



**Report Identification Number: RO-15-033**

**Prepared by: Rochester Regional Office**

**Issue Date: 4/22/2016**

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

<b>Relationships</b>		
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
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 16 year(s)

**Jurisdiction:** Monroe  
**Gender:** Male

**Date of Death:** 02/08/2015  
**Initial Date OCFS Notified:** 10/29/2015

## Presenting Information

On 10/29/15, the Monroe County Department of Human Services (MCDHS) received and SCR report that alleged on 2/8/15, the SC died due to complications of craniocerebral injuries, sustained as a result of being shaken by the biological father (BF) in 1999.

## Executive Summary

This fatality report concerns the death of a 16-year-old male that occurred on 2/8/15. The final autopsy report indicated the manner of death was homicide and the cause of death was complications of craniocerebral injuries. MCDHS received an SCR report on 10/29/15 regarding the death of the SC.

The SC's injuries occurred in 1999 when the SC was in the care of the BF and was consistent with Shaken Baby Syndrome. As a result, the SC had major neural developmental deficits.

According to the biological mother (BM), the SC was running a slight fever of 101 degrees and was congested on 2/7/15. She stated he had been getting sick more often within the year prior to his death. The BM gave him an over the counter pain/fever medication and his fever went down. The BM put him to sleep. The BM checked on the SC around 6:00am and he was gone. The 14-year-old (14yo) brother called 911. EMS and the Medical Examiner (ME) arrived and the SC was pronounced dead.

The BM reported the BF had some contact with the SC and she did not have concerns. The BM stated the BF moved to North Carolina and had last saw the SC right before he died.

The 14yo brother and five-year-old (5yo) half-brother did not have concerns about the care the SC received from the mother. The 14yo brother did not have concerns regarding the BF. The safety/risk factors were explored with the BM and the two children.

The BF resided in North Carolina (NC) so MCDHS requested that CPS in NC interview him; however, NC CPS were unable to locate him after several attempts. MCDHS sent a letter to the BF requesting contact but he did not respond as of the date of this report.

MCDHS contacted Law Enforcement (LE) to conduct a joint investigations; however, LE informed MCDHS to move forward with their interviews. There was contact with MCDHS and LE during the investigations and the criminal investigation was pending.

The pediatrician reported the SC, the 14yo brother, and 5yo half-brother were up to date with care and immunizations. The BM kept up with appointments for the SC. He had no concerns.

The Medical Examiner (ME) ruled the death a homicide. The ME stated the SC's brain was previously injured in a manner that the SC was at a greater risk for death. The SC was vulnerable to seizures and the brain was not able to



run the rest of the body systems. The SC appeared to be well taken care of. There were no bed sores on the SC or other signs the BM had not properly cared for him.

The SCR investigation remained open as of the date of this report as they are awaiting information about the criminal investigation.

## 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?** Unable to Determine
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** Unable to Determine

### Explain:

n/a

- Was the decision to close the case appropriate?** Unknown
- 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:

The CPS report had not yet been determined at the time this report was issued.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 02/08/2015

**Time of Death:** 07:50 AM



# NYS Office of Children and Family Services - Child Fatality Report

Date of fatal incident, if different than date of death: 03/26/1999

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

County where fatality incident occurred: MONROE

Was 911 or local emergency number called? Yes

Time of Call: Unknown

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: Taking a bath

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

How long before incident was the child last seen by caretaker? 8 Hours

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

2

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	Alleged Victim	Male	16 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	37 Year(s)
Other Household 2	Aunt/Uncle	No Role	Male	23 Year(s)
Other Household 3	Aunt/Uncle	Alleged Perpetrator	Male	42 Year(s)

### LDSS Response

MCDHS appropriately met with the family during the course of the investigation. The home was found clean with no health and safety concerns noted. There was appropriate sleeping arrangements for each child.

Appropriate collateral contacts were made who reported no concerns. Those collateral contacts with knowledge reported the BM took good care of the SC.



