



Report Identification Number: BU-21-001

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

Issue Date: Jun 28, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Genesee
Gender: Female

Date of Death: 01/01/2021
Initial Date OCFS Notified: 01/01/2021

Presenting Information

An SCR report alleged that on 1/1/21 at approximately 7:00 AM, the mother fed the 1-month-old subject infant. Following her feeding, the mother placed the infant down in her bed. At 12:05 PM the mother found the infant to be unresponsive with blood coming out of her nose. The mother transported the infant to the hospital where she was later pronounced deceased at approximately 1:49 PM. The infant was otherwise healthy and there was no explanation for the infant's death.

Executive Summary

On 1/1/21, the Genesee County Department of Social Services (GCDSS) received an SCR report regarding the death of the 1-month-old female subject infant. At the time of the infant's death, GCDSS had an open Preventive Services case, which opened on 6/14/19, to provide support and services to the mother with caring for her children, ages 15, 13, 10, 8, 6, 5, 4 and the infant. GCDSS was also providing Foster Care services to the 15-year-old sibling, whom was in the custody of GCDSS and placed in an institution since 7/16/19, following a juvenile delinquency adjudication. The father of the oldest sibling had been incarcerated for several years and he had no contact with the sibling. The mother had sole custody of the 6 younger siblings and the children did not have regular visitation with their father due to a history of domestic violence. The infant's father did not reside in the home, however he frequently visited the home and he assisted in caring for the infant. The mother's cousin and a friend spent the night at the mother's home on 12/31/20 and they were present when the infant was found unresponsive.

Through a joint investigation with law enforcement it was learned that on 1/1/21, the mother awoke and fed the infant a bottle between 6:00-7:00 AM. She then placed the sleeping infant in her bassinet in the mother's bedroom and the mother fell back asleep. The 4-year-old sibling was sleeping with the mother in her bed and the other five siblings were sleeping in their bedrooms. When the mother woke up around 12:00 PM she discovered that the infant was unresponsive, and the infant had blood coming out of her nose. The mother ran downstairs with the infant and the mother's cousin drove the mother and infant to the hospital. Resuscitative efforts were unsuccessful, and the infant was pronounced deceased at the hospital.

An autopsy was performed, and the cause and manner of death were pending at the time this report was written. There was no trauma or apparent illness present during the autopsy examination. The law enforcement investigation remained open pending the final autopsy report.

The case manager assigned to the services case reported that the mother was cooperative, she met with them regularly and she was actively pursuing her service plan goals. There were no concerns expressed for the mother's care of the infant and the siblings were found to be safe in her care.

GCDSS unsubstantiated the allegations against the mother due to a lack of credible evidence that the mother's actions or inactions caused the infant's death. GCDSS provided the mother, father, and maternal grandmother with information on grief counseling services and the family declined. The case remained open and the family continued to receive Preventive and Foster Care Services.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:
 The siblings were assessed to be safe in the mother's care. The case was unfounded and remained open for Preventive and Foster Care Services.

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

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

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

Explain:
 Casework activity was commensurate with best casework practice and there was detailed supervisory consultation throughout the case.

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: 01/01/2021

Time of Death: Unknown

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

Unknown



County where fatality incident occurred: Genesee
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 alcohol or drugs? N/A

Child's activity at time of incident:

- Sleeping Working Driving / Vehicle occupant
 Playing Eating Unknown
 Other

Did child have supervision at time of incident leading to death? Yes
How long before incident was the child last seen by caretaker? 5 Hours
At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted Absent
 Asleep 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	Female	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Other Household 1	Sibling	No Role	Male	15 Year(s)
Other Household 2	Father	No Role	Male	47 Year(s)

LDSS Response

GCDSS completed all investigative requirements upon notification of the fatality. They reviewed SCR history, notified the DA's office of the death, and spoke to the source of the report, the services case manager, law enforcement, school staff and the medical examiner. They interviewed the mother, father, siblings, maternal grandmother, mother's cousin and a friend and home visits were conducted throughout the investigation.

The mother and father reported that the infant was healthy and she was developmentally on target. They said that the infant always slept in the bassinet and they never co-slept with her. They denied that there were any other items in the bassinet, and they said they swaddled the infant with her arms out. The infant's bassinet was observed to be full of baby items and the mother reported that she put the items in the bassinet after returning home from the hospital. The parents denied that



they used any alcohol, drugs, or prescription medication.

