



Report Identification Number: RO-19-023

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

Issue Date: Oct 28, 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: 2 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 06/28/2019
Initial Date OCFS Notified: 07/01/2019

Presenting Information

An SCR report alleged on 6/28/19, the two-month-old subject child passed away while in the care of his mother. On 6/27/19, around 9:30 PM, the mother took the child to bed with her and co-slept with him and did not check on him during the night. When she awoke around 7:15 AM, the child was unresponsive in bed. The mother brought the child downstairs to the grandmother, and called EMS at 7:16 AM. When EMS arrived, the child was swaddled and his eyes were closed. EMS did not attempt life-saving measures. The child was pronounced deceased at 9:24 AM. The official cause of death was unknown. The roles of the maternal grandmother and children, ages 4, 6, 8, 12, and 14 years were unknown.

Executive Summary

This fatality report concerns the death of the two-month-old male subject child who died on 6/28/19, during an open Preventive Services case. The Preventive Services case was unrelated to the subject child's death. A report was made to the SCR on the same day. There were five other children, aunts and uncles to the subject child, who resided in the home (ages 3, 6, 12, 14 and 17 years) as well as the maternal grandmother. The maternal grandmother's eight-year-old son resided with family members and was not witness to the fatal incident. The children were assessed to be safe during the investigation.

Monroe County Department of Human Services (MCDHS) coordinated investigative efforts with law enforcement upon receipt of the fatality report. An autopsy was performed; however, the results were pending at the time this report was written.

The mother reported placing the child down to sleep next to her in bed and the mother fell asleep around 10:30 PM. When the mother woke around 6:30 AM, she noticed the child was unresponsive and not breathing. The mother called 911 and began resuscitation efforts. EMS arrived and did not continue life-saving measures and stated the child had been "dead for hours" at the time of their arrival.

MCDHS interviewed the children and found no concerns for their safety. The grandmother was interviewed and reported the mother told her the child was unresponsive. The grandmother had no concerns for the care the mother provided the child. The family was offered services including burial assistance, mental health counseling and a referral was made to the Society for Protection and Care of Children.

MCDHS completed the required Safety Assessments and required reports and completed a thorough investigation. Several collateral contacts were made including the pediatrician, law enforcement and the father of the child.

The allegations of Inadequate Guardianship and DOA/Fatality were appropriately substantiated against the mother and the investigation was closed. The Preventive Services case remained open at the time this report was written.

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:

Casework activity was commensurate with case circumstances.

Was the decision to close the case appropriate? Yes

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

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

Explain:

The investigation was appropriately determined and closed.

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: 06/28/2019

Time of Death: 09:24 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: 09:24 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**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	Aunt/Uncle	No Role	Male	6 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	3 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	17 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	8 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	12 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	22 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Other Household 1	Aunt/Uncle	No Role	Male	8 Year(s)
Other Household 2	Father	No Role	Male	23 Year(s)

LDSS Response

On 6/28/19, MCDHS received the fatality report from the SCR and immediately began investigating the death. Within the first 24 hours, MCDHS completed a CPS history check, coordinated investigative efforts with law enforcement and conducted a home visit. The home was assessed to be safe for the surviving children.

The mother was interviewed and said the child was congested and frequently cried the night prior to his death. The child was given a pain reliever/fever reducer to alleviate his symptoms. She fed the child and placed him on top of a pillow on her bed around 8:00 PM. She fell asleep in the same bed around 10:30 PM. The mother woke around 6:30 AM and the child was laying on his side. She started to change the child's diaper when she noticed he was unresponsive and not breathing. She immediately alerted the maternal grandmother, called 911 and began CPR as instructed by the 911 operator.

The maternal grandmother's recollection was similar to the mother's in which she recalled the child being fussy and having a cough the night prior to his death. She heard the child crying around 12:00 AM and was unaware of any concerns



until the mother told her the child was unresponsive. She had no prior concerns for the care the mother provided to the child.

