



## Report Identification Number: RO-18-012

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

Issue Date: Aug 23, 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:** 9 year(s)

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

**Date of Death:** 04/03/2018  
**Initial Date OCFS Notified:** 04/03/2018

## Presenting Information

An SCR report was received on 4/3/18 alleging the 9-year-old SC was a medically fragile child with numerous diagnoses, requiring a high level of care. The SC had been ill on 4/2/18 with gastrointestinal issues causing him to be unable to receive food through his tube. The report alleged the SC died as the result of the SM failing to seek immediate medical care on his behalf.

## Executive Summary

This report concerns the death of the 9-year-old SC. Monroe County Department of Human Services (MCDHS) received an SCR report regarding the SC's death on 4/3/18. The SC was ill and needed medical attention on the date of the report, and there were concerns the SM did not seek medical intervention in a timely manner. There was a concern this contributed to the SC's death.

The SC was diagnosed with Cloves Syndrome and since birth he had several medical complications as the result of the disease. The SC required a feeding tube for nutrition and was on several medications. The evening of 4/2/18 the SC was ill and was not tolerating feedings. In the early morning hours of 4/3/18, the SC was having difficulty breathing and the SM took him to the ER for treatment.

The ME was not involved with the fatality because the SM objected to an autopsy. The physician treating the SC at the hospital declared the cause of death as complications of Cloves Syndrome and the manner of death as natural causes.

LE investigated the SC's death and determined no crime was committed. LE classified the death as due to medical causes and closed the investigation.

MCDHS assessed the safety of the SS within 24 hours of seeing the report. MCDHS made numerous home visits and observed the SS to be appropriately cared for by the SM.

MCDHS gathered and documented information as it pertained to the investigation in a timely manner. MCDHS gathered a substantial amount of information from collaterals through face-to-face interviews, telephone contacts and copies of records. The information gathered supported the determination to unsubstantiate the allegations against the SM. There was no evidence found indicating that the SM's actions or inactions led to the death of the SC. The SM took the SC for medical attention when she observed his condition was worsening, and acted appropriately.

MCDHS offered the SM and SS Trauma Services, grief counseling and grief support groups. The SM declined all the services. At the close of the investigation the SS was attending counseling with a therapist.

### 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) MCDHS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, MCDHS will review the plan and revise as needed to address ongoing concerns.

## 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:

It was appropriate to conclude the investigation.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The SCR report was received on 4/3/18 and the 30-day fatality report completed on 5/17/18.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	MCDHS will complete the 30-day fatality report within 30 days of receipt of a report alleging the death of the child.

### Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 04/03/2018

Time of Death: 04:54 PM



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

04:31 PM

**County where fatality incident occurred:**

Monroe

**Was 911 or local emergency number called?**

No

**Did EMS respond to the scene?**

No

**At time of incident leading to death, had child used alcohol or drugs?**

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**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	Male	9 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)
Other Household 2	Other Adult - BF of youngest SS	No Role	Male	1 Year(s)

### LDSS Response

On 4/3/18, MCDHS received a report regarding the death of the SC, and began an investigation. MCDHS contacted the source, performed a CPS history search for the family and notified LE. A home visit was made the same day the report was received and the SS were seen and assessed to be safe.

In a coordinated effort MCDHS and LE spoke with the SM at the hospital shortly after the SC passed away. The SM reported that on 4/2/18 the SC was having trouble with his feeding tube and she disconnected it. The SM believed there was an intestinal virus affecting the SC, the eldest SS and herself because they were all vomiting in the days before the SC's death. The evening of 4/2/18 the SC slept for awhile after she disconnected the tube and she then attempted to give him "Pedialyte" to re-hydrate him, but he continued to vomit. The SM did not give him his medication after this, because he was constipated and she was told by the doctor not to. In the past the SM reported he had several medical complications as a result of his feeding tube, including an intestinal blockage. In the past the SM had taken the SC to the hospital when this occurred and he was given treatment. On 4/3/18 the SM noticed the SC was beginning to struggle to breathe. The SM explained she took him to the hospital because of the constipation and respiratory complications at about 2:30AM.

