



## Report Identification Number: RO-18-032

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

Issue Date: Jun 13, 2019

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:** 7 month(s)

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

**Date of Death:** 12/23/2018  
**Initial Date OCFS Notified:** 12/23/2018

## Presenting Information

An SCR report alleged that a male child was born premature at 34 weeks gestation. The child had a history of asthma and respiratory issues. On 12/22/18, the child had a fever and was wheezing. The mother gave the child Tylenol at 2PM. The child slept in a Pack N' Play at the foot of the mother's bed. The mother awoke at 3AM on 12/23/18 and gave the child juice. The mother put the child back in the Pack N' Play and covered him with a blanket from the waist down. When the mother woke up again to check on the child, she found the blanket over his face and he was unresponsive. 911 was contacted and the mother performed CPR. The child was transported to the hospital. EMS and the doctor could not revive the child. The child was pronounced dead at 9:48AM on 12/23/18. The child's death was suspicious.

## Executive Summary

This fatality report concerns the death of a 7-month-old child who was found unresponsive by his mother. There were 3 surviving siblings (ages 11, 8 & 3), an adult cousin and her 2 children (ages 2 & 1) living in the home and present at the time of the fatality. The child's father lived elsewhere as there was a history of domestic violence between he and the mother and there was a stay away order of protection in place for the mother. Within 24-hours of receiving the report, all children were seen and assessed as safe.

Monroe County Department of Human Services (MCDHS) coordinated efforts with law enforcement upon receipt of the report, notified the district attorney and the medical examiner, and completed a CPS history check. An autopsy was performed; however, the results were pending at the time of this writing.

On 12/22/18, around 2PM, the mother gave the child 2ml of Tylenol as he had a fever of 101 degrees. Around 7PM, the child's temperature had gone down to 99 degrees. The child had immunization shots 2 days prior and the doctor advised her to give the child Tylenol, should he need it. Around midnight, the mother placed the child on his back in his Pack N' Play that was at the foot of her bed. The child's head was positioned near a heating grate. The mother did not put clothes on him because she did not want him to overheat. She placed a blanket on him from his waist down. On 12/23/18, around 3AM, she checked on the child and he was breathing. When she awoke at 8:40AM, she found him unresponsive with the blanket over his face. She had the 11-year-old surviving sibling run to the neighbor's home to call 911, as her phone was dead. The mother performed CPR until EMS arrived and took over resuscitation efforts. Resuscitation efforts continued at the hospital and were unsuccessful. The child's time of death was 9:48AM.

MCDHS gathered information regarding the child's death from the mother, the adult cousin living in the home, surviving siblings, hospital staff, the medical examiner, and first responders such as law enforcement and EMS.

Multiple home visits were completed and the safety of the surviving siblings and other children living in the home at the time was assessed throughout the investigation. Multiple services were put in place for the family such as grief counseling, trauma services, and preventive services. MCDHS made notable efforts to assist the mother in obtaining new housing, provided transportation, assisted with food vouchers, and obtained the required school uniform clothing for one of the surviving siblings. MCDHS showed thoughtful consideration to organize multiple services for the mother so they would not overlap and overwhelm the mother and family during a difficult time. All subjects and collateral contacts were interviewed and provided the required notification of the report. MCDHS completed required reports and safety assessments accurately and on time and completed a thorough investigation.



The allegation of inadequate guardianship against the mother was substantiated as the investigation revealed aggravating factors of an unsafe sleep environment; the child was placed with a blanket in his Pack N' Play and the child's head was next to a heating vent. Law enforcement found the home to be 88 degrees and a temperature reading of the heating vent nearest the child's head showed 130 degrees. Based on the mother placing a blanket in the Pack N' Play with the child and having him near a heating vent that was extremely hot, the mother placed the child in an unsafe sleep condition and failed to provide a minimum degree of care. The allegation of DOA/Fatality was unsubstantiated as there was no official cause and manner of death from the medical examiner. The allegation of inadequate food/clothing/shelter was substantiated against the mother and adult cousin due to the deplorable condition of the home. The case was indicated and opened for services on 3/21/19.