The mother reported that the maternal grandmother watched the seven children at the grandmother's home on 12/31/20 while she celebrated New Year's Eve with friends at her home. She dropped the children off around 9:00 PM and she picked them up between 2:00-3:00 AM. The infant was sleeping when she picked up the children and she appeared to be fine at that time. The mother said she woke up and fed the infant a bottle between 6:00-7:00 AM, then placed the sleeping infant in her bassinet and the mother fell back asleep in her bed with the 4-year-old sibling. The five siblings were sleeping in their bedroom at that time and the 15-year-old sibling was not in the home. The mother woke up at noon and she checked on the infant. She saw blood coming from the infant's nose and the infant was unresponsive. She picked up the infant, who felt warm to the touch, and she ran downstairs to tell her cousin and her friend to call 911. The mother's cousin decided to drive her and the infant to the hospital and the friend watched the siblings. The mother's cousin called the father and informed him of the incident, and he met the mother at the hospital. The record did not reflect what position the infant was placed in to sleep or what position the infant was in when the mother found her unresponsive.

The siblings refused to complete full interviews; however, they spoke briefly with GCDSS and they denied having any concerns for their care. The home was observed to be safe and the siblings were observed to have no marks or bruises.

The maternal grandmother reported that she cared for the children until they were picked up around 1:30 AM. She said the infant was eating normally and she appeared to be fine with no illness or injury. The mother's cousin and her friend reported that the mother fed the infant and put to her sleep in her bassinet. They stated that the infant appeared to be acting normally and they had no concerns for any of the children. They reported that the adults were sober, and they slept at the mother's home since it was so late when they got back with the children. The mother's cousin confirmed that he drove the mother and infant to the hospital, and he said he did not believe that the mother did anything to cause the infant's death. The mother's friend stated that the mother came downstairs panicking because the infant was not breathing. She was going to call 911 but the mother's cousin drove her to the hospital instead.

Hospital records showed that the infant was born healthy with no concerns. The infant was unresponsive when she arrived at the hospital, she had blood in her nose and mouth, and rigor mortis had already set in. Resuscitative measures terminated at 12:13 PM and the infant was pronounced deceased. Law enforcement reported that they went to the home to process the scene after leaving the hospital and the bassinet was full of baby items, which the mother reported she had just placed in the bassinet after returning home.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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? No

Comments: Genesee County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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Child Fatality Report

057441 - Deceased Child, Female, 1 Mons	057442 - Mother, Female, 33 Year(s)	DOA / Fatality	Unsubstantiated
057441 - Deceased Child, Female, 1 Mons	057442 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The fathers of the siblings were provided with Notice of Existence of the report. The oldest sibling's father was incarcerated and there was an order of protection prohibiting the younger siblings' father from having contact with them.

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"/>



Child Fatality Report

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:
Risk was adequately assessed for the siblings and the family continued to receive Preventive and Foster Care Services.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
The oldest sibling was in the custody of GCDSS at the time of the fatality. The younger siblings remained in the mother's care following the infant's death.

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
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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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"/>

Additional information, if necessary:

The family continued to receive Preventive and Foster Care services and the parents declined grief services.

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

Explain:

The mother declined grief services for the siblings.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The mother and father declined grief services and mental health counseling services that were offered.

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? 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/10/2019	Sibling, Male, 5 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 5 Years	Mother, Female, 32 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

An SCR report alleged that the 6-year-old sibling had ongoing dental hygiene issues. For several months, the sibling had rotten teeth and decaying front teeth to the point he had black holes and rotting teeth. The sibling had difficulty eating and was in a lot of discomfort and pain in his mouth. The mother had been repeatedly advised to seek medical attention for the sibling. For unknown reasons, the mother failed to seek appropriate medical attention. The sibling's condition was worsening.

Report Determination: Unfounded

Date of Determination: 02/10/2020

Basis for Determination:

The sibling's teeth were observed to be decaying, however he denied being in pain. The mother reported that she lost the sibling's insurance card when she became homeless and moved into emergency housing. The mother requested a new insurance card and scheduled an appointment. The sibling attended the dental appointment and a follow up appointment was scheduled. The mother was engaged with Preventive Services and the siblings appeared to be safe in her care.

OCFS Review Results:

GCDSS assessed the home to be safe and interviewed the mother and siblings. Safety Assessments and the RAP were completed timely and accurately. Notice of Existence was provided to the required adults. Relevant collaterals were contacted and GCDSS assisted the mother with obtaining emergency housing and with transportation.

