



Report Identification Number: RO-17-036

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

Issue Date: Mar 15, 2018

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 10/06/2017
Initial Date OCFS Notified: 10/09/2017

Presenting Information

On 10/4/17, SM nursed SC and placed him on the bed around 12:30AM. Mother then stepped away for about five minutes while she went to the bathroom. When mother came out of the bathroom, she noticed SC looked pale and limp. SM took SC's temperature under his armpit and it was 90 degrees. SM then wrapped him in a blanket and watched him. Around 1:30AM, SC was gasping and having difficulty breathing and at one point he stopped breathing. SM did not call 911 until 2:55AM. It's unknown my SM delayed in seeking medical treatment for SC. EMS responded to the home and SC was transported to the hospital by EMS. When SC arrived at the hospital, he was in respiratory cardiac arrest. CPR was administered to SC for about 45 minutes before he was pronounced dead on 10/6/17 at 4:06AM. SC had no previous known medical conditions. The roles of grandmother, BF, 16yo SS, and three other children were unknown.

Executive Summary

The death was referred to the medical examiner for autopsy and the autopsy findings were not completed at the time this report was written; the cause and manner of death remained pending.

Monroe County Department of Human Services (MCDHS) gathered information about the circumstances of SC's death from SM, MGM, maternal aunts and uncles, SC's pediatrician's office, EMS responders, and LE. CW did a complete investigation; interviewed all family members and notified all adults named in the report.

MCDHS completed all safety assessments and fatality reports on time, contacted appropriate collaterals and obtained pertinent records from LE and medical professionals. MCDHS worked jointly with LE on this investigation. MCDHS completed safety assessments on 10/6/17 and 10/12/17 that inaccurately reflected parents' drug use affected the care of the child. The record did not reflect that SM's marijuana use impaired her ability to care for SC.

Counseling referrals were made for the family and MGM accepted preventive services as the family needed assistance in finding new housing.

No criminal charges were filed by LE at the time of this writing.

The allegations of DOA/Fatality and IG against SM regarding SC were not determined at the time of this writing.

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? N/A

● 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? 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:

Casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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

Issue:	Adequacy of Documentation of Safety Assessments
Summary:	The 24-hour and 7-day safety assessments have safety factor #3 checked. The record did not reflect SM used illicit drugs to the extent that it negatively impacted her ability to supervise, protect and/or care for SC.
Legal Reference:	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)
Action:	MCDHS will complete adequate safety assessments that accurately reflect the safety concerns as they arise.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/06/2017

Time of Death: 04:06 AM

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: 02:58 AM

Did EMS 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	16 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	12 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	9 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	41 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Other Household 1	Father	No Role	Male	19 Year(s)
Other Household 2	Other Adult - BF of 9yo MA	No Role	Male	44 Year(s)

LDSS Response

On 10/6/17, MCDHS received an SCR report regarding SC's death. MCDHS initiated their investigation within 24 hours and coordinated efforts with LE. MCDHS contacted the source of the report and reviewed CPS history. SM had siblings who resided in the home (ages 16, 12, and 9). MCDHS went to the home to assess their safety. SM's siblings appeared safe and free of obvious marks or injuries. SC had no siblings.

MGM was interviewed and told CW she heard SC crying around 11PM on 10/5/17. MGM went to bed at about 11 pm and was later awoken by the SM, who was holding the child and said he felt "light." The record does not reflect an explanation of what was meant by felt "light." MGM could not see SC very well as it was dark in the room. MGM told her to call the Dr. in the morning. SC had been swaddled and sleeping in his pack and play on top of blankets. MGM said this is how SC slept most nights. MGM said SM had a normal pregnancy and SC had no prior medical issues. CW observed the home to be neat with no obvious safety hazards. MGM denied there was any DV or drug/alcohol issues in the home. CW offered MGM preventive services and she accepted as the family needed assistance finding a new home.

CWs interviewed SM's three siblings who reported SC was well cared for and they had never seen anyone hurt the child. All denied any DV or drug/alcohol use in the home. SM's oldest sister said SC's father had been in jail for the last 9 months. She also stated SC's Dr. told SM sometimes a baby pauses during breathing and that it can be normal.