### 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?** 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:**  
MCDHS' investigation was in accordance with best casework practice as described in the CPS manual. MCDHS completed a thorough investigation of the child's death and took thoughtful and reasonable steps in helping the family meet their needs during a time of tragedy.



## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 12/23/2018

Time of Death: 09:48 AM

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

Unknown

County where fatality incident occurred:

Monroe

Was 911 or local emergency number called?

Yes

Time of Call:

08:43 AM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

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:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

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	7 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Other Adult - SM's cousin	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Other Child - Cousin's Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Other Child - Cousin's Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)



Deceased Child's Household	Sibling	Alleged Victim	Male	8 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)
Other Household 2	Other Adult - Father of 8yo	No Role	Male	30 Year(s)
Other Household 3	Other Adult - father of cousin's children	No Role	Male	33 Year(s)

### LDSS Response

MCDHS initiated their investigation and coordinated efforts with LE upon receipt of the fatality report that was received on 12/23/18. MCDHS went to the hospital and met with LE and the hospital social worker and observed the SC. CW met with SM briefly, made her aware of the report, and let her know a CW was going to her home.

CW went to the home and observed dog feces on the floor in several rooms, garbage piled in the laundry area, and was informed by LE that the home was infested with cockroaches and bed bugs. The upstairs of the home was very warm. The CW observed a Pack N' Play at the foot of SM's bed. The Pack N' Play was placed near a heat vent that was blowing hot air. The Pack N' Play contained a single fitted sheet securely in place and a small blanket.

CW went back to the hospital to interview the SM and BF. CW did not observe the parents to be under the influence of drugs or alcohol. CW informed SM the home was in deplorable condition and the SS would need to stay elsewhere until the home could be cleaned. SM agreed and gave the CW the name of her friend the SS could stay with. SM said 2 days ago, she took the SC to the Dr. for shots and yesterday, he had a fever. She said he had a fever of 101 degrees and gave him 2ml of Tylenol as instructed by the Dr. SM said around 7PM, his temperature had gone down to 99 degrees. She placed him in his Pack N' Play around midnight, checked on him around 3AM and said he was breathing. When the SM awoke at 8:40AM, she saw him on his back with the blanket over his face; she had positioned the blanket over his lower body when she put him to bed. She said SC's head was positioned near the heat grate and he had no clothes on because she didn't want him to overheat. She picked him up and he was limp and unresponsive. She said she ran with him to the other bedroom, placed him on the floor and continued CPR while the oldest SS ran to a neighbor to call 911 as SM's phone was dead. SM continued CPR until EMS arrived. SM denied using drugs or alcohol while caring for SC.

CW visited SM's friend's home later that day. The home was appropriate for the SM and SS. CW told SM a worker would be in touch the following day to set up services with her. SM agreed to not return to the home with the SS until it was clean. SM and SS ended up moving and staying with a paternal aunt until the family moved into a new apartment. CW later visited the new apartment and observed it was safe and appropriate for the family.

CW spoke with the LE investigator who took a temperature reading and said the edge of the Pack N' Play read 88 degrees, the inside of the Pack N' Play was 82 degrees, and the heat vent 130 degrees. CW received all medical records for the children. SC had a history of respiratory complications and SM consistently responded appropriately to meet SC's medical needs. SC had most recently been to the emergency department on 11/5/18 for difficulty breathing. SM was compliant with treatment upon discharge.

The SS and the adult cousin were interviewed and gave the same account as the mother.

CW obtained records from the pediatrician confirming SC was seen on 12/20/18, given immunization shots and prescribed Tylenol as needed.

CW confirmed SM completed a DV program and continued counseling within the program. CW spoke with SM's MH counselor and confirmed she transported SM & SC on 12/20/18 to SC's appointment for immunization shots. The counselor said SM was appropriate with the child and had no concerns.



