 3 Years	7061 - Day Care Provider, Female, 26 Years	Burns / Scalding	Unfounded	No



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7062 - Deceased Child, Male, 3 Years	7061 - Day Care Provider, Female, 26 Years	Inadequate Guardianship	Unfounded
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Report Summary:

The report alleged the SC had a mark 6 cm long running 2-1/2 cm going over the knee. The mark was pale with redness and wet. The SC was returned from daycare on 5/2/14 with the mark.

Determination: Unfounded**Date of Determination:** 06/25/2014**Basis for Determination:**

MCDHS interviewed all parties at the day care and in the transportation department who had contact with the SC. None of the staff observed the SC's injury or knew how the injury could have happened there or during his transportation. There were no items in the classroom that could have caused such an injury and his car seat had padding in the area of the injury. The nurse changed the SC prior to him leaving the facility on 5/2/15 and he had no injuries to his knee.

OCFS Review Results:

MCDHS conducted an adequate assessment of immediate danger to all children within 24 hours, completed adequate assessments, implemented appropriate safety plans when needed, and gathered sufficient information and appropriately determined each allegation of abuse and maltreatment. MCDHS coordinated their investigation with OCFS Division of Child Care Services.

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

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

An SCR report was received on 12/25/07 with allegations of IG against the BM and the half-brother's father (HBF) regarding the half-brother. The report alleged the BM and HBF allowed the PGM to babysit the half-brother and did not provide her with the half-brother's medication. The report was unfounded as the half-brother was not showing signs or symptoms of needing his medication prior to going to the PGM's house where he later needed the medication.

On 3/2/12, MCDHS received an SCR report alleging IG and PDAM against the BM and the BF regarding the SC. There were further allegations of LOMC against the BM regarding the SC. The report alleged the SC had medical and care needs due to his serious medical problems; which included medication. There were concerns the mother was not able to cope with the care demands. On 3/2/12, the SC was having seizures and the BM and BF smelled of marijuana at the hospital. The BM was unable to remember what the SC's medications were or when she gave them to him. It was suspected mother was not giving the medications as prescribed which resulted in the SC suffering seizures. The BF was so impaired he was falling out of his chair; yet, he drove the SC to the hospital; endangering infant's life. MCDHS found no evidence to support the allegations.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 10/07/2013



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Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
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Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The plan was completed and approved 15 days after the due date.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

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

Yes No

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	There were many progress notes not entered contemporaneously between 1 - 1 year and 2 months after the event date.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	A corrective action plan must be developed which supports the timely documentation of all events into CONNECTIONS.
Issue:	Adequacy of Child Protective Services casework contacts
Summary:	MCDHS did not meet the required amount and location of face-to-face contacts with the family. Furthermore, some supervised visits did not contain casework discussions before or after the visit and were inappropriately counted as casework contacts.
Legal Reference:	432.2(b)(4)(vi)
Action:	A corrective action plan must detail how MCDHS will meet the mandated requirements for casework contacts.

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.

Foster Care at the Time of the Fatality



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The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 10/07/2013

Date of placement with most recent caregiver? 05/22/2014

How did the child(ren) enter placement? Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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placement location?

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 06/29/1999	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 01/01/1991	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional information, if necessary:

The foster care case was not closed after the death of the SC as the half-brother remained in an Article 10 direct placement with his PGM.

Required Action(s)

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

Yes No

Foster Care Placement History

An Article 10 petition was filed on 10/4/13 requesting to remove the SC and half-brother from the BM. On 10/7/13, the Monroe County Family Court (MCFC) Judge ordered the children into the care of the MGM under MCDHS' supervision. However, as a result of the 5/16/14 SCR report, the SC and half-brother were removed from the MGM's home on 5/22/14. The half-brother was placed with the PGM under MCDHS' supervision and the SC was placed in a certified foster home. During the case, the SC and half-brother received necessary services but the BM continued to decline services or engage with MCDHS.

There were supervised visits with the family and monthly contacts at the SC's foster home. Between 6/16/15 – 12/21/15 there were no visits where the half-brother resided. However, due to the program choice of Protective, there should have



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been two face-to-face contacts per month per person; one of which must be where each resided. Furthermore, many of the supervised visits did not contain documentation of casework discussions with the BM/children towards resolving the issues that contributed to the children's placement. Therefore, the amount and location of face-to-face contacts with the BM, SC, or the half-brother did not meet the requirements.

After the SC's death, the case remained open as of the date of this report as the half-brother was under the supervision of MCDHS.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to 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:
10/04/2013	Adjudicated Neglected	Direct Custody Transferred to Continued with Non-Relative (Article 10)
Respondent:	024030 Mother Female 25 Year(s)	
Comments:	The MCFC Judge ordered the children to be directly placed with the MGM under the supervision of MCDHS. MCDHS had discussions with the BF about being a placement resource and the father said his mother was moving back from out of state to care for the SC but she had not moved prior to the SC's death. The HBF was not a resource as he was incarcerated and remained incarcerated as of the date of this report.	

Have any Orders of Protection been issued? Yes

From: 10/07/2013 **To:** Unknown

Explain:
The OOP was issued as part of the removal of the children on 10/7/13.

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