CW interviewed BF who was in jail; BF never met SC. BF had no concerns with SM's parenting abilities. BF did reveal his sister's child died of SIDS and his family has a history of heart problems where they've had holes in their hearts. BF was provided his notification of the report.

CW interviewed SM who stated SC missed no medical appointments; however, MGM told CW that SC had not seen the pediatrician since he was 2 days old. SM noticed SC seemed skinny but MGM told her it was fine. SM said SC had no issues feeding but sometimes he wheezed in the past.

CW interviewed SM's adult sister who does not live in the home, and she said you could see SC's ribs when he cried.

The hospital emergency department notes stated SM said when she went to the bathroom and placed SC on her bed, there were no blankets around him. The notes stated SM seemed confused as to why SC died, and she lacked awareness and/or understanding of the severity of the SC's condition.

CW spoke with SC's DR's office who said SC attended a visit on 8/24/17 and SC was developing normally. The next scheduled appointment was for 10/25/17 and there would only be an earlier follow up if there were concerns. The social worker at the pediatrician's office said she spoke with SM about getting housing of her own and safe sleep. There were no concerns for SC.

CW spoke with a worker from a community agency who had been working with the family and visited the home twice a month at minimum. The worker informed CW that she had gone over safe sleep with SM and provided her with information on safe sleep. The worker also taught SM to call a Dr. if the child had a fever. The worker reported seeing SC the week before she died and briefly discussed SC's weight, but SC did not appear grossly underweight. The worker said she did not discuss the weight issue too much because she knew SC had an appointment with the doctor on 10/25/17.

CW received the EMS report, medical records from SM's pregnancy, notes and records from Strong Memorial Hospital, LE, and ME. CW interviewed EMS workers, LE, and the attending Dr. who examined SC when he was brought in by ambulance. EMS reported SC looked underweight for his age. The attending Dr. said SC was undernourished but not to the point that it would have caused death.

At the time of this writing, the case remained open. It's unknown if SM's delay in seeking medical treatment contributed to SC's death.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

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
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Child Fatality Report

044041 - Deceased Child, Male, 1 Mons	044042 - Mother, Female, 19 Year(s)	DOA / Fatality	Pending
044041 - Deceased Child, Male, 1 Mons	044042 - Mother, Female, 19 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



Child Fatality Report

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? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/18/2017	Other Child - MGM's boyfriend's CH, Female, 17 Years	Grandparent, Female, 41 Years	Lack of Supervision	Far-Closed	No
	Other Child - MGM's boyfriend's CH, Female, 17 Years	Grandparent, Female, 41 Years	Parents Drug / Alcohol Misuse	Far-Closed	



