



Report Identification Number: RO-22-038

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

Issue Date: Apr 28, 2023

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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: 10 year(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 12/01/2022
Initial Date OCFS Notified: 12/01/2022

Presenting Information

On 12/1/2022, Monroe County Department of Human Services (MCDHS) was informed of the death of a 10-year-old child (SC) for which there was an open investigation at the time of his death. The child was diagnosed with leukemia and receiving treatment in Monroe County prior to his mother (BM) taking him to a hospital in Virginia for further treatment on 11/25/2022. The child passed away in the hospital and there were no concerns for abuse or maltreatment related to his death. The 7 and 6-year-old siblings (SSs) were with the mother at the time of the death and no concerns were identified for their safety. The 4-year-old SS was safe in foster care prior to the child's death.

Executive Summary

This report concerns the death of a 10-year-old child who was diagnosed with leukemia. The child died in Virginia after being brought there from New York by his mother for further cancer treatment.

The child was hospitalized in New York receiving treatment prior to his death. The mother brought the child to a hospital in Virginia, with the support of the New York hospital, for a different treatment. Upon his arrival in Virginia, the child was admitted to the hospital for evaluation. The child was determined to be too sick for further treatment and palliative care was provided until his death on 12/1/2022. No concerns were identified for the care the child was receiving or that the trip from New York to Virginia worsened his condition.

MCDHS met with the mother and surviving siblings, offered services in relation to the death of the child, and concluded the investigation which was open at the time of the child's death. A referral for services was made on behalf of the family, and the open investigation was unfounded and closed. The 4-year-old sibling remained in foster care in New York City and was assessed as safe throughout the open investigation.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination?

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?
- Was the determination made by the district to unfound or indicate appropriate?

Yes, sufficient information was gathered to determine all allegations.

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:
There was detailed documentation in the case record of supervisory consult and the decision to close the case was made commensurate with the case circumstances.

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: 12/01/2022

Time of Death: Unknown

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

Unknown

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used and/or ingested alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Hospitalized

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	No Role	Male	10 Year(s)
Deceased Child's Household	Mother	No Role	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Other Household 1	Other Adult - BF to SSs	No Role	Male	30 Year(s)
Other Household 2	Sibling	No Role	Female	4 Year(s)

LDSS Response



MCDHS was informed the SC had passed away on the date the child died. MCDHS contacted the BM, expressed their condolences, and offered additional services in relation to the death of the child. The BM accepted assistance with the funeral expenses and daycare and declined additional services

MCDHS spoke with hospital staff in NY prior to and following the SC's death. MCDHS was informed the SC's prognosis was poor and the BM was seeking additional opinions from a hospital in Virginia. The BM transported the SC to the hospital in Virginia on 11/25/2022 and was admitted to their emergency department.

MCDHS interviewed hospital staff in Virginia following the death of the SC. MCDHS was informed the SC arrived in a too advanced state of illness and palliative care was provided. Hospital staff confirmed the trip from New York to Virginia did not worsen the SC's condition, and the SC would have died had he remained in New York.

The BM and the SSs were seen and interviewed upon their return to New York. The SSs were assessed as safe in the care of the BM, and the allegations identified in the initial report were unsubstantiated. The 4-year-old SS was assessed as safe in foster care throughout the investigation period. MCDHS attempted to contact the BF; however, those attempts were unsuccessful.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

Comments: Monroe County has an OCFS approved Child Fatality Review Team.

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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



Child Fatality Report

	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
While the 4-year-old SS remained in foster care, no new risk factors were identified for which the other SSs required further intervention.

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 as a result of information uncovered during the fatality investigation?	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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:

Services were offered on behalf of the SSs and declined by the family.

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

Explain:

Services were offered in relation to the death of the SC and funeral assistance was accepted by the BM.

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?	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

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)
10/28/2022	Deceased Child, Male, 10 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 7 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 33 Years	Excessive Corporal Punishment	Unsubstantiated	
	Sibling, Female, 7 Years	Other Adult - BF to SSs, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 7 Years	Other Adult - BF to SSs, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 6 Years	Other Adult - BF to SSs, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 6 Years	Other Adult - BF to SSs, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 6 Years	Other Adult - BF to SSs, Male, 30 Years	Sexual Abuse	Unsubstantiated	

Report Summary:

The SCR report alleged the BF to the SSs forced the 6-year-old SS to perform oral sex on him and had a history of sexually abusing children. The BM was aware of the sexual abuse and continued to leave the SC and SSs unsupervised in his care. The BF to the SSs also had a history of becoming violent and had hit the children causing bruising. The report alleged the children were hungry, begged for food on a regular basis, and the SM did not bathe them regularly.