The maternal aunts and uncles were interviewed. The 17-year-old aunt was not home on the night of the fatal incident, but said the child cried often on the day prior to his death. The 14-year-old uncle did not reside in the home, but was visiting on the night of the fatal incident. He said he heard the child crying around 3:00 AM and had no further information. The other children were interviewed; however, had no additional information. An adult uncle who resided in the home did not have information regarding the death as he was sleeping. The father was interviewed; however, was not present at the time of the fatal incident and had no further knowledge of the death.

Several collateral contacts were made with first responders, daycare staff, and the pediatrician. The pediatrician did not have concerns for the child prior to his death. First responders reported the child was unresponsive and not breathing. They did not continue life-saving measures and the medical examiner said the child was deceased “for hours” prior to being discovered. First responders reported the child was sleeping with two blankets, two pillows and the mother and the room was at least 90 degrees Fahrenheit.

MCDHS substantiated the allegations of Inadequate Guardianship and DOA/Fatality against the mother. MCDHS based their determination on information gathered from the investigation. Although the autopsy report was pending at the time of case closure, law enforcement believed the child’s sleeping environment, congestion and temperature of the room caused the fatality. The family was offered an abundance of services, which were declined. The Preventive Services case remained open at the time this report was written.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Unknown

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

Comments: The fatality was referred to a Child Fatality Review Team during the course of the investigation.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051567 - Deceased Child, Male, 2 Mons	051568 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated
051567 - Deceased Child, Male, 2 Mons	051568 - Mother, Female, 19 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	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: The family was receiving mental health services prior to the fatality.				

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

The children were offered services in response to the fatality; however, they were declined.

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

Explain:

The family was offered and accepted burial assistance.

History Prior to the Fatality

Child Information

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

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/05/2017	Aunt/Uncle, Male, 4 Years	Grandparent, Female, 40 Years	Parents Drug / Alcohol Misuse	Far-Closed	Yes
	Aunt/Uncle, Female, 6 Years	Grandparent, Female, 40 Years	Inadequate Guardianship	Far-Closed	
	Aunt/Uncle, Female, 4 Years	Grandparent, Female, 40 Years	Inadequate Guardianship	Far-Closed	
	Aunt/Uncle, Female, 15 Years	Grandparent, Female, 40 Years	Inadequate Guardianship	Far-Closed	
	Other Child - Mom of SC, Female, 17 Years	Grandparent, Female, 40 Years	Inadequate Guardianship	Far-Closed	
	Aunt/Uncle, Male, 4 Years	Grandparent, Female, 40 Years	Lack of Supervision	Far-Closed	
	Aunt/Uncle, Female, 4 Years	Grandparent, Female, 40 Years	Lack of Supervision	Far-Closed	
	Aunt/Uncle, Male, 4 Years	Grandparent, Female, 40 Years	Inadequate Guardianship	Far-Closed	
	Aunt/Uncle, Female, 4 Years	Grandparent, Female, 40 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Aunt/Uncle, Female, 2 Years	Grandparent, Female, 40 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Aunt/Uncle, Female, 15 Years	Grandparent, Female, 40 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Aunt/Uncle, Female, 6 Years	Grandparent, Female, 40 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Aunt/Uncle, Female, 2 Years	Grandparent, Female, 40 Years	Inadequate Guardianship	Far-Closed	
	Other Child - Mom of SC, Female, 17 Years	Grandparent, Female, 40 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Other Child - Mom of SC, Female, 17 Years	Grandparent, Female, 40 Years	Childs Drug / Alcohol Use	Far-Closed	
	Aunt/Uncle, Male, 4 Years	Other Adult - Friend, Male, 59 Years	Inadequate Guardianship	Far-Closed	
	Aunt/Uncle, Female, 6 Years	Other Adult - Friend, Male, 59 Years	Inadequate Guardianship	Far-Closed	
	Aunt/Uncle, Female, 4 Years	Other Adult - Friend, Male, 59 Years	Inadequate Guardianship	Far-Closed	
	Aunt/Uncle, Female, 4 Years	Other Adult - Friend, Male, 59 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Other Child - Mom of SC, Female, 17 Years	Other Adult - Friend, Male, 59 Years	Parents Drug / Alcohol Misuse	Far-Closed	
Other Child - Mom of SC, Female, 17 Years	Other Adult - Friend, Male, 59 Years	Childs Drug / Alcohol Use	Far-Closed		



