

**Report Identification Number: RO-14-016**

**Prepared by: Rochester Regional Office**

**Issue Date: 2/17/2015**

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.

# NYS Office of Children and Family Services - Child Fatality Report

## Abbreviations

| <b>Relationships</b>                              |  |                                       |
|---|--|---------------------------------------|
| 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    |
| <b>Contacts</b>                                   |  |                                       |
| 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                  |
| CPR-Cardio-plumonyary Resuscitation               |  |                                       |
| <b>Allegations</b>                                |  |                                       |
| 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                     | MN-Medical Neglect                         | 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 Suprevision                |
| Ab-Abandonment                                    | OTH/COI-Others                             |                                       |
| <b>Miscellaneous</b>                              |  |                                       |
| 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 |  |                                       |

## Case Information

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**Report Type:** Child Deceased  
**Age:** 1 year(s)

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

**Date of Death:** 08/12/2014  
**Initial Date OCFS Notified:** 08/25/2014

## Presenting Information

On 8/12/14, a twenty two month old subject child passed away while at the residence of his paternal grandparents who regularly provided care for the subject child. The subject child was an otherwise healthy child and there was no plausible explanation of the death.

## Executive Summary

This fatality report concerns the death of a 22 month male child that occurred on 8/12/14. On 8/25/14 MCDHS received an SCR report concerning the death of a 22 month old. The cause and manner of death are still pending.

MCDHS began their investigation on 8/26/14, by contacting law enforcement who reported that there were no arrests at that time. They stated that the subject child (SC) was sleeping at the Paternal Grandparents house (PGP). Law enforcement (LE) went to the home and noted that there were no concern's with the home, also that there was nothing suspicious with their versions of events. LE stated that the SC was picked up by PGF around 1PM and taken out for the day. The PGF stated that he noticed that the subject child was warm and his ears were red. When they returned to the PGP's it was noted by the PGM and her friend, a nurse, that the child was warm. There was no thermometer in the home, they estimated the temperature to be 100 degrees and gave the SC children's Tylenol. PGM went in the swimming pool with SC to cool him down. It was reported by the PGP's that the subject child seemed a little lethargic prior to bed, PGP's placed the SC down at 8PM and the child was checked on two times throughout the night, SC was on stomach with teddy bears. The PGM checked on the child at 5:30 AM the following morning, at that time they found the child unresponsive.

MCDHS met with the PGP and parents of the SC and made numerous collateral contacts. MCDHS followed up with any concerns that arose during the investigation. MCDHS conducted an adequate assessment of immediate danger to the surviving sibling by completing an assessment on 8/27/14 after numerous prior attempts. MCDHS implemented appropriate safety plans when needed, adequately assessed service needs offering services when necessary, made appropriate collateral contacts, gathered sufficient information to make a determination for all allegations of abuse and maltreatment, and appropriately determined each allegation of abuse and maltreatment.

MCDHS spoke with the family and appropriate collateral contacts to obtain information about the SC's death. MCDHS met regularly with the family in the home and offered family appropriate services during the investigation.

The case remains open due to a no contact order of protection filed against the mother following the fatality. Preventive services are presently in place for the family. MCDHS is to be commended on their fatality investigation.

## 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?** Unable to Determine
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** Unable to Determine

**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.

### 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:** 08/12/2014

**Time of Death:** Unknown

**County where fatality incident occurred:** MONROE

**Was 911 or local emergency number called?** Yes

**Time of Call:** 05:20 AM

**Did EMS to respond to the scene?** Yes

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

**Child's activity at time of incident:**

- |  |                                  |   |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |   |

**Did child have supervision at time of incident leading to death?** Yes

**How long before incident was the child last seen by caretaker?** 7 Hours

**Is the caretaker listed in the Household Composition?** No

**At time of incident supervisor was:** Not

impaired.

**Total number of deaths at incident event:**

**Children ages 0-18: 1**

**Household Composition at time of Fatality**

| Household                  | Relationship   | Role                | Gender | Age        |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim      | Male   | 1 Year(s)  |
| Other Household 1          | Grandparent    | Alleged Perpetrator | Male   | 65 Year(s) |
| Other Household 1          | Grandparent    | Alleged Perpetrator | Female | 61 Year(s) |

**LDSS Response**

MCDHS received a report from the SCR naming the SC and SC's surviving sibling as the maltreated child with the PGP, mother and father as subjects of the report.

The SCR report alleged that on 8/12/14, the SC was DOA at the home. It stated that the PGP's were both sleeping in their bed and found the SC. PGP's provided no explanation for the SC's death.