The two SS did not accompany the SM and SC to the ER. A neighbor agreed to supervise the children while the SC



received medical care. MCDHS saw both SS and assessed them to be safe in their home. The SM was practicing safe sleep and explained to MCDHS she had previously received education.

MCDHS interviewed several medical staff that interacted and treated the SC during his ER visit. The attending ER Dr. reported the SC suffered a rare disease that is accompanied by several other conditions that may result in death. The Dr. noted he believed the SC's death was a direct cause of the complications of his disease. The pediatric ER Dr. stated the SC was pale, hypothermic and suffered from tachycardia when he presented at the ER. Medical staff were concerned about his breathing and immediately administered treatment to raise his oxygen level. The SC was also given antibiotics as there were concerns he may be septic. The SM reported to the Dr. the SC was constipated and thought he needed treatment for it. The Dr. stated the SC decompensated very quickly in the ER because of complications of his disease. The Dr. did not feel the SM's delay in seeking medical treatment for the SC resulted in his death.

The SC's pediatrician reported the SC was up to date on immunizations and appointments and the SM followed all recommendations regarding his care. The pediatrician had no concerns regarding the care of the SC or SS.

MCDHS interviewed the BF of the SC and 7yo SS. The BF reported he has little contact with the SM and had not seen the SC or SS since 2013. The BF explained that after ending his relationship with the SM it very difficult for him to visit the SC and SS. The BF stated the SM was a great parent and he never had concerns regarding his children in her care. MCDHS also spoke with the BF of the 1yo SS. He reported he has supervised visits with the SS. He did not disclose any specific concerns regarding the SC or SS.

The SM denied any alcohol or drug use. MCDHS interviewed friends of the SM, family members, the daycare provider and school personnel. There were no concerns regarding the care the SM provided to the SC or SS. All the collateral contacts interviewed said the SM followed through with all appointments and recommended activities for the SC and the SS.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

### 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
047189 - Deceased Child, Male, 9 Yrs	047190 - Mother, Female, 26 Year(s)	Lack of Medical Care	Unsubstantiated
047189 - Deceased Child, Male, 9 Yrs	047190 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
047189 - Deceased Child, Male, 9 Yrs	047190 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated



## 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 of the youngest SS was interviewed over the telephone.

## 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



# Child Fatality Report

	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>Parenting Skills</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<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"/>				

**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:**

Trauma Response and counseling services were offered to the SS and the SM declined. The SS had a regular therapist he spoke with.

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

**Explain:**

Trauma Response and counseling services were offered to the SM and she declined.

## History Prior to the Fatality

### Child Information

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

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/28/2017	Deceased Child, Male, 8 Years	Other Adult - BF of SS, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 6 Years	Other Adult - BF of SS, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Other Adult - BF of SS, Male, 26 Years	Poisoning / Noxious Substances	Unsubstantiated	



Deceased Child, Male, 8 Years	Other Adult - BF of SS, Male, 26 Years	Sexual Abuse	Unsubstantiated
Sibling, Male, 6 Years	Other Adult - BF of SS, Male, 26 Years	Sexual Abuse	Unsubstantiated

**Report Summary:**

An SCR report was received alleging the BF of the youngest SS sexually abused the SC and other SS. It was also alleged the alleged subject was giving the SS medication to make him pass out. As a result of the abuse the SS and SC were having night terrors, wetting the bed and had behavior issues. The roles of the SM and the youngest SS (9 months old at the time) were unknown.

**Report Determination:** Unfounded

**Date of Determination:** 08/17/2017

**Basis for Determination:**

MCDHS conducted a joint investigation with law enforcement and the SS was interviewed. The SC was non verbal. The SS spoke about physical discipline used by the BF of the SS. The SS reported that something was put in his anus and he passed out, but did not provide any other details that would support sexual abuse. The BF of the SS had lived in the home from summer of 2015 until June of 2016 and had been out of the home at the time of the investigation. He denied all allegations and MCDHS checked with other states where he previously resided and found no CPS history. The youngest SS was not alive at the time of the alleged abuse.

