



Report Identification Number: RO-18-021

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

Issue Date: Oct 02, 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: 5 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 06/17/2018
Initial Date OCFS Notified: 06/18/2018

Presenting Information

On 6/17/18, at approximately 9:30PM, the subject father (SF) fed and burped the 5-month-old subject child (SC). The SF then placed the SC on the couch next to the subject mother (SM), who was sleeping and went to use the bathroom. SF placed the SC on his back. It was unknown what position the SM was in while asleep or where the SC was placed in relation to her. When the SF returned from the bathroom, the SM was still sleeping and the SC was lying on his side unresponsive. At 10:37, SC passed away for unknown reasons. The SC did not sustain visible injuries. The roles of the 3 surviving siblings (SS) were unknown.

Executive Summary

On 6/18/18, Monroe County Department of Social Services (MCDSS) received a report from the SCR about the death of the 5-month-old child that occurred on 6/17/18. At the time of the fatality, there were 3 other children (SS) residing in the home, ages 2, 4, and 5yo. The SS were in the home at the time the fatal incident occurred, and it was determined that the deplorable conditions there posed safety concerns to the children. An immediate safety plan was put in place for the children to stay with MGM until the home could be cleaned and reassessed.

Throughout the investigation, MCDSS made extensive efforts to interview each first responder and diligently documented all casework. MCDSS spoke with all familial collateral contacts and medical personnel. MCDSS requested and reviewed all pertinent medical records of the SC and SS. MCDSS discussed funeral assistance, preventive services, grief counseling, and other available resources with the family. The family agreed to preventive services and began working with a family services specialist while the investigation remained open.

MCDSS unfounded the allegations of IG and DOA/Fatality against the SM and SF regarding the death of the SC because there was no evidence that the SF's placement of the SC on the bed for a short period of time led to the SC's death. MCDSS added allegations of Inadequate Food, Clothing, and Shelter for the SS and substantiated those allegations. The environment was unsafe due to unsanitary conditions. A safety plan was implemented until the environment was deemed safe for the CHN to return. LE investigated the fatality, but no criminal charges were pursued.

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:
The investigation determination safety assessment, determination of allegations, and decision to close the case were appropriate.

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:
The family agreed to work with the Society for the Protection and Care of Children Family Trauma Intervention Program (SPCC FTIP) preventive services on a voluntary basis following a referral from the caseworker. The service case was opened with the family on 7/20/18.

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: 06/17/2018

Time of Death: 10:27 PM

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: 09:40 PM

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
- 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 Minutes
Is the caretaker listed in the Household Composition? Yes - Caregiver 2
At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality
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Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)

LDSS Response

MCDSS received the report from the SCR on 6/18/18 and coordinated with LE, reviewed the CPS history, and notified the DA's office about the death. Throughout the investigation, collateral contacts were made with the MGM, MU, first responders, Florida Department of Children and Families, and the preventive services caseworker.

On 6/18/18, MCDSS interviewed the SM with LE at the home. SM said she brought the mattress downstairs to sleep on, as it was too hot in the upstairs bedroom. SM said she went to sleep around 7:30PM. SM reported she was awoken by SF who said the baby was not breathing. SM said she saw SC laying on the mattress with her and that there were no blankets or sheets on or around them. SM reported she and SF started CPR and called 911. While performing CPR, SC spit up formula and cereal out of his mouth and nose. SM could not provide an exact time for the events, but stated it was approximately 9PM. SM said that, two days prior to the fatal event, SC was struggling to breathe. SC was brought to Rochester General Hospital Pediatrics. SC's Dr advised for SM and SF to use saline and a syringe to clean out SC's nose and the parents were following that recommendation.

SF was interviewed at the Rochester General Hospital (RGH) on 6/18/18 and gave a similar account of events. On the day of the fatality, SF said SM worked all day and he was home with the CHN. SF reported SM arrived home from work around 6PM and fell asleep shortly thereafter. SF reported that approximately 20 minutes before finding the SC unresponsive, he fed the SC a bottle, burped him, and then laid him down with the SM who was sleeping. He returned within 5 minutes to find the SC unresponsive. The parents called 911 and began CPR.

MCDSS assessed the condition of the home to be hazardous for the young children. MCDSS found debris scattered throughout the home. The pack and play was filled with items, as was the crib. There was a strong odor of feces in the SS bedroom and upon entrance, the walls were smeared with feces. Garbage, dirty diapers, and debris was scattered about the upstairs. A safety plan was implemented with input from SM and MGM and the SS went to MGM's home until the family home could be cleaned and reassessed. The following day, on 6/19/18, the SS returned to the home after it was assessed to be clean and safe.



