



**Report Identification Number: RO-17-047**

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

**Issue Date: May 29, 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

<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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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-Other	
<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	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:** Female

**Date of Death:** 12/17/2017  
**Initial Date OCFS Notified:** 12/17/2017

## Presenting Information

On 12/17/2017, the SM and the SC were sleeping together in the SM's bed. The SM awoke at 6:00AM and was comforting the SC and fell back to sleep. The SM awoke at 8:00AM and the SC was unresponsive. The OA arrived home, around 8:00AM, called EMS, and started chest compressions. The SC was taken to the hospital where the SC was pronounced dead by medical personnel. The SC was a healthy child with no pre-existing medical condition. There was no explanation provided for the SC's death. The role of the other family member and the other child age 3, was unknown.

## Executive Summary

Monroe County Department of Human Services (MCDHS) received an SCR report and a duplicate report on 12/17/2017, about the death of the SC. At the time of the reported fatality, there was an open FAR case with the SM and the one-month-old SC. MCDHS conducted a joint investigation with LE. The SM reported that she had gone to sleep on the couch sometime after midnight on 12/17/17. The SM reported that she awoke between 5 and 6:00 AM, fed and changed the SC. The SM stated she put the SC on her back between her and the back of the couch to sleep. The SM awoke at 8:00AM and noticed the SC was not breathing and was still on her back. The SM called the OA who was already entering the apartment. The OA worked nights and was just arriving home when the SM called. The OA told the SM to place the SC on the floor and began CPR, while the SM called 911. EMS arrived and transported the SC to the hospital where the SC was pronounced dead at 8:44AM.

Within the first 24hrs, MCDHS assessed the safety of the 3yo OC. MCDHS interviewed the OA and saw and observed the home. There were no immediate concerns for the safety of the OC. MCDHS determined that the SM had no other children and there were no SS of the SC's.

The ME's preliminary findings were still pending at the time of the writing of this report. There were no signs of physical abuse or maltreatment. There were no arrests.

MCDHS Sub the allegation of IG against the SM for the SC. The the SM told MCDHS she had received safe sleep information and had a portable crib. However, the SM had left the crib at the last place she resided and was co-sleeping with the SC for more then two weeks. There was credible evidence to support the allegations. The SM failed to provide a minimum degree of care by placing the SC in an unsafe sleep environment.

The allegation of DOA/fatality Unsub against the SM for the SC. The cause and manner of death were still pending and the ME's preliminary findings were there was no signs trauma to the SC's body and there was no causal connection between the unsafe sleep environment and the child's death. The case was IND and closed-no services required.

At the time of the closing of the investigation, MCDHS had not offered bereavement referrals to family members and other household members. However, MCDHS was aware that the SM was working with an agency that was providing services and continued support to the SM.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

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

Was the decision to close the case appropriate? Yes

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:**  
MCDHS gathered sufficient information to close the INV but did not offer the SM, OA and the OC bereavement referrals prior to case closing.

### 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:** 12/17/2017 **Time of Death:** 08:44 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:** Unknown

**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  
**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1  
**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**  
**Children ages 0-18:** 1  
**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Other Adult - friend	No Role	Female	23 Year(s)
Deceased Child's Household	Other Child - friends child	No Role	Male	3 Year(s)

### LDSS Response

MCDHS conducted a joint investigation with LE. It was learned through interviews with LE, the SM and the other adult (OA) that the SM was staying with, that the SC had been congested for a couple of days prior to the reported fatality. The OA works nights and reported she had left for work at 10:30PM on 12/16/2017. The SC and the SM were still awake when the OA left for work. The OA reported she arrived home at 8:00AM from work and the SM was calling her on the phone as she was entering the apartment. The SM said the SC was not breathing. The OA told the SM to place the baby on the floor and she began CPR. The SM was on the phone with 911, while the OA administered CPR. The SM stated that she had gone to sleep sometime after midnight on the couch with the SC. The SM stated that between 5:00AM and 6:00AM the morning of 12/17/2017, she awoke and changed and fed the SC. The SM then placed the SC on her back between herself and the back of the couch and went back to sleep. The SM awoke at 8:00AM and found the SC was not breathing. The SM called the OA and then called 911. EMS arrived and transported the SC to the hospital where the SC was pronounced dead.

