



Report Identification Number: RO-18-015

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

Issue Date: Oct 26, 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 year(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 05/09/2018
Initial Date OCFS Notified: 05/09/2018

Presenting Information

The SCR report alleged on 5/9/18 at 4:01 AM SM woke to find the 1 yo SC unresponsive in her bed; the SC had been sleeping in bed with SM. SC had been ill with a cough for several days and SM had him in bed with her as a result. SM called 911 and then attempted CPR on SC. SC was diagnosed with a genetic disorder that affected his development, intellectual capacity and muscle tone. It was unknown if the medical diagnosis had any impact on the death of SC. The roles of parent substitute (PS), BF, 1-month-old SS (SS4) and 6 yo SS (SS2) were unknown.

Executive Summary

On 5/9/18, the Monroe County Department of Human Services (MCDHS) received an SCR report regarding the death of the 1 yo SC. There was an open CPS investigation, which was initiated on 3/13/18 with concerns for a contusion on SC's arm. There was an open CPS services case, initiated on 10/10/14, due to SM and BF's failure to meet the medical and nutritional needs of the 7 yo SS (SS1) and 3 yo SS (SS3). Article 10 Neglect petitions were filed and SS1, SS2 and SS3 were placed in the custody of the PGM under Article 1017 with Court Ordered Services in place. SS2 returned to SM's custody in 2015. SS1 and SS3 remained in the care of the PGM for the majority of the time and on 3/15/18, she obtained Article 6 custody. At the time of SC's death, SS2 and SC were in the custody of the SM and had regular visitation with BF. SS4 was in SM's custody and had regular visitation with his father (parent substitute, PS).

Upon investigation it was learned, on 5/9/18 around 4:00 AM, SM awoke to find SC unresponsive in her adult bed. SM ran outside to obtain the assistance of PS, who called 911. SM attempted CPR until LE arrived and took over. SC was pronounced deceased at the home at 4:10 AM and transported to the Monroe County ME's office. At the time of the incident, SS4 was asleep in the bassinet next to the adult bed and SS2 was asleep in another bedroom in the home.

An autopsy was performed and the final report was pending at the time this report was written. A joint investigation was conducted with LE. No criminal charges had been filed and the investigation remained open pending final autopsy results.

MCDHS conducted a thorough investigation into the incident and contacted all necessary collaterals. MCDHS determined there were concerns for SM not being engaged in court ordered services, there were incidents of DV between SM and PS, incidents of excessive corporal punishment toward SS2 and concerns for unstable housing. SM was aware of safe sleep guidelines and placed SC in an unsafe sleep environment despite knowledge of SC's medical condition and physical limitations. MCDHS determined SS2 and SS4 were not safe in the care of the parents and on 5/14/18, SS2 was placed in the custody of BF and SS4 was placed in Foster Care. SS1 and SS3 were assessed to be safe in the custody of the PGM. MCDHS appropriately substantiated the allegations of Inadequate Guardianship against SM and PS regarding SC, SS2 and SS4. MCDHS unsubstantiated the allegation of DOA/Fatality against SM as SC's cause of death had not been determined. The family engaged in trauma services and the case remained open for ongoing CPS services.

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

Explain:

MCDHS accurately determined all allegations.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

Casework activity was commensurate with case circumstances and the case remained opened for ongoing CPS services.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 30-Day Safety Assessment
Summary:	The 30-day safety assessment was due by 6/8/18 and was not completed until 7/2/18.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	MCDHS will complete safety assessments in Connections within the required timeframes.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/09/2018

Time of Death: 04:10 AM

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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: 04:01 AM

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

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

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

How long before incident was the child last seen by caretaker? 5 Hours

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	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)
Other Household 1	Mother's Partner	Alleged Perpetrator	Male	38 Year(s)
Other Household 2	Father	No Role	Male	30 Year(s)
Other Household 3	Sibling	No Role	Male	7 Year(s)
Other Household 3	Sibling	No Role	Male	3 Year(s)

LDSS Response

MCDHS initiated their investigation by immediately conducting a home visit. MCDHS spoke to LE and learned SC, SS1 and SS3 were diagnosed with the same genetic disorder that affected their development, intellectual capacity and muscle tone. SC was unable to hold his head up and had limited mobility. LE observed no signs of trauma or injury on SC's body. SM's bed was observed to have vomit on the pillows and comforter, SC had vomit on him and SM's clothing had vomit on it.