Aunt/Uncle, Female, 9 Years	Grandparent, Female, 41 Years	Childs Drug / Alcohol Use	Far-Closed
Aunt/Uncle, Male, 12 Years	Grandparent, Female, 41 Years	Childs Drug / Alcohol Use	Far-Closed
Aunt/Uncle, Male, 12 Years	Grandparent, Female, 41 Years	Lack of Supervision	Far-Closed
Other Child - Unrelated Home Member's CH, Female, 15 Years	Grandparent, Female, 41 Years	Inadequate Guardianship	Far-Closed
Aunt/Uncle, Female, 16 Years	Grandparent, Female, 41 Years	Childs Drug / Alcohol Use	Far-Closed
Aunt/Uncle, Female, 16 Years	Grandparent, Female, 41 Years	Lack of Supervision	Far-Closed
Aunt/Uncle, Female, 16 Years	Grandparent, Female, 41 Years	Parents Drug / Alcohol Misuse	Far-Closed
Aunt/Uncle, Female, 9 Years	Grandparent, Female, 41 Years	Lack of Supervision	Far-Closed
Aunt/Uncle, Female, 9 Years	Grandparent, Female, 41 Years	Parents Drug / Alcohol Misuse	Far-Closed
Aunt/Uncle, Male, 12 Years	Grandparent, Female, 41 Years	Inadequate Guardianship	Far-Closed
Aunt/Uncle, Female, 9 Years	Grandparent, Female, 41 Years	Inadequate Guardianship	Far-Closed
Other Child - Unrelated Home Member's CH, Female, 15 Years	Grandparent, Female, 41 Years	Parents Drug / Alcohol Misuse	Far-Closed
Other Child - MGM's boyfriend's CH, Female, 17 Years	Grandparent, Female, 41 Years	Childs Drug / Alcohol Use	Far-Closed
Other Child - MGM's boyfriend's CH, Female, 17 Years	Grandparent, Female, 41 Years	Inadequate Guardianship	Far-Closed
Aunt/Uncle, Male, 12 Years	Grandparent, Female, 41 Years	Parents Drug / Alcohol Misuse	Far-Closed
Aunt/Uncle, Female, 9 Years	Other Adult - BF of MA2, Male, 45 Years	Lack of Supervision	Far-Closed
Aunt/Uncle, Female, 9 Years	Other Adult - BF of MA2, Male, 45 Years	Parents Drug / Alcohol Misuse	Far-Closed
Aunt/Uncle, Male, 12 Years	Other Adult - BF of MA2, Male, 45 Years	Lack of Supervision	Far-Closed
Aunt/Uncle, Male, 12 Years	Other Adult - BF of MA2, Male, 45 Years	Parents Drug / Alcohol Misuse	Far-Closed
Other Child - Unrelated Home Member's CH, Female, 15 Years	Other Adult - BF of MA2, Male, 45 Years	Inadequate Guardianship	Far-Closed
Other Child - Unrelated Home Member's CH, Female, 15 Years	Other Adult - BF of MA2, Male, 45 Years	Lack of Supervision	Far-Closed
Other Child - Unrelated Home Member's CH, Female, 15 Years	Other Adult - BF of MA2, Male, 45 Years	Parents Drug / Alcohol Misuse	Far-Closed
Aunt/Uncle, Female, 16 Years	Other Adult - BF of MA2, Male, 45 Years	Childs Drug / Alcohol Use	Far-Closed



Aunt/Uncle, Female, 16 Years	Other Adult - BF of MA2, Male, 45 Years	Inadequate Guardianship	Far-Closed
Other Child - MGM's boyfriend's CH, Female, 17 Years	Other Adult - BF of MA2, Male, 45 Years	Childs Drug / Alcohol Use	Far-Closed
Other Child - MGM's boyfriend's CH, Female, 17 Years	Other Adult - BF of MA2, Male, 45 Years	Inadequate Guardianship	Far-Closed
Aunt/Uncle, Male, 12 Years	Other Adult - BF of MA2, Male, 45 Years	Childs Drug / Alcohol Use	Far-Closed
Aunt/Uncle, Female, 16 Years	Other Adult - BF of MA2, Male, 45 Years	Parents Drug / Alcohol Misuse	Far-Closed
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Aunt/Uncle, Female, 9 Years	Other Adult - BF of MA2, Male, 45 Years	Childs Drug / Alcohol Use	Far-Closed
Aunt/Uncle, Female, 9 Years	Other Adult - BF of MA2, Male, 45 Years	Inadequate Guardianship	Far-Closed
Aunt/Uncle, Male, 12 Years	Other Adult - BF of MA2, Male, 45 Years	Inadequate Guardianship	Far-Closed
Aunt/Uncle, Female, 16 Years	Other Adult - BF of MA2, Male, 45 Years	Lack of Supervision	Far-Closed
Other Child - Unrelated Home Member's CH, Female, 15 Years	Grandparent, Female, 41 Years	Childs Drug / Alcohol Use	Far-Closed
Other Child - Unrelated Home Member's CH, Female, 15 Years	Grandparent, Female, 41 Years	Lack of Supervision	Far-Closed
Aunt/Uncle, Female, 16 Years	Grandparent, Female, 41 Years	Inadequate Guardianship	Far-Closed
Other Child - Unrelated Home Member's CH, Female, 15 Years	Other Adult - BF of MA2, Male, 45 Years	Childs Drug / Alcohol Use	Far-Closed

Report Summary:

An SCR report alleged MGM and her boyfriend were smoking marijuana in the presence of the five unknown children, ages 16, 13, 12, 10, & 8. The boyfriend was selling marijuana out of the home in the presence of the children. The MGM and her boyfriend were giving the children marijuana to smoke and the children became intoxicated. MGM and her boyfriend left the children home alone and unsupervised for unknown periods of time.