BF was interviewed and said he had not seen SC in 2 months. He denied SM was under the influence the night of the incident. CW confirmed with BF's social worker that she had been seeing him regularly.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

**Multidisciplinary Investigation/Review**

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

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

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050150 - Deceased Child, Male, 7 Month(s)	050209 - Other Adult - SM's cousin, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050150 - Deceased Child, Male, 7 Month(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050150 - Deceased Child, Male, 7 Month(s)	050148 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
050150 - Deceased Child, Male, 7 Month(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
050210 - Sibling, Male, 11 Year(s)	050209 - Other Adult - SM's cousin, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050210 - Sibling, Male, 11 Year(s)	050209 - Other Adult - SM's cousin, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
050210 - Sibling, Male, 11 Year(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050210 - Sibling, Male, 11 Year(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
050211 - Sibling, Male, 8 Year(s)	050209 - Other Adult - SM's cousin, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050211 - Sibling, Male, 8 Year(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050211 - Sibling, Male, 8 Year(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
050211 - Sibling, Male, 8 Year(s)	050209 - Other Adult - SM's cousin, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
050212 - Sibling, Female, 3 Year(s)	050209 - Other Adult - SM's cousin, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050212 - Sibling, Female, 3 Year(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050212 - Sibling, Female, 3 Year(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated



# Child Fatality Report

050212 - Sibling, Female, 3 Year(s)	050209 - Other Adult - SM's cousin, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
050213 - Other Child - Cousin's Child, Male, 2 Year(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050213 - Other Child - Cousin's Child, Male, 2 Year(s)	050209 - Other Adult - SM's cousin, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050213 - Other Child - Cousin's Child, Male, 2 Year(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
050213 - Other Child - Cousin's Child, Male, 2 Year(s)	050209 - Other Adult - SM's cousin, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
050214 - Other Child - Cousin's Child, Female, 1 Year(s)	050209 - Other Adult - SM's cousin, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
050214 - Other Child - Cousin's Child, Female, 1 Year(s)	050209 - Other Adult - SM's cousin, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050214 - Other Child - Cousin's Child, Female, 1 Year(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050214 - Other Child - Cousin's Child, Female, 1 Year(s)	050148 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<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.



Have any Orders of Protection been issued? No

### 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"/>				
Economic support	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" 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"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" 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"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### History Prior to the Fatality

#### Child Information

Did the child have a history of alleged child abuse/maltreatment? No

Was the child ever placed outside of the home prior to the death? Yes

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? Yes

#### 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)
05/04/2018	Sibling, Male, 7 Years	Mother, Female, 28 Years	Educational Neglect	Substantiated	No
	Sibling, Male, 7 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The 7yo child had missed 33 days of school and was failing as a result. The mother was aware and failed to intervene.

**Report Determination:** Indicated**Date of Determination:** 05/30/2018**Basis for Determination:**

Child had a history of excessive absences from school. Mother continually failed to follow through with suggested testing for the child for special school programs.

**OCFS Review Results:**

MCDHS removed this child and his siblings from mother's care shortly after intake. MCDHS made appropriate collateral contacts. MCDHS appropriately indicated the 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)
08/11/2017	Sibling, Male, 10 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Male, 10 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 6 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 10 Years	Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Substantiated	



Sibling, Male, 10 Years	Father, Male, 24 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 6 Years	Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 6 Years	Father, Male, 24 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 1 Years	Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Female, 1 Years	Father, Male, 24 Years	Inadequate Guardianship	Substantiated
Deceased Child, Male, 18 Days	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated
Deceased Child, Male, 18 Days	Father, Male, 24 Years	Inadequate Guardianship	Substantiated

**Report Summary:**

An SCR report alleged that on 8/10/17, the mother and father got into a physical altercation in the home and on the porch in the presence of the 1yo child. Both adults hit, punched and pushed each other. Police responded but no one was arrested. There was an order of protection against both parents. The child was unharmed.

**Report Determination:** Indicated

**Date of Determination:** 05/29/2018

**Basis for Determination:**

There was a stay away order of protection in place for the mother against the father. On several occasions, mother allowed the father in the home or he would break in and they would have physical altercations in the presence of the children. Over the last year, there were multiple police reports due to the parents fighting. Both parents were diagnosed with schizophrenia and were non-compliant with treatment. The mother was observed under the influence of alcohol during unannounced home visits and she frequently ran out of food for the children. The father continued to come to the home and break things.