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)
06/12/2019	Sibling, Male, 13 Years	Mother, Female, 31 Years	Educational Neglect	Substantiated	No
	Sibling, Male, 11 Years	Mother, Female, 31 Years	Educational Neglect	Substantiated	
	Sibling, Male, 13 Years	Mother, Female, 31 Years	Other	Unsubstantiated	
	Sibling, Male, 11 Years	Mother, Female, 31 Years	Other	Unsubstantiated	
	Sibling, Female, 8 Years	Mother, Female, 31 Years	Other	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 31 Years	Other	Unsubstantiated	



Child Fatality Report

Sibling, Male, 4 Years	Mother, Female, 31 Years	Other	Unsubstantiated
Sibling, Female, 3 Years	Mother, Female, 31 Years	Other	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 31 Years	Other	Unsubstantiated

Report Summary:

The Genesee County Family Court judge ordered GCDSS to complete a 1034 court ordered investigation.

Report Determination: Indicated**Date of Determination:** 07/31/2019**Basis for Determination:**

The two oldest siblings failed several of their classes due to excessive absences and they had to take summer school. The oldest sibling was placed on a PINS due to his poor attendance and repeated incidents of misconduct in school. He was additionally charged with false reporting when he called 911 and falsely reported he had a gun. This charge resulted in a JD adjudication and the sibling was placed on an ankle monitor. When he did not follow the restrictions, he was placed in the custody of GCDSS on 7/16/19. The case remained opened for CPS services.

OCFS Review Results:

The safety of the home was assessed throughout the investigation and the mother and siblings were interviewed. Safety Assessments and the RAP were completed timely and accurately. Notice of Existence was provided to the required adults and relevant collaterals were contacted.

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)
04/26/2019	Sibling, Male, 13 Years	Mother, Female, 31 Years	Educational Neglect	Substantiated	No
	Sibling, Male, 11 Years	Mother, Female, 31 Years	Educational Neglect	Substantiated	
	Sibling, Female, 8 Years	Mother, Female, 31 Years	Educational Neglect	Unsubstantiated	
	Sibling, Female, 8 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged that the two oldest siblings were absent and tardy from school an excessive number of days during the 2018-2019 school year. Both siblings were failing as a result of their absences. The mother was aware the children were required to be in school and that their absences had a negative impact on their progress but she did not intervene. The oldest sibling missed special education services when he was absent or tardy. An subsequent SCR report was received on 5/20/19 that alleged the mother allowed the third oldest sibling to stay home from school so she was also doing poorly in school.

Report Determination: Indicated**Date of Determination:** 07/18/2019**Basis for Determination:**

The four school-aged siblings missed an excessive amount of school. The two oldest siblings failed several of their classes due to excessive absences and had to take summer school. The two younger school-aged siblings passed their classes. The oldest sibling was placed on a PINS due to his poor attendance and repeated incidents of misconduct in school. He was charged with false reporting when he called 911 and falsely reported he had a gun. This charge resulted in a JD adjudication and the sibling was placed on an ankle monitor. When he did not follow the restrictions, he was placed in the custody of GCDSS on 7/16/19. The case was opened for services.

OCFS Review Results:

The safety of the home was assessed throughout the investigation and the mother and siblings were interviewed. Safety Assessments and the RAP were completed timely and accurately. Notice of Existence was provided to the required adults and relevant collaterals were contacted.

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/13/2018	Sibling, Male, 12 Years	Mother, Female, 31 Years	Educational Neglect	Unsubstantiated	No
	Sibling, Male, 11 Years	Mother, Female, 31 Years	Educational Neglect	Unsubstantiated	

Report Summary:

An SCR report alleged that the oldest sibling missed 22 days of school and he was behind academically as a result. The second oldest sibling missed 24 days of school and he was failing his classes. The mother was aware and failed to address the concern. No valid excuses had been provided and both siblings had a history of poor attendance.

Report Determination: Unfounded

Date of Determination: 02/11/2019

Basis for Determination:

During the course of the investigation both siblings' attendance improved and they passed their classes. The home was observed to be safe and there were no concerns for the siblings.

OCFS Review Results:

GCDSS conducted home visits and interviewed the mother and siblings. Safety assessments and the RAP were completed timely and accurately and relevant collaterals were contacted. Notice of Existence was provided to the mother and the fathers of the siblings.

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)
05/10/2018	Sibling, Male, 12 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 10 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 12 Years	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Years	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Years	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated	
Sibling, Male, 3 Years	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated		



Child Fatality Report

Sibling, Female, 2 Years	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 1 Years	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated

Report Summary:

An SCR report alleged that the father of the six youngest siblings had a history of being violent towards the mother. The siblings' father engaged in violent activity in the presence of the children. As a result, there was a full stay away order of protection in place protecting the mother and siblings. Despite this, the mother allowed the siblings' father to be in the home and have access to the siblings. He broke down a door in the presence of the oldest sibling and stole a significant amount of money from another person.