OCFS Review Results:

Safety of the children was assessed within the first 24 hours. CW interviewed all parties who denied any drug use by the adults or children. Children denied witnessing any drug sales in the home. Family history was reviewed in Connections. Appropriate collaterals were made with schools and sources. CW made notable efforts to obtain locating information for all absent parents. There was no credible evidence to substantiate the allegations.

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)
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10/17/2016	Aunt/Uncle, Female, 8 Years	Grandparent, Female, 40 Years	Parents Drug / Alcohol Misuse	Far-Closed	Yes
	Aunt/Uncle, Female, 15 Years	Grandparent, Female, 40 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Aunt/Uncle, Female, 8 Years	Grandparent, Female, 40 Years	Inadequate Guardianship	Far-Closed	
	Aunt/Uncle, Male, 11 Years	Grandparent, Female, 40 Years	Inadequate Guardianship	Far-Closed	
	Aunt/Uncle, Male, 11 Years	Grandparent, Female, 40 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Aunt/Uncle, Female, 15 Years	Grandparent, Female, 40 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

An SCR report alleged that one time, MGM got too impaired from drinking alcohol while being the sole caretaker of MA1, MA2, and MU. MGM was too impaired to drive the children back home and allowed MA1 to drive her and the children back home. The roles of SM and BF of SM were unknown.

OCFS Review Results:

MA1's mother (MGM) denies MA1 had to drive her home because she was intoxicated. MGM said she's allowed MA1 to drive in a parking lot to practice. CW went over FAR practice and completed the FLAG with the family. MA1 denied she drove her mother home. CW interviewed the child and mother separately to address the concerns. Worker made a referral to a community agency for the family.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

There were several progress notes that were entered up to 7 months after the event date.

Legal Reference:

18 NYCRR 428.5

Action:

Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/13/2015	Aunt/Uncle, Female, 6 Years	Other Adult - MGM's boyfriend, Male, 36 Years	Lacerations / Bruises / Welts	Unfounded	No
	Aunt/Uncle, Female, 6 Years	Other Adult - MGM's boyfriend, Male, 36 Years	Inadequate Guardianship	Unfounded	

Report Summary:

Parent sub put MA2 up against a wall, and struck her repeatedly on her back with his hand. It is unknown why he did this. MA2 sustained bruising to her back as a result. MA2 is fearful to be in the home. The roles of MA2's mother (MGM), SM, MA1, and MA2's father were unknown.

Determination: Unfounded

Date of Determination: 05/13/2015

Basis for Determination:

MA2 was observed free of bruises and injuries. MA2 was not afraid to be in the home and she denied her mother's



boyfriend hurt her. All children denied any physical abuse by their mother's boyfriend. Mother and boyfriend reported that he did pick the child up and she got scared because of the height. The other children reported witnessing this incident and said it was for fun and not punishment.

OCFS Review Results:

History was reviewed, children were interviewed separately, and appropriate collaterals were contacted such as the schools and pediatrician. Safety assessments, RAP, and progress notes were completed accurately and on time. CW did not have credible evidence to support the allegations and appropriately unfounded the report.

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

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

7/15/07-1/24/08 IND-allegations of IG & PD/AM against MGM & BF of MA2 against SM, MA1, MA2, MU, and their sister.

Known CPS History Outside of NYS

There is no known CPS History outside of NYS.

Preventive Services History

8/1/07-11/2/07- The case was opened as MGM and her boyfriend were intoxicated and MGM cut her wrist and the boyfriend cut his throat. This took place in front of SM, MU, MA1, and their adult sibling who called 911. CHN were enrolled in daycare so MGM could work full time and her boyfriend worked several part time jobs. A counselor was set up to meet with the family for 4-6 weeks, 10 hours a week. MGM and boyfriend were no longer drinking alcohol. Family engaged in parenting skills sessions, were engaged with a mental health agency, and the family had no further needs or issues at the time of case closure.

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