On 8/26/14, MCDHS contacted LE who reported that there were no arrests at that time. They stated that the SC was sleeping at the PGP house. LE went to the home and noted that there were no concern's with the home, and that there was nothing suspicious with their versions of events. LE stated that the child was picked up by PGF and taken out for the day. The PGF stated that he noticed that the SC was warm and his ears were red. When they returned to the PGP's it was noted by the PGM and her friend, a nurse, that the child was warm. There was no thermometer in the home so they estimated the temperature to be 100 degrees and treated the SC with children's Tylenol. PGM went in the pool with SC to cool him down. It was reported by the PGP's that the SC seemed lethargic prior to bed, they placed the SC down at 8PM and the child was checked on two times throughout the night. The last time they checked on the SC was 5:30 AM and at that time they found the SC unresponsive.

LE also stated that the SC was given amoxicillin that was prescribed to him but had expired. According to LE the ME believed the expired antibiotics could not have been the cause of death. LE was contacted as they went to the home of the biological parents of the SC to notify them of the death. They stated that when he went to the home, the bio mother was home however, the bio father was in Albany when the SC died. It was noted that the parents house was filthy, there was a marijuana bong present, cat vomit on the floor which was eventually cleaned up. The house was observed to be smoky; it was believed that the mom was smoking cigarettes in the bathroom. At the time of the visit the surviving sib was observed to be in good health and seemed well taken care of.

On 8/27/14, MCDHS interviewed the paternal grandparents who gave consistent accounts as noted by what they reported to LE.

MCDHS spoke with the mother of the SC who was still in the hospital. The mother agreed to work with service provider for Family Intensive Therapy. The mother requested that the surviving sib stay with her Maternal Grandmother (MGM) until she was released from the hospital.

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On 9/2/14, MCDHS met with bio parents of the SC. MCDHS observed the home to be untidy but no safety hazards and no evidence of paraphernalia were documented. During this interview the father admitted both him and the mother smoke marijuana but never around the child. He also stated if he would drink alcohol someone would always stay sober to ensure the safety of the child. Father stated that there has been a domestic dispute in the past which resulted in him getting arrested due to a taser, machete, knife and hatchet being in the home. Father stated that the items were out of the reach of the SC. MCDHS stated that even though the items were hidden they still posed a threat. The father reported that he had received mental health counseling and recently completed anger management. Also during this interview the mother admitted to incidents of domestic violence, past marijuana use, mental health concerns as well as stated that the conditions of the home were as a result of bed bugs and numerous cats. MCDHS inspected the home and noted that it was safe for the youth and there was had adequate food. The mother stated that she would be contacting WIC for further assistance.

From 9/3/14 to 9/16/14 MCDHS made appropriate collateral contacts with all noted service providers, as well as offered appropriate services to assist family with grief and drug and alcohol counseling. At the time of this report the investigation remains open.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

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

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** No

**Comments:** MCDHS adhered to approved protocols for joint investigation.

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

**Comments:** Fatality was reviewed by the Monroe County CFRT.

### SCR Fatality Report Summary

| Alleged Victim(s)             | Alleged Perpetrator(s)        | Allegation(s)           | Allegation Outcome |
|-------------------------------|-------------------------------|-------------------------|--------------------|
| Deceased Child Male 1 Year(s) | Grandparent Male 65 Year(s)   | DOA / Fatality          | Pending            |
| Deceased Child Male 1 Year(s) | Grandparent Male 65 Year(s)   | Inadequate Guardianship | Pending            |
| Deceased Child Male 1 Year(s) | Grandparent Female 61 Year(s) | DOA / Fatality          | Pending            |
| Deceased Child Male 1 Year(s) | Grandparent Female 61 Year(s) | Inadequate Guardianship | Pending            |

### CPS Fatality Casework/Investigative Activities

|                               | Yes                                 | No                       | N/A                      | Unable to Determine      |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>All children observed?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|   |                                     |                          |                                     |                          |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| When appropriate, children were interviewed?  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/> |
| The SCR Report source contacted?  | <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"/> |
| 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"/> |
| Did the investigation adhere to established protocols for a joint investigation?  | <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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:<br>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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

## Fatality Risk Assessment / Risk Assessment Profile

|  | Yes | No | N/A | Unable to |
|--|-----|----|-----|-----------|
|--|-----|----|-----|-----------|

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|   |                                     |                                     |                          | 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"/> |

## 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 and 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 siblings/other children in the household removed as a result of this fatality report/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

Have and Orders of Protection been issued? No

## Services Provided to the Family in Response to the Fatality

| Services               | Provided After Death                | Offered, but Refused     | Offered, Unknown if Used | Needed but not Offered   | Needed but Unavailable   | N/A                                 | CDR Lead to Referral     |
|------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Economic support       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Funeral arrangements   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Mental health services | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Foster care            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

**Explain:**

MCDHS referred family to preventive services. Referrals included: Drug and alcohol services, as well as bereavement services.