**OCFS Review Results:**

A subsequent report was received at the end of this investigation and MCDHS appropriately filed a neglect petition and removed the children. MCDHS made multiple home visits, contacted appropriate collaterals and made appropriate referrals for resources.

**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)
03/01/2017	Sibling, Male, 6 Years	Mother, Female, 27 Years	Educational Neglect	Unsubstantiated	No
	Sibling, Male, 6 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Mother's Partner, Male, 24 Years	Educational Neglect	Unsubstantiated	
	Sibling, Male, 6 Years	Mother's Partner, Male, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	



Sibling, Male, 6 Years	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Unsubstantiated
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**Report Summary:**

An SCR report alleged the mother and her boyfriend were aware the 6yo was failing school because of his excessive absences. He missed 23 days of the 2016-17 school year. The 6yo was repeating kindergarten because of last years excessive absences. The mother and her boyfriend did not intervene to improve the child's attendance. The 6yo had poor personal hygiene, poor dental hygiene and did not dress appropriately for the weather. The 1yo had an unknown role.

**Report Determination:** Unfounded

**Date of Determination:** 05/17/2017

**Basis for Determination:**

The children were seen and assessed as safe. They were appropriately dressed for the weather and appeared clean and free of any marks or injuries. There was a school bus transportation issue and once that was resolved, the child attended school regularly and there were no further concerns. The mother denied needing services.

**OCFS Review Results:**

The family's history was reviewed, school attendance records were obtained, children, and collateral contacts were interviewed. The case record stated a WMS check showed an active case with an address and phone number for the father of the 6yo; however, the record reflects only 1 unannounced home visit was made, which was unsuccessful. The record did not reflect there were attempts to contact the father by phone, or that he was provided the required notification of existence letter. MCDHS has a PIP in place for these issues and has shown improvement in these areas. No further action required.

**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)
12/02/2016	Sibling, Male, 9 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 9 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother left her the children, ages 9, 5, and 1, home alone for an unknown period of time. In the past, the mother has drank alcohol to the point of intoxication and left the children home alone. The children are not mature enough to be left home alone. The father had an unknown role.

**Report Determination:** Unfounded

**Date of Determination:** 03/01/2017

**Basis for Determination:**

MCDHS made unannounced home visits and observed the mother to be sober and did not observe any drugs or alcohol in the home. Mother denied leaving the children home alone. The children were interviewed separately at school and denied being left home alone. The father was interviewed and said the mother has not been drinking or leaving the children home alone.

**OCFS Review Results:**

The safety of the children was assessed within 24 hours; however, the 7-day safety assessment was not completed in the regulatory time frame. All persons were interviewed, collateral contacts were completed, and notifications were provided.

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 2 weeks late.

**Legal Reference:**

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

**Action:**

Within 7 days of receipt of the report, LDSS must 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)
07/11/2016	Sibling, Female, 1 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Substantiated	Yes
	Sibling, Female, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 26 Years	Malnutrition / Failure to Thrive	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother was consistently running out of formula for her 8-month-old daughter and giving her watered down cow's milk. As a result, the child had lost weight. The mother received WIC but did not manage it properly and keep formula on hand. The father had an unknown role.

Report Determination: Indicated

Date of Determination: 09/09/2016

**Basis for Determination:**

MCDHS determined mother had missed her last 3 WIC appointments and only received them again after her doctor's office made a WIC appointment and drove her there. It was determined the mother had been giving the child watered down milk even after the pediatrician told her not to. The mother admitted to a counselor that she had been watering down milk for the child. The child's pediatrician's office said the child had lost weight and the mother consistently ran out of formula. The pediatrician's office had no further concerns once the mother was supplied with an ample out of formula for the child.