Report Determination: Unfounded

Date of Determination: 01/24/2023

Basis for Determination:

MCDHS interviewed all family members and relevant collateral contacts. There were no current concerns for the children and they had no contact with the BF to the SSs due to his sexual assault of the 6-year-old sibling. The mother



and children disclosed no concerns for being hungry or physical discipline. Collateral contacts identified no safety concerns for the children in the care of the mother. During the investigation, the SC's medical condition deteriorated and the BM brought the SSs to Virginia to stay with family and for the SC to receive medical treatment. The SC passed away from his illness on 12/1/2022.

OCFS Review Results:

MCDHS conducted an investigation which met regulatory requirements. A determination of the allegations was made in congruence with the evidence gathered.

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)
08/02/2021	Deceased Child, Male, 8 Years	Other Adult - BF to SSs, Male, 28 Years	Inadequate Guardianship	Substantiated	No

Report Summary:

The SCR report alleged the BF to the SSs pushed the SC to the ground and injured his hand.

Report Determination: Indicated

Date of Determination: 10/01/2021

Basis for Determination:

The New York City Administration for Children's Services (ACS) received an SCR report alleging interviewed the family members who all gave similar descriptions of the events and stated the BF to the SSs swung the SC to the ground, causing him to injure his hand. The BF to the SSs did not return ACS's attempts to contact him. Concerns were identified for the BM being a victim of domestic violence perpetrated by the BF to the SSs. Referrals for services were made on her behalf.

OCFS Review Results:

ACS conducted an investigation which met regulatory requirements. A determination of the allegations was made in congruence with the evidence gathered.

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)
03/08/2021	Sibling, Female, 4 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 5 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Other Adult - BF to SSs, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Other Adult - BF to SSs, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Other Adult - BF to SSs, Male, 28 Years	Sexual Abuse	Unsubstantiated	

Report Summary:

The SCR report alleged the BF to the SSs sexually assaulted the then 4-year-old SS by having her perform oral sex on him.

Report Determination: Indicated

Date of Determination: 05/03/2021

Basis for Determination:



Child Fatality Report

ACS met with all parties and forensically interviewed the SSs. No disclosure of sexual abuse was made by either SS, though the 4-year-old SS disclosed something bad happened and gestured to her mouth. A DNA swab was taken by LE and returned no conclusive results.

OCFS Review Results:

ACS conducted an investigation which met regulatory requirements. Information was obtained through familial interviews and relevant collateral contacts. A determination of the allegations was made in congruence with the evidence gathered.

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

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

The BM and BF to the SSs have CPS history dating back to 2013. It was alleged and substantiated in 2018 that the condition of the home was deplorable. Allegations were reports and unsubstantiated for concerns for the BM's mental health in June 2013, December 2013, March 2017. In December 2013, a report was made and substantiated with concerns of domestic violence between the BM and her paramour at the time. It was alleged that despite the domestic violence. The BM continued to allow her paramour back in the home. The concerns were addressed, and the BM ended the relationship. In February 2016 and June 2017, a report was received which alleged the BM had allowed the children access to drugs. The February 2016 report was substantiated after the SC was found to have marijuana in his shoe at school. The June 2017 report was substantiated as the BM was found to have left the children alone in the car where marijuana was accessible.

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 Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 05/03/2017

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



Child Fatality Report

choice?				
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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"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Foster Care Placement History

The SC and SSs were placed in foster care in May 2018. The now 4-year-old SS remained in foster care due to her complex medical needs and the BM's inability to care for her while addressing the medical needs of the SC. Reunification services have been provided to the BM and BF to the SSs with the long term goal of returning the SS to the BM. The foster care agency facilitated visitation and training for the BM to address the SSs medical needs.

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:
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05/09/2018	There was not a fact finding	There was not a disposition
Respondent:	063169 Mother Female 33 Year(s)	
Comments:	The SC and SSs were removed from the BM and placed in foster care due to concerns for the BM's mental health and potential drug misuse. The SS and 2 siblings were returned to the care of the BM, though the now 4-year-old SS remained in foster care due to her elevated medical needs and the BM's inability to care for her. The SS remained in care at the time of the SC's death as the BM was focused on his care due to his advanced illness. Reunification remains the long term goal for the 4-year-old SS and that goal will continue to be actively pursued.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
05/09/2018	There was not a fact finding	There was not a disposition
Respondent:	063168 Other Adult Male 30 Year(s)	
Comments:	The SSs were removed from the care of the BF to the SSs due to concerns for drug misuse and concerns the BF to the SSs could not provide adequate medical care for the now 4-year-old SS.	

Additional Local District Comments

Monroe County has reviewed this draft fatality report. We are in agreement with the findings and have no further comments.

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