## History Prior to the Fatality

### Child Information

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

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

| Date of SCR Report | Alleged Victim(s)                   | Alleged Perpetrator(s)       | Allegation(s)                        | Status/Outcome | Compliance Issue(s) |
|--------------------|-------------------------------------|------------------------------|--------------------------------------|----------------|---------------------|
| 04/25/2013         | 741-Deceased Child, Male, 22 Months | 739-Mother, Female, 22 Years | Inadequate Food / Clothing / Shelter | Unfounded      | No                  |

**Report Summary:**

# NYS Office of Children and Family Services - Child Fatality Report

On 04/25/13, MCDHS received a report from the SCR naming the mother as the subject of the report. The alleged maltreated child in the report was the subject child who was six months old at the time. The allegation was Inadequate Food, Clothing, and Shelter (IAFCS). MCDHS completed all safety and risk assessments and unfounded the report due to no credible evidence.

**Determination:** Unfounded **Date of Determination:** 07/17/2013

**Basis for Determination:**  
MCDHS interviewed all parties who denied the allegations. Caseworker found the home to be clean, well furnished, and free of any health hazards or safety concerns.

**OCFS Review Results:**  
MCDHS conducted an adequate assessment of the immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, made appropriate collateral contacts, gathered sufficient information to make a determination for all allegations of abuse and maltreatment, and appropriately determined each allegation of abuse and maltreatment. Service needs were adequately assessed and appropriate services were offered when necessary. There was supervisory consultation documented throughout the investigation and identified protecting factors and risks regarding the family.

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

| Date of SCR Report | Alleged Victim(s)                   | Alleged Perpetrator(s)       | Allegation(s)                        | Status/Outcome | Compliance Issue(s) |
|--------------------|-------------------------------------|------------------------------|--------------------------------------|----------------|---------------------|
| 07/27/2013         | 744-Deceased Child, Male, 22 Months | 742-Mother, Female, 22 Years | Inadequate Food / Clothing / Shelter | Unfounded      | No                  |
|                    | 744-Deceased Child, Male, 22 Months | 742-Mother, Female, 22 Years | Inadequate Guardianship              | Unfounded      |                     |
|                    | 744-Deceased Child, Male, 22 Months | 743-Father, Male, 25 Years   | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | 744-Deceased Child, Male, 22 Months | 743-Father, Male, 25 Years   | Inadequate Guardianship              | Unfounded      |                     |

**Report Summary:**  
On 7/27/13, MCDHS received a report naming the mother and father as the subjects of the report. The alleged maltreated child in the report was the SC who was nine months old at the time. The allegations were IFCS and Inadequate guardianship (IAG). MCDHS completed all safety and risk assessments and unfounded the report recommending that preventive services be put in place for the family.

**Determination:** Unfounded **Date of Determination:** 10/05/2013

**Basis for Determination:**  
MCDHS assessed that the subject child was safe in his home, preventive services were put in place, the case was unfounded and closed as there was no creditable evidence to substantiate the allegation against the biological parents.

**OCFS Review Results:**  
MCDHS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, made appropriate collateral contacts, gathered sufficient information to make a determination for all allegations of abuse and maltreatment, and appropriately determined each allegation of abuse and maltreatment. Service needs were adequately assessed and appropriate services were offered when necessary. There was supervisory consultation documented throughout the investigation and identified protecting factors and risks regarding the family.

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

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

On 04/25/13, MCDHS received a report from the SCR naming the mother as the subject of the report. The alleged maltreated child in the report was the SC who was six months old at the time. The allegation was Inadequate Food, Clothing, and Shelter (IAFCS). MCDHS completed all safety and risk assessments and unfounded the report due to no credible evidence.

On 7/27/13, MCDHS received a report naming the mother and father as the subjects of the report. The alleged maltreated child in the report was the SC who was nine months old at the time. The allegations were IFCS and Inadequate guardianship (IAG). MCDHS completed all safety and risk assessments and unfounded the report recommending that preventive services be put in place for the family.

## Known CPS History Outside of NYS

No known history outside of NYS

## Services Open at the Time of the Fatality

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

### Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### Required Action(s)

**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes  No

### Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### 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