**OCFS Review Results:**

MCDHS attempted to get the mother mental health treatment and she declined. MCDHS was unable to get the mother into appropriate preventive services. The CW verified the mother had 3 months worth of WIC checks and an ample supply of formula for the baby and food for her other children. Even though the mother and children were seen within 24 hours of receiving the report and safety was assessed, the 7-day safety assessment was not completed within the regulatory time frame and was completed one month late.

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 one month after receiving the report; not in the regulatory time frame.

**Legal Reference:**

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

**Action:**

Within 7 days of receipt of the report, LDSS must 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.

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

9/3/08 IND mother -11yo SS- IG, LS, PD/AM.  
11/8/12 UNF-mother- IG, PD/AM-11yo SS and 8yo SS.  
12/26/14 UNF-mother -11yo SS and 8yo SS. IG, IF/C/S, LS/PD/AM. Mother declined services.  
2/10/15 UNF-mother-11yo SS. IG, EDNG. Attendance improved after CPS intervention.  
11/25/15 UNF-mother and father. IG, IF/C/S, LMC, LS, PD/AM.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### 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: 10/03/2017**

**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: 10/03/2017**

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

	Yes	No	N/A	Unable to Determine
<b>Did the service provider(s) comply with the timeliness and content requirements for progress notes?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the services provided meet the service needs as outlined in the case record?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did all service providers comply with mandated reporter requirements?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

	Yes	No	N/A	Unable to Determine
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# Child Fatality Report

<b>Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Services Provided

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<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
<b>Was the most recent FASP approved on time?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If not, how many days was it overdue?</b> The FASP was due 11/1/18 and was approved on 11/9/18.				
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

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

### Provider

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

### Preventive Services History

10/3/17 case was opened due to domestic violence and mother's mental health issues. Mother was in need of mental health treatment and the children were in need of trauma services and counseling.



### Foster Care Placement History

The 8yo SS and 11yo SS were placed in Foster Care on 5/22/18 due to ongoing concerns for the parents untreated mental health issues and physical violence. On 5/24/18, an Article 10 Neglect Petition was filed and the SC and 3yo SS were ordered into foster care. MCDHS did not change the children's program choice or permanency planning goal to reflect their placement in Foster Care and a plan amendment was not completed as required. On 6/14/18, the 11yo SS was placed in the custody of his MGF out of state and he was withdrawn from the Neglect Petition. The BF moved out of the home and the mother was cooperative with service providers, engaged in mental health treatment and provided the children with safe housing, food, and clothing. The three children were returned to the mother's care on a trail discharge on 7/3/18 with an order of supervision in place. On 7/9/18, a final discharge was ordered and the mother received a one year adjournment in contemplation of dismissal to expire on 7/8/19. The 11yo SS returned home in August 2018. A default hearing was held on 10/4/18 and there was a finding of Neglect against the BF.

### 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:
05/24/2018	Not Adjudicated	Adjourned in Contemplation of Dismissal (ACD)
<b>Respondent:</b>	050148 Mother Female 28 Year(s)	
<b>Comments:</b>	An Article 10 Neglect Petition was filed against the mother and father on 5/24/18 and the children were placed in Foster Care. On 7/9/18 the children were discharged from Foster Care to the mother and the mother received a one year adjournment in contemplation of dismissal.	

#### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
05/24/2018	Adjudicated Neglected	Order of Supervision
<b>Respondent:</b>	050208 Father Male 26 Year(s)	
<b>Comments:</b>	An Article 10 Neglect Petition was filed against the mother and father on 5/24/18 and the children were placed in Foster Care. On 7/9/18 the children were discharged from Foster Care to the mother. On 10/4/18 the children were adjudicated neglected by the father and a one year order of supervision was issued.	

#### Have any Orders of Protection been issued? Yes

**From:** Unknown

**To:** Unknown

**Explain:**

There were stay away orders of protection issued for the mother and father due to multiple incidents of physical domestic violence and the father breaking into the mother's home and destroying property.



## Additional Local District Comments

The items MCDHS was cited for regarding 7-day safety assessments not completed timely were from cases from 2016. Since then, MCDHS has made improvements in our on-time 7-day safety assessments.

## 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