Interviews were conducted with the SS on 6/18/18 at the Bivona CAC. MCDSS observed the SS to be safe and in good health. SS2 (4yo) was observed to have a bruise on his left cheek. SS2 said he hit his cheek with an ice pack. The cause of the injury was addressed with SF and SM and it was learned that the bruise was not caused by SF or SM and was an accidental injury. Parents were receptive to preventive services, and a referral was made. Additionally, MCDSS reached out to the Hope Initiative to get a mattress for the family.

MCDSS added allegations of IF/C/S due to the conditions of the home being unsafe for the SS. MCDSS accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances and a 24-hour safety plan was adequately implemented. SM and SF cleaned the home and the SS returned home the next day, MCDSS continued to assess the conditions throughout the remainder of the investigation. Services were offered and accepted. MCDSS closed their investigation and opened a preventive service case with SPCC Family Trauma Intervention with a protective program choice of prevent placement.

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

Comments: MCDSS conducted a joint investigation with LE.

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
046763 - Deceased Child, Male, 5 Mons	046782 - Father, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
046763 - Deceased Child, Male, 5 Mons	046782 - Father, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated
046763 - Deceased Child, Male, 5 Mons	046781 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
046763 - Deceased Child, Male, 5 Mons	046781 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
047209 - Sibling, Female, 2 Year(s)	046781 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
047209 - Sibling, Female, 2 Year(s)	046782 - Father, Male, 26 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
047210 - Sibling, Female, 5 Year(s)	046781 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
047210 - Sibling, Female, 5 Year(s)	046782 - Father, Male, 26 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated



047323 - Sibling, Male, 4 Year(s)	046781 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
047323 - Sibling, Male, 4 Year(s)	046781 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
047323 - Sibling, Male, 4 Year(s)	046782 - Father, Male, 26 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
047323 - Sibling, Male, 4 Year(s)	046781 - Mother, Female, 24 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
047323 - Sibling, Male, 4 Year(s)	046782 - Father, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
047323 - Sibling, Male, 4 Year(s)	046782 - Father, Male, 26 Year(s)	Lacerations / Bruises / Welts	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 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"/>

Additional information:

Additionally, MCDSS reached out to service providers in the area in order to make referrals for necessities for the family, including a Hope Initiative referral for a mattress.

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

Explain:
SPCC FTIP preventive services were offered and accepted. A voluntary preventive service case was opened with the family on 7/20/18.

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"/>

Explain as necessary:
Upon receipt of the fatality report, it was determined the condition of the home was not suitable for the 3 surviving siblings. A safety plan was put into place that the children would stay with the maternal grandmother until the home could be cleaned and approved for the children to return. After a couple of days, the home was deemed safe for the return of the SS.



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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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: referral to Hope Initiative							
Additional information, if necessary: Following the fatality, the parents were offered and accepted SPCC FTIP preventive services for bereavement counseling as well as to address other service needs, including parenting skills. Additionally, a referral was made to Hope Initiative for the family to obtain a mattress.							

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:

A referral was made to The Society for The Protection and Care of Children Family Trauma Intervention Program (SPCC FTIP) with regard to bereavement counseling and additional preventive services. The family began working with SPCC FTIP on 7/17/18.



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

Explain:

A referral was made for preventive services through SPCC Family Trauma Intervention and services began immediately.

History Prior to the Fatality

Child Information

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

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)	Allegation Outcome	Compliance Issue(s)
03/15/2018	Sibling, Male, 4 Years	Father, Male, 26 Years	Lacerations / Bruises / Welts	Unsubstantiated	Yes
	Sibling, Male, 4 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

On 3/15/18, SF struck SS2 in the face for unknown reasons, causing a quarter sized red circular mark on the left side of his mouth. The mark was surrounded by bruising. SM and SS1 had unknown roles.

Report Determination: Unfounded

Date of Determination: 04/02/2018

Basis for Determination:

MCDSS completed a thorough investigation of the allegations. Through interviews and collateral contacts, MCDSS determined SF and SM were taking appropriate steps to deal with SS2's behaviors. Through investigation, it was found that SS2 had "balance issues" and falls often. SS2 received OT and PT while in school. SF denied ever physically disciplining SS2 and child did not appear fearful of SF. There were no concerns noted regarding the safety of the children in the home.

**OCFS Review Results:**

MCDSS gathered sufficient evidence to unsubstantiate the allegations in the report; however, not all collateral contacts were made. It was reported that SS2 received both OT and PT at school, but that was not investigated further and no attempts were made to contact the OT/PT.

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

There were missed opportunities to gather collateral information. All appropriate collateral sources were not contacted, including SS2's OT/PT providers who could speak to SS2's "balance issues."