# NYS Office of Children and Family Services - Child Fatality Report

A subsequent report was received on 11/10/15 which MCDHS consolidated and closed into the 10/29/15 SCR investigation. The report alleged there were unknown drugs sold out of the home in the presence of the brother and the half-brother. There were constantly people in and out of the home to buy drugs. The maternal uncle was the sole distributor of the drugs and sales. The drugs were accessible to the children. The report further alleged the mother was fully aware that drugs were being sold out of the home and did nothing to protect the children from the illegal drug transactions. MCDHS investigated and all denied the allegations of the report. No one appeared to be under the influence and there was no drugs or drug paraphernalia observed in the home.

MCDHS continued to meet with the family and addressed any concerns that arose.

## Official Manner and Cause of Death

**Official Manner:** Homicide

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

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

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026161 - Deceased Child, Male, 16 Yrs	026165 - Father, Male, 37 Year(s)	DOA / Fatality	Pending
026161 - Deceased Child, Male, 16 Yrs	026165 - Father, Male, 37 Year(s)	Inadequate Guardianship	Pending
026161 - Deceased Child, Male, 16 Yrs	026165 - Father, Male, 37 Year(s)	Choking / Twisting / Shaking	Pending
026161 - Deceased Child, Male, 16 Yrs	026165 - Father, Male, 37 Year(s)	Internal Injuries	Pending
026162 - Sibling, Male, 14 Year(s)	026164 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Pending
026162 - Sibling, Male, 14 Year(s)	026167 - Aunt/Uncle, Male, 42 Year(s)	Inadequate Guardianship	Pending
026163 - Sibling, Male, 5 Year(s)	026167 - Aunt/Uncle, Male, 42 Year(s)	Inadequate Guardianship	Pending
026163 - Sibling, Male, 5 Year(s)	026164 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Pending



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

**Additional information:**

The BF was unable to be located and did not respond to contacts by NC or MCDHS as of the date of this report. The maternal uncle was interviewed by phone after attempts to meet with him.

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



# NYS Office of Children and Family Services - Child Fatality Report

danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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

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



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

## 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? 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

## 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)
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# NYS Office of Children and Family Services - Child Fatality Report

12/27/2013	7911 - Deceased Child, Male, 16 Years	7891 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	Yes
	7911 - Deceased Child, Male, 16 Years	7891 - Mother, Female, 36 Years	Malnutrition / Failure to Thrive	Unfounded	

**Report Summary:**  
 The report alleged the SC was admitted to the hospital on 12/20/13 weighing only 40 pounds. He gained 8 pounds in the 7 days he was at the hospital. The SC was diagnosed as Failure to Thrive with evidence of refeeding syndrome. The BM was his main caretaker.

**Determination:** Unfounded **Date of Determination:** 02/26/2014

**Basis for Determination:**  
 The BM aware of and following through with the SC's feeding regimen. She was concerned about the SC's weight loss and began feeding the SC more. She contacted the doctor's office about the weight loss and he was subsequently hospitalized where he gained weight. Appropriate collateral contacts were made and they reported no concerns. MCDHS UNF the SCR report due to lack of credible evidence the BM failed to provide the child with a minimal degree of care.

**OCFS Review Results:**  
 MCDHS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed an adequate investigation determination safety assessment and risk assessments, and adequately assessed service needs. MCDHS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment. However, there was no documentation the brother was seen or interviewed until 2/10/14. The SCR history was not reviewed until 1/14/14 and only contained IND history. Finally, some progress notes were entered 1-2 months after the event date.

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

**Issue:**  
 Timely/Adequate Case Recording/Progress Notes  
**Summary:**  
 Some progress notes were entered one to two months after the event date.  
**Legal Reference:**  
 18 NYCRR 428.5(a) and (c)  
**Action:**  
 RRO is aware of a plan in place that addresses this concern; therefore, no further action is required.

**Issue:**  
 Preliminary assessment of safety must be completed and documented within 7 days.  
**Summary:**  
 There was no documentation the 14yo brother was seen or interviewed until 2/10/14. Therefore, a full assessment of the allegations and safety/risk factors were not explored until late in the investigation regarding all children.  
**Legal Reference:**  
 18 NYCRR 432.1 (aa)  
**Action:**  
 A corrective action must be developed which supports the gathering of sufficient information in a timely manner to adequately assess allegations, as well as, safety and risk for all children.