Aunt/Uncle, Male, 4 Years	Other Adult - Friend, Male, 59 Years	Lack of Supervision	Far-Closed
Aunt/Uncle, Female, 4 Years	Other Adult - Friend, Male, 59 Years	Lack of Supervision	Far-Closed
Aunt/Uncle, Female, 6 Years	Other Adult - Friend, Male, 59 Years	Parents Drug / Alcohol Misuse	Far-Closed
Aunt/Uncle, Female, 2 Years	Other Adult - Friend, Male, 59 Years	Inadequate Guardianship	Far-Closed
Aunt/Uncle, Female, 2 Years	Other Adult - Friend, Male, 59 Years	Parents Drug / Alcohol Misuse	Far-Closed
Aunt/Uncle, Female, 15 Years	Other Adult - Friend, Male, 59 Years	Inadequate Guardianship	Far-Closed
Aunt/Uncle, Male, 4 Years	Other Adult - Friend, Male, 59 Years	Parents Drug / Alcohol Misuse	Far-Closed
Aunt/Uncle, Female, 15 Years	Other Adult - Friend, Male, 59 Years	Parents Drug / Alcohol Misuse	Far-Closed
Other Child - Mom of SC, Female, 17 Years	Other Adult - Friend, Male, 59 Years	Inadequate Guardianship	Far-Closed

Report Summary:

An SCR report alleged the grandmother and grandfather lived with their children (the aunts and uncles). The four and five-year-old children were unsupervised and they ate out of the garbage cans. The home was filthy and had trash throughout and had an odor of diapers and rotten food. It was believed the adults and a 17-year-old were using drugs. The adults were out in the street fighting other adults with knives while the children watched.

OCFS Review Results:

The report was initiated immediately by requesting a well-child check. The family was interviewed and several home visits were made to continuously assess the safety of the home and children. There was a documented CPS history check, safe sleep information was provided, and attempts to contact the fathers were made. Several collaterals were contacted. Progress notes were entered untimely.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Some progress notes were entered more than four months after their event dates.

Legal Reference:

18 NYCRR 428.5

Action:

Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

PIP Requirement:

MCDHS will submit a PIP to the Rochester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the 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.

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



Between April 2002 and May 2014, the family was involved in seven SCR cases. In 2002, there were concerns for the maternal aunts and uncles and as a result, they were placed in Foster Care until December 2002. The maternal aunts and uncles were involved in investigations which alleged their caretaker caused L/B/W, and did not provide adequate supervision, which were substantiated. There were unsubstantiated allegations of lack of medical care and sexual abuse.

Known CPS History Outside of NYS

There was no known CPS history outside of New York.

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: 09/26/2017

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

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

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<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"/>

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:
MCDHS was the primary service provider; however, some progress notes were entered by a community-based service agency.

Preventive Services History

A Family Services Stage (FSS) was opened on 6/9/14, after the family was referred by a probation officer. The family was experiencing behavioral issues from the children and struggled to balance their relationships. The case was closed on 1/7/15, after the family achieved their goals. The family was referred to community-based services.

An FSS was opened on 1/6/16, after a referral was made by a probation officer. The 17yo maternal aunt had impulsive and reactionary behaviors in school. The case was closed on 8/31/16, after her probation term was over and the goals were achieved.

An FSS was opened on 9/26/17 after the family was referred by a CPS caseworker. The family was in need of Preventive Services to assist in obtaining appropriate daycare services as well as engaged the grandmother in mental health counseling and medical treatment. The case remained open at the time this report was written.

Foster Care Placement History

On 4/11/02, the 17-year-old maternal aunt and four other children were removed from their guardian and were placed in Foster Care. The children were returned to their guardian on 12/20/02.

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