SM reported SC was sick with cold symptoms for a few days that she treated with Motrin. She said SC was sleeping in her bed with her since he didn't feel well. She gave SC 8 ounces of Pediasure around 11:00 PM then went to sleep on the left side of the bed on her side, facing the wall. SC was on his back at the top right side of the bed, with a pillow along his right side. PS (SS4's father) was sleeping in his car in the parking lot next door, as he often did, as he had no permanent



housing. SM said she awoke around 4:00 AM and felt wetness on the back of her shirt and felt SC's face pressed up against her back. She saw SC had vomited and he was stiff and not breathing. She ran to the parking lot next door to get PS, then returned to the home and began CPR while PS called 911. Diligent efforts were made to interview PS, although he did not cooperate with the investigation.

SS2 reported SM and PS had an argument on the night of the incident and SM threw SC onto the bed and told PS to leave the home. SS2 reported SM and PS frequently had arguments, SM often threw SC onto the bed, regularly disciplined SS2 with a belt and slept in bed with SS4. Through a review of the open CPS services case, it was learned SM was facing eviction and had not completed the court ordered MH and developmental evaluations. Due to the DV incidents that had occurred and PS being homeless, he was unable to care for SS4. BF was in the process of completing his court ordered services and was cooperative with MCDHS. It was determined SS2 and SS4 were not safe in SM's care and SS2 was placed in the custody of BF and SS4 was placed in Foster Care. On 7/19/18, SS4 was placed in the custody of the MGM under Article 1017. SS1 and SS3 were assessed throughout the investigation to be safe in PGM's care. An Article 10 Neglect Petition was filed against SM and PS regarding SS4 and was pending in Family Court. MCDHS referred them for parenting skills, substance abuse evaluations, MH evaluations and DV services. SM and PS obtained stable housing and moved into an apartment together.

MCDHS contacted multiple collaterals, including the children's pediatrician, school, CPS services caseworker, ME, LE, EMS and multiple family members. The case was appropriately indicated and remained open for ongoing CPS services.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
048017 - Sibling, Female, 6 Year(s)	048019 - Mother's Partner, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
048017 - Sibling, Female, 6 Year(s)	048016 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
048018 - Sibling, Male, 1 Month(s)	048016 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
048018 - Sibling, Male, 1 Month(s)	048019 - Mother's Partner, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
048047 - Deceased Child, Male, 1 Year(s)	048016 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
048047 - Deceased Child, Male, 1 Year(s)	048016 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated



048047 - Deceased Child, Male, 1 Year(s)	048019 - Mother's Partner, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
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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 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 type="checkbox"/>	<input checked="" 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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**Explain:**

A 30-day safety assessment was due by 6/8/18 and was not completed until 7/2/18.

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

Explain:

Risk was adequately assessed and court ordered services continued.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

After the death of SC, SS4 was placed in Foster Care then placed with MGM under Article 1017. SS2 was placed in the custody of BF.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
05/14/2018	There was not a fact finding	There was not a disposition
Respondent:	048016 Mother Female 27 Year(s)	



Comments: An Article 10 Neglect Petition was filed in Family Court against SM and PS regarding SS4. A temporary order was issued placing SS4 in Foster Care and then he was placed in the custody of the MGM under Article 1017. The petition was pending in Family Court.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Developmental Disability Services

Additional information, if necessary:

The family was provided with a multitude of services and may additionally benefit from family planning services.