MCDHS appropriately assessed the safety of the OC in the first 24 hours of the investigation. MCDHS made arrangements with the OA to see the SC and observe the home environment. The 3yo OC had his own bed but would often sleep in his mother's bed. The morning of the reported fatality the OC was asleep in the OA's bed. There were no immediate concerns for the safety of the OC. MCDHS observed the couch in the living room where the SM and the SC had been sleeping since moving in with the OA. The SM and the SC had been living with the OA for about 2 ½ weeks. SCR and criminal history checks were completed.

MCDHS interviewed the SM and the OA separately about alcohol/drug misuse. The SM admitted to marijuana use but denied misusing drugs or alcohol while caring for the SC. The OA denied any misuse of drugs or alcohol and stated the SM did not use marijuana inside the apartment or while caring for the SC.

MCDHS questioned the SM about safe sleep and the SM stated she had been informed of safe sleep by the hospital and MCDHS. The SM said she had a portable crib but had not brought the crib with her when she moved in with the OA.



MCDHS obtained the contact information for the BF of the 3yo OC and both notified him and interviewed him. The BF of the OC had no concerns about the care of his son by the OA. MCDHS contacted the BF of the SC and had made arrangements to meet with him. Subsequently, MCDHS received a phone call from the BF of the SC and he canceled his appointment and refused to meet.

MCDHS gathered records pertaining to the death of the SC, as well as any records about the care of SC and the care of the OA. There were no concerns about their care. MCDHS interviewed and met with the OC several times during the open investigation and there continued to be no safety concerns for the OC.

MCDHS interviewed all appropriate collateral contacts such as first responders, LE, and hospital personnel about the events of that morning.

ME's preliminary autopsy findings were that the SC had no physical signs of abuse or Maltreatment. The cause and manner of death were pending and the final autopsy results were still pending at the time of the writing of this report. There were no arrests.

MCDHS did not offer services to support the family in their bereavement. Although MCDHS did not offer services, they were aware BabyLove was active and continued to support the SM.

### 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
046121 - Deceased Child, Female, 1 Mons	046122 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
046121 - Deceased Child, Female, 1 Mons	046122 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 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"/>
<b>Explain as necessary:</b> No children were removed.				

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



<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
 The SM had no other children in her care. However, referrals for bereavement services were not offered. However, MCDHS was aware the SM was working with an agency that was offering her continued support.

**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? No**

**Explain:**  
 MCDHS did not offer bereavement referrals for the OC listed in the home.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**  
 MCDHS had not offered bereavement referrals to the SM, the BF or the OA listed in the household.

## 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? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

### 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)
10/29/2017	Deceased Child, Female, 1 Days	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Far-Closed	Yes

**Report Summary:**

The SM gave birth to a baby girl on 10/28/17. The SM tested positive for marijuana, the baby's toxicology was negative. The BF and the grandmother had unknown roles.

**OCFS Review Results:**

OCFS review of the FAR case revealed that while MCDHS had provided safe sleep information to the SM at the time the case was tracked FAR, the case remained open at the time of the Fatality. The SM had moved twice during that time. MCDHS had not seen the SM nor the SC since 11/17/2017. At the time of the SC's death the BM did not have a bassinet or a portable crib for the SC. The BF was never provided with Notice of the Report.

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

**Issue:**

FAR-Failure to Engage a Parent, Guardian or Other Person Legally Responsible

**Summary:**

MCDHS had not spoken with the SC's BF. The SM had moved in with the BF and MCDHS had conducted a home visit at the BF's home with the SM and the SC. However, they had not met with or spoke to the BF. MCDHS referred to the BF in the FLAG as caring for the SC, when the SM smoked marijuana. However, MCDHS never spoke with the BF.

**Legal Reference:**

18 NYCRR 432.13 (e)(2)(i)(a-d); 18 NYCRR 432.13(e)(2)(iii)

**Action:**

MCDHS will engage all parents, guardians or other persons legally responsible as required by FAR regulation.

**PIP Requirement:**

MCDHS will submit a PIP to the Rochester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the LDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, LDSS will review the plan and revise as needed to address ongoing concerns.

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

There was no history more then three years prior to the fatality

**Known CPS History Outside of NYS**

There was no known history outside of NYS.

**Casework Contacts**

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



## 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

## Additional Local District Comments

MCHDS has reviewed this draft fatality report. We found the report to be factually accurate.

## 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