Report Determination: Unfounded **Date of Determination:** 07/20/2018

Basis for Determination:

There was an order of protection in place barring the six youngest siblings' father from contact with the mother and siblings due to previous incidents of domestic violence. There was a lack of credible evidence that the mother allowed him into the home or around the siblings. The siblings appeared to be safe and well-cared for.

OCFS Review Results:

The home was assessed to be safe and the mother and siblings were interviewed. Diligent attempts were made to locate and interview the father of the six youngest siblings and he was unable to be located. SCR history was reviewed, Notice of Existence was provided to the mother and oldest sibling's father and Safety Assessments and the RAP were completed timely and accurately. The mother was overwhelmed caring for the seven children so GCDSS offered the mother Preventive Services and she accepted.

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)
02/26/2018	Sibling, Male, 12 Years	Other Adult - Oldest Sibling's Father , Male, 30 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Sibling, Male, 12 Years	Other Adult - Oldest Sibling's Father , Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 12 Years	Other Adult - Oldest Sibling's Father , Male, 30 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged the oldest sibling's father picked up the oldest sibling and punched him in the chest. The oldest sibling's father smoked marijuana while in the car and in close proximity to the oldest sibling, placing him at risk of second hand smoke.

Report Determination: Indicated **Date of Determination:** 04/26/2018

Basis for Determination:

The allegations of PDAM and IG were substantiated. The oldest sibling disclosed that his father became angry and punched him in the chest approximately a year prior. He reported that his father was smoking marijuana and he was violent toward women. The oldest sibling's father admitted to smoking marijuana while caring for the oldest sibling and he acknowledged that the sibling was aware that he was using drugs. The allegation of XCP was unsubstantiated. The oldest sibling's father denied punching the sibling, he had not seen the sibling in approximately a year and there were no marks or bruises. There was an order of protection barring the oldest sibling's father from the sibling and mother.

OCFS Review Results:

GCDSS assessed the home to be safe and they interviewed the mother, oldest sibling's father and the children. Safety



Assessments and the RAP were completed timely and accurately and relevant collaterals were contacted. Notice of Existence was provided to the mother and fathers of the siblings.

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

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

An SCR report dated 6/23/06 was substantiated against the mother for IG and LM regarding the 15-year-old sibling and the case was opened for Preventive Services.

An SCR report dated 4/29/16 was substantiated against the father of the four younger siblings for Inadequate guardianship regarding the 15 and 13-year-old siblings.

SCR reports dated 2/14/14, 3/21/14, 6/12/14, 1/16/16, 5/7/16, 2/15/17 and 4/18/17 were unsubstantiated against the mother and father of the four younger siblings for allegations of Inadequate Guardianship, Lack of Medical Care and Lacerations, Bruises and Welts regarding the siblings.

An SCR report dated 11/8/15 was substantiated against the father for Inadequate Guardianship and Parent's Drug/Alcohol Misuse as a parent substitute for a child not named on this report.

Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

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: 06/14/2019

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: Preventive Services were provided by GCDSS.				

Preventive Services History

A Preventive Services case opened from 8/18/06-3/11/08 to assist the mother with meeting the medical needs of the 15-year-old sibling and find stable housing. The 13-year-old sibling was born in 2007 and added to the case. The mother maintained stable housing and was meeting the siblings' needs when the case closed.

A Preventive Services case opened from 7/30/18-12/3/18 to support the mother in being the sole caretaker for the seven siblings. The mother had lost her job and she was having financial difficulty. The mother cooperated with services and she received assistance from GCDSS with obtaining furniture, bedding and school supplies. The mother was working with an agency to find employment, the home was clean and safe and the mother was meeting the siblings' needs at the time the case closed.

A Preventive Services case opened on 6/14/19 due to the siblings' school attendance, the oldest sibling's behavioral concerns and the mother needing support with caring for the siblings. The oldest sibling was adjudicated a JD on 6/25/19, and on 7/16/19, he was placed in the custody of GCDSS in a residential placement. The family was homeless from January-August 2020. GCDSS provided services to assist with improving the siblings' attendance, housing assistance, and Foster Care services for the oldest sibling. The case remained open at the time this report was written.



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 3 - JD

Date Filed:	Fact Finding Description:	Disposition Description:
	Adjudicated JD	Care/Custody to Local Social Services District
Respondent:	None	
Comments:	The oldest sibling was adjudicated a JD and he was placed in the custody of the Commissioner of GCDSS on 7/16/19.	

Additional Local District Comments

We find that the facts in this report describe the unfortunate events and actions taken. We appreciate the partnership with OCFS in order to provide the best services possible to the families in our community.

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