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

MCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

PIP Requirement:

MCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) WCDSS has taken, or will take to address the cited issue(s). For citations where a PIP is currently implemented, WCDSS will review the plan(s) and revise as needed to further address on-going concerns.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/12/2017	Sibling, Male, 4 Years	Father, Male, 26 Years	Lacerations / Bruises / Welts	Unsubstantiated	Yes
	Sibling, Male, 4 Years	Mother, Female, 25 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 5 Years	Grandparent, Female, 44 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Father, Male, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 4 Years	Father, Male, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	



Sibling, Female, 5 Years	Father, Male, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 2 Years	Mother, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 4 Years	Mother, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 5 Years	Mother, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated

Report Summary:

The report was received with concerns that SM and SF made SS2 sleep strapped into a car seat, stroller, or on the floor without a blanket or pillow. Report further alleged that SF and SM beat the SS2 for unknown reasons. A few days prior to the report, SS2 was hit by the parents causing a gash on his head. SM reported SS2 fell, but the story was not consistent with his injury. SF and SM did not take SS2 to the hospital. There was little food in the home for the children and it was unknown when they last ate.

Report Determination: Unfounded

Date of Determination: 09/01/2017

Basis for Determination:

MCDSS gathered sufficient information to appropriately unsubstantiate the allegations in the report. MCDSS completed numerous visits to the home and spoke with collateral contacts. It was determined that SS2 had developmental delays and fell often, which resulted in the injury on his head. MCDSS observed the home environment and SS and noted no concerns. Preventive services were offered to the family; however, they denied having a need for further assistance.

OCFS Review Results:

CPS history checks were not completed in a timely manner and MCDSS failed to provider safe sleep education and information to the family.

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

Issue:

Review of CPS History

Summary:

The case record did not reflect that MCDSS reviewed all prior CPS history within regulatory required timeframes. A note that CPS history was completed was not entered until 8/31/2017 with an event date of 8/18/17.

Legal Reference:

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

Action:

Within one business day, MCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child’s sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

PIP Requirement:

MCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) WCDSS has taken, or will take to address the cited issue(s). For citations where a PIP is currently implemented, WCDSS will review the plan(s) and revise as needed to further address on-going concerns.

Issue:

Failure to provide safe sleep education/information

Summary:

Though they were in the home and documented sleep provisions for the CHN, MCDSS was aware the parents were soon expecting a child and did not have a conversation surrounding safe sleep education/information at any point during the investigation.

Legal Reference:



13-OCFS-ADM-02

Action:

MCDSS will provide information on sleep safety to the parents and caretakers of infants and parents-to-be whom they encounter and see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/07/2016	Sibling, Male, 4 Years	Father, Male, 26 Years	Lacerations / Bruises / Welts	Far-Closed	Yes
	Sibling, Male, 4 Years	Father, Male, 26 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

The report was received with concerns that on 1/6/16, SS2 finished up his lunch and proceeded to ask SF for more food. SM slapped SS2 on his upper left arm causing fingerprint welts to his arm. SS2 was upset and crying.

OCFS Review Results:

OCFS determined that MCDSS made the appropriate decision based on the information gathered during the investigation; however, there was no discussion of safe sleep nor were any materials given to the parents to educate them on safe sleep despite MCDSS having knowledge that SM was pregnant.

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

Issue:

Failure to provide safe sleep education/information

Summary:

Though they were in the home and documented sleep provisions for the children, MCDSS was aware the parents were soon expecting a child and did not have a conversation surrounding safe sleep education/information at any point during the investigation.

Legal Reference:

13-OCFS-ADM-02

Action:

MCDSS will provide information on sleep safety to the parents and caretakers of infants and parents-to-be whom they encounter and see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.

PIP Requirement:

MCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) WCDSS has taken, or will take to address the cited issue(s). For citations where a PIP is currently implemented, WCDSS will review the plan(s) and revise as needed to further address on-going concerns.

Issue:

Review of CPS History

Summary:

There was no documentation of a CPS history check for the family.

Legal Reference:

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

Action:

During the initial safety assessment, the child protective service must review SCR records as well as its own child protective records pertaining to all prior reports involving members of the family, as specified in section 432.2(b)(3)(i) and assess whether information in those case records indicates that the family assessment response approach would not be an appropriate response

**PIP Requirement:**

MCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) WCDSS has taken, or will take to address the cited issue(s). For citations where a PIP is currently implemented, WCDSS will review the plan(s) and revise as needed to further address on-going concerns.

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

1/16/14-2/28/14 FAR case with SM and SF as recipients.

Known CPS History Outside of NYS

A request for records was made to the Department of Children and Families in Florida, where the family previously resided, and no abuse or neglect history was found for the SM or SF.

Preventive Services History

A preventive service case was opened 4/16/13 for SM, SF, and SS1 due to a referral made for the family as they were a young couple who just had their first child and SM was pregnant with their second child. Concerns were reported that SM had a history of sexual and physical abuse as a child; which ultimately led to her placement in foster care and was showing signs of depression. SM, SF, and SS1 moved out of the state shortly after preventive services were put in place and the services were closed on 5/2/13.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No