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? Yes

Explain:

The SS received trauma services.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

**Explain:**

Funeral assistance was offered to the family and they received trauma services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes

Was there an open CPS case with this child at the time of death? Yes

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? Yes

Was the child acutely ill during the two weeks before death? No

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)
03/13/2018	Deceased Child, Male, 1 Years	Mother, Female, 27 Years	Lacerations / Bruises / Welts	Unsubstantiated	No
	Deceased Child, Male, 1 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged SC had contusions on his right arm. The explanation given by SM was that the child bit himself, which was inconsistent with the injury.

Report Determination: Unfounded

Date of Determination: 05/10/2018

Basis for Determination:

MCDHS appropriately unsubstantiated the allegations based on a lack of credible evidence. SM demonstrated how SC bit himself, which was consistent with the location and appearance of the mark. The home was observed to be safe. The children appeared healthy and well cared for and the pediatrician had no concerns for the children. The case remained open for ongoing CPS services. SS4 was born during the investigation and was observed to be well cared for. SC passed away on 5/9/18 and his death was investigated in a subsequent fatality investigation.

OCFS Review Results:

MCDHS conducted an ongoing assessment of safety of the SS and the home throughout the investigation. SM, BF and SS2 were interviewed and the necessary collaterals were contacted. Safety assessments and the RAP were completed accurately and on time. A safe sleep environment was observed for the children and MCDHS went over the dangers of co-sleeping with SM. SM and BF were court ordered to complete the necessary services through the ongoing CPS Services case.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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01/25/2017	Deceased Child, Male, 1 Days	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes
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Report Summary:

An SCR report alleged SM gave birth to SC and the 3 older children had been removed from her care.

Report Determination: Unfounded

Date of Determination: 03/02/2017

Basis for Determination:

MCDHS unsubstantiated the allegations as the parents had the necessary supplies for SC and although SM used THC during pregnancy, SC's toxicology screen was negative. SM followed through with medical appointments for SC and was cooperative with service providers and MCDHS. SM had adequate supports and SC and SS2 appeared safe in her care. SS1 and SS3 remained in the custody of PGM under Article 1017 and under the supervision of MCDHS. The CPS Services case remained open.

OCFS Review Results:

MCDHS interviewed SM and BF and conducted several home visits. The appropriate collaterals were contacted and safe sleep education was provided. The safety assessments inaccurately listed no safety factors present and did not reflect the safety factors causing SS1 and SS3 to be in immediate danger of serious harm and the controlling interventions in place.

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

Issue:

Adequacy of Documentation of Safety Assessments

Summary:

The safety assessments did not reflect the safety factors present that caused the SS to be in immediate danger of serious harm nor the controlling interventions in place.

Legal Reference:

18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

Action:

MCDHS will accurately reflect the safety factors that are present, along with any safety plans or controlling interventions that have been devised.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/25/2016	Sibling, Female, 4 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Mother, Female, 25 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 25 Years	Lack of Supervision	Substantiated	

Report Summary:

An SCR report alleged on 4/25/16, SM left SS1 and SS2 home alone for a period of time while she went to the store.

Report Determination: Indicated

Date of Determination: 05/17/2016

Basis for Determination:

MCDHS substantiated the allegations against the SM. SM left the children, aged 4 and 5 at the time, home alone for an unknown amount of time while she went to the store. SS1 was medically fragile and required constant supervision. A safety plan was implemented the parents would not leave the children home alone and unattended. There were ongoing concerns for the parents ability to meet SS1's medical needs, which continued to be addressed in the open CPS services case.

OCFS Review Results:

MCDHS interviewed the parents, conducted several home visits and contacted appropriate collaterals. A review of CPS history was not documented.



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

Issue:

Review of CPS History

Summary:

A review of CPS history was not documented.

Legal Reference:

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

Action:

MCDHS will review CPS history for all subjects and parents and document the review within the required timeframes.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/21/2016	Sibling, Female, 4 Years	Father, Male, 27 Years	Educational Neglect	Unsubstantiated	Yes
	Sibling, Female, 4 Years	Mother, Female, 25 Years	Educational Neglect	Unsubstantiated	

Report Summary:

An SCR report alleged SS2 had excessive absences and was failing as a result.