**Issue:**  
 Review of CPS History  
**Summary:**  
 There was documentation that the SCR history was not reviewed until 1/14/14 and only contained IND history.



# NYS Office of Children and Family Services - Child Fatality Report

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

RRO is aware of a plan in place that addresses this concern; therefore, no further action is required.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/19/2015	7931 - Sibling, Male, 14 Years	7933 - Mother, Female, 36 Years	Lack of Supervision	Unfounded	No
	7931 - Sibling, Male, 14 Years	7933 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

The report alleged the BM and 14yo brother engaged in a verbal altercation that escalated over him not returning home. At one point, the BM got upset and pushed, slapped and punched the 14yo brother. The BM also tried to push him down the stairs. After the altercation, the 14yo brother left home and the BM did not know where he was. The 14yo brother did not sustain any visible injuries.

**Determination:** Unfounded

**Date of Determination:** 09/03/2015

**Basis for Determination:**

The brother's behavior was ongoing for two years and the BM was working with PINS diversion with little to no success and the BM was frustrated. The BM admitted to snapping and hitting the brother. The brother denied the mother hit him but that she did attempt to push him down the stairs when he was leaving after he made a disrespectful remark to her. The brother denied injuries. The brother was placed on probation with a PINS petition. MCDHS UNF the SCR report due to lack of credible evidence that suggest the BM failed to provide the brother with a minimal degree of care.

**OCFS Review Results:**

MCDHS conducted an adequate assessment 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 adequately assessed and encouraged participation in services. Appropriate collateral contacts were made. MCDHS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.

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

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

On 3/26/99 an SCR report was received alleging Choking/Twisting/Shaking, Internal Injuries, Inadequate Guardianship (IG) and Lack of Supervision (LOS) against the BF regarding the SC. All allegations were substantiated except LOS. The SC suffered from multiple bilateral retinal hemorrhages which was consistent with Shaken Baby Syndrome while in the care of the BF. As a result, the SC had major neural developmental deficits. It was found that he had a subdural hematoma, some loss of grey/white matter delineation, and some evidence of cerebral edema. The BF was arrested for Assault 1st of the SC and was incarcerated. An Article 10 Abuse petition was filed.

On 3/2/10, an SCR report was received and accepted into the alternative response track of Family Assessment Response. There were concerns regarding the BM using inappropriate physical punishment to the 14yo brother. All family members denied the allegations. Proper protocols were followed and the mother connected the 14yo brother with mental health services.



# NYS Office of Children and Family Services - Child Fatality Report

An SCR report was received on 8/8/09 with allegations of Parent's Drug/Alcohol Misuse and IG against the BF and his paramour regarding children who were not listed in this fatalities household composition. There were concerns of DV and marijuana use by the subjects. No evidence was found and the case was UNF.

## 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 preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 06/29/2015

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

	Yes	No	N/A	Unable to Determine
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

## Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
MCDHS contracted with a voluntary agency to provide Functional Family Therapy due to the 14yo brother's drug use, mental health issues, school issues and family conflict.

## Required Action(s)



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

Yes No

**Preventive Services History**

A protective services case was open from 5/4/99-4/30/02 as a result of the Article 10 Abuse petition that was filed against the BF. Initially the BM continued her relationship with the BF but subsequently the relationship ended. The BF did not engage in services. The case was closed as the BM followed through with services and engaged the SC with appropriate services.

Between 6/29/15-12/1/15 a preventive services case was opened to prevent the placement of the 14yo brother. The family was referred to Functional Family Therapy due to the 14yo brother’s drug use, mental health issues, school issues and family conflict. Initially the BM and the 14yo brother engaged with services but the engagement dwindled after 9/18/15. The case was closed unsuccessfully and the goals were not met. The preventive agency closed their case on 10/9/15 and MCDHS closed the case on 12/1/15.

On 2/9/16, a preventive services case was opened to prevent the placement of the 14yo brother. He was referred to Probation's Juvenile Intensive Supervision program due being a gang member, truancy from school, a history of mental hygiene arrests, and drug abuse (marijuana). The 14yo brother had a substance abuse evaluation scheduled and his school attendance/grades improved. The preventive case remained open as of the date of this report.

**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