**OCFS Review Results:**

MCDHS sent notice of existence letters to all appropriate parties and completed the safety and risk assessments. The 7-day safety assessment was completed 3 days late. All appropriate interviews were completed and all children seen and assessed for safety. MCDHS investigated the allegations jointly with LE. MCDHS made referrals for services and also consulted with medical professionals, in addition to reviewing medical records.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-day safety assessment was completed 3 days late.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

Within seven days of receiving a report, MCDHS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/14/2017	Deceased Child, Male, 8 Years	Other Adult - BF of SS, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 8 Years	Other Adult - BF of SS, Male, 26 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 6 Years	Other Adult - BF of SS, Male, 26 Years	Sexual Abuse	Unsubstantiated	

**Report Summary:**

An SCR report was received alleging that while the BF of the SS lived with the SM, SS and SC he sexually abused the SS. The report also stated that the SC sustained a bruise to his back while in the care of the BF and multiple explanations were provided.



<b>Report Determination:</b> Unfounded			<b>Date of Determination:</b> 04/13/2017		
<b>Basis for Determination:</b> MCDHS jointly investigated the report with LE. They interviewed the children and there was no disclosure of abuse made. There was no evidence that the SC had a bruise on his back caused by the BF. The BF was no longer residing in the home at the time of the report and there were criminal charges against the BF regarding previous physical abuse of the SS. There was a no contact OP in place for the BF, regarding the SC and SS. The BF had no established visitation with his child (the other SS) and there was an ongoing custody case in Family Court.					
<b>OCFS Review Results:</b> The casework activity was commensurate with the circumstances and all necessary casework was done. Although attempts were made to see the BF of the SS face to face, a notice of existence letter was not sent to him.					
<b>Are there Required Actions related to the compliance issue(s)?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Issue:</b> Failure to provide notice of report					
<b>Summary:</b> The BF of the SC was not provided a notice of existence regarding the report.					
<b>Legal Reference:</b> 18 NYCRR 432.2(b)(3)(ii)(f)					
<b>Action:</b> MCDHS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.					
Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/04/2016	Sibling, Male, 5 Years	Other Adult - BF of youngest SS, Male, 25 Years	Excessive Corporal Punishment	Substantiated	Yes
	Sibling, Male, 5 Years	Other Adult - BF of youngest SS, Male, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 5 Years	Other Adult - BF of youngest SS, Male, 25 Years	Lacerations / Bruises / Welts	Substantiated	
<b>Report Summary:</b> An SCR report was received stating the BF of the youngest SS physically abused the other SS on 6/23/16 as punishment. The BF slapped the SS across the face and hit him on his buttocks. As a result the SS sustained redness and bruising. The BF was arrested by LE and charged with assault.					
<b>Report Determination:</b> Indicated			<b>Date of Determination:</b> 09/08/2016		
<b>Basis for Determination:</b> The SM reported that the BF often cared for the SS and SC while the SM was not home. The SM discovered the bruising on the SS and he reported the BF had struck him. The BF also admitted to hitting the SC out of anger. The BF reported he was tired at the time and the SS was misbehaving. The SM sought and received an OP against the BF for the SC and SS and the SM made the BF leave the home. There were criminal charges pending against the BF in relation to the incident.					
<b>OCFS Review Results:</b> The allegations in the report were previously reported and the case tracked to FAR. The new report was made as a result of criminal charges against the BF for the same event. It was appropriate to track the report as an investigation, given the seriousness of the circumstances. The risk assessment was not accurate.					
<b>Are there Required Actions related to the compliance issue(s)?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The BF admitted he had mental health issues and wanted to seek treatment, yet this was not reflected in the RAP.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