Report Determination: Unfounded

Date of Determination: 05/17/2016

Basis for Determination:

MCDHS unsubstantiated the allegations as SS2 was not required to attend school due to her age. SS2 missed school due to an issue with head lice and, once addressed, the child's attendance improved. SS3 remained in the custody of the PGM due to medical neglect and the case remained open for CPS services.

OCFS Review Results:

MCDHS interviewed the parents and SS2, conducted several home visits and contacted appropriate collaterals. MCDHS completed the 7-day and Investigation Determination safety assessments with no safety factors checked, although SS3 was placed in the PGM's custody under Article 1017 due to medical neglect. A review of CPS history was not documented.

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

Issue:

Review of CPS History

Summary:

A review of CPS history was not documented.

Legal Reference:

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

Action:

MCDHS will review CPS history for all subjects and parents and document the review within the required timeframes.

Issue:

Timely/Adequate Seven Day Assessment

Summary:

MCDHS did not accurately complete the safety assessments to reflect the safety factors present or the controlling interventions in place.

Legal Reference:

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

Action:



MCDHS will complete all safety assessments and accurately reflect the safety factors that are present, along with any safety plan that have been devised or controlling interventions in place.

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

SCR report 8/27/14 was substantiated for the allegations of IG, LMC and M/FTTH regarding SS1 and IG regarding SS2 and SS3 by SM and BF. SS1 was medically fragile and his nutritional and medical needs were not being met by the parents. An Article 10 Neglect Petition was filed and the court ordered services on 10/8/14. The case was opened for ongoing CPS Services.

Known CPS History Outside of NYS

SS1 was reported to be in Foster Care in Puerto Rico for 6 months prior to coming to New York State in 2012. The parents reported his placement was due to feeding difficulties. Diligent efforts were made by MCDHS to obtain additional information from CPS in Puerto Rico, although were unsuccessful.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 10/10/2014

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

Date the Child Protective Services case was opened: 10/10/2014

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

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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



Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: Hillside Preventive provided Preventive Services to the family.				

Preventive Services History

An Article 10 Neglect Petition was filed against the SM and BF and an Order of Supervision was issued on 10/8/14 due to the parents' failure to meet the children's medical and nutritional needs and incidents of DV in the presence of the children. A CPS services case opened on 10/10/14. Additional DV incidents occurred on 10/29/14 and 10/30/14, a violation petition was filed and the children were placed with the PGM with the parents having supervised visitation. The parents were ordered to complete a developmental assessment and MH, substance abuse and parenting services and the children were referred for special education and specialized medical care. On 6/6/15, SM consented to Neglect of SS1 and derivative Neglect of SS2 and SS3. SS2 returned to SM's care on 9/9/15 when it was determined SM could meet her needs. SC was added to the court orders in March 2017. Due to SM's lack of progress with court orders and inability to meet their medical needs, SS1 and SS3 were placed in the Article 6 custody of PGM on 3/15/18 and court orders were extended until 2/26/19. SS4 was born 3/26/18 and SM received visiting nursing services. SC died on 5/9/18, and due to concerns for his death, unstable housing and SM not completing court ordered evaluations, SS2 was placed in the custody of her BF and SS4 was placed in Foster Care. The case remained open for CPS services.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
01/05/2017	Adjudicated Neglected	CustodyGuardianship assigned to relative or non-relative (Article 6 non-foster care)
Respondent:	048016 Mother Female 27 Year(s)	
Comments:	SS1 returned to SM for a trial discharge on 12/8/15 and SM and BF again failed to meet SS1's medical needs. An Article 10 Neglect Petition was filed 1/5/17 and SS1 returned to the custody of the PGM under Article 1017 on 1/13/17. SS3 remained in the custody of PGM and PGM obtained Article 6 custody of both siblings on 3/15/18.	



Additional Local District Comments

Monroe County has reviewed this draft fatality report and found this 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