MCDHS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/23/2016	Deceased Child, Male, 7 Years	Other Adult - BF to SC, Male, 25 Years	Excessive Corporal Punishment	Far-Closed	Yes
	Deceased Child, Male, 7 Years	Other Adult - BF to SC, Male, 25 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Male, 5 Years	Other Adult - BF to SC, Male, 25 Years	Lacerations / Bruises / Welts	Far-Closed	
	Deceased Child, Male, 7 Years	Other Adult - BF to SC, Male, 25 Years	Lacerations / Bruises / Welts	Far-Closed	
	Sibling, Male, 5 Years	Other Adult - BF to SC, Male, 25 Years	Excessive Corporal Punishment	Far-Closed	
	Sibling, Male, 5 Years	Other Adult - BF to SC, Male, 25 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Male, 5 Years	Mother, Female, 24 Years	Inadequate Guardianship	Far-Closed	

**Report Summary:**

A report was received that alleged the BF of the youngest SS had hit, pinched and dragged the other SS around the home while caring for him, causing bruises to his face and body. The report further alleged that the SC sustained a bruise on his buttocks while in the care of the BF of the SS.

**OCFS Review Results:**

MCDHS should have not tracked the case FAR based on regulation and their own FAR Protocol. The 7-day safety assessment was completed inaccurately because Safety decision #2 was selected, despite the SM receiving an OP against the BF regarding the SS and SC. This controlling intervention should have resulted in the selection of Safety decision #3 and would have precluded the case from FAR tracking. The BF was not the father of the SS or SC and therefore not a part of the family unit once the SM had him leave the home and was granted an OP. The SM did not want the case tracked FAR and was very vocal about it. The BF was later charged criminally for the events leading to the report.

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

**Issue:**

FAR-Timely/Adequate 7-Day Assessment

**Summary:**

The safety decision in the 7-day safety assessment did not reflect the controlling intervention in place. Safety decision #3 should have been selected, due to the OP against the BF for the SC and SS.

**Legal Reference:**

18 NYCRR 432.13 (d)(2)(i) and (ii); 18 NYCRR 432.13(d)(3)

**Action:**

OCFS authorization of Monroe County FAR was suspended on 4/6/18 and MCDHS has informed OCFS that they have no intention of re-engaging in the FAR Program; therefore no Program Improvement Plan is required.

**Issue:**

FAR-Overall Completeness/Adequacy of Family Assessment Response

**Summary:**

MCDHS inappropriately tracked the case FAR. LE was investigating the allegations concurrently and the BF was charged with assault based on the events that led to the report. The SM repeatedly declined participation in the FAR process, yet MCDHS continued with FAR. The justification for the FAR approach is grossly misguided and in conflict with regulation and MCDHS FAR protocol.

**Legal Reference:**

18 NYCRR 432.13 (a)(1-4)

**Action:**

OCFS authorization of Monroe County FAR was suspended on 4/6/18 and MCDHS has informed OCFS that they have no intention of re-engaging in the FAR Program; therefore no Program Improvement Plan is required.

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

An SCR report was received 5/18/2010 with allegations of IG and LM Unsubstantiated against the SM regarding the SC.

**Known CPS History Outside of NYS**

There is no known CPS history outside of New York State.

**Preventive Services History**

A voluntary Preventive Services case was open with the SM and SC from 8/14/2008 until 2/16/2009. The case was opened due to concerns of the SM being a young mother, in addition to the SC's extensive medical needs and lack of familial support. The SM was provided therapy, parent skills education, family planning and assistance in gathering the basic necessities for the SC after his discharge from the hospital. The case was closed after the SM demonstrated the ability and willingness to appropriately care for her child. At the time of closing the SM continued to receive supportive services from other providers.

**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**

Report was reviewed - we do not agree w/citation Failure to provide notice of report- no address could be found for dad; phone calls were attempts and unsuccessful; family had no locating information. We had no address to send letter to.

**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