



Report Identification Number: RO-15-037

Prepared by: Rochester Regional Office

Issue Date: 5/13/2016

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
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 6 day(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 12/02/2015
Initial Date OCFS Notified: 12/02/2015

Presenting Information

According to the agency reporting form for serious injuries, accidents or deaths of children in open preventive cases received by the Monroe County Department of Human Services (MCDHS) on 12/4/15, the subject child (SC) died at home on 12/2/15 while in the care of the parents due to a birth defect known as Hypoplastic left heart syndrome.

Executive Summary

This fatality report concerns the death of a 6 day old child that died in Monroe County on 12/2/15. According to the death certificate obtained from Monroe County Department of Human Services (MCDHS) the manner and cause of death was hypoplastic left heart syndrome. On 11/2/15 MCDHS received an SCR report against the subject mother (SM) with allegations of inadequate food, clothing, and shelter against a 13 year old child as the maltreated child and another 7 year old child without a role. It was noted in the report that the mother was nine months pregnant and expected to deliver soon. Upon receipt of the SCR report, MCDHS assessed family needs and appropriately engaged the family through the family assessment response (FAR) track. On 12/2/15 The Rochester Regional Office (RRO) was notified by MCDHS that the SC died at the home in the care of the parents as a result of the aforementioned birth defect. MCDHS confirmed at the time of death the parents' and the pediatric hospice medical professionals were in the home with the SC. Once the death was conferred with the medical examiner, no other first responders were called to the home. MCDHS appropriately submitted to the RRO the NY State OCFS Agency Reporting Form. OCFS-7065 as a result of the death occurring during an open preventive case. The family has an extensive FAR history with all of the assessments focusing on issues revolving around BM and a surviving sibling. The cases were assessed appropriately and services such as FACT, juvenile diversion and music therapy were put in place. The case was closed on 12/10/15 with assistance for the burial of the child from MCDHS. It should be noted that MCDHS did not obtain information from the hospital regarding the birth and discharge of the SC. MCDHS did obtain verbal information from Compassion Net services regarding the medical issues.

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? N/A

Explain:

MCDHS appropriately had contact with the family.

Was the decision to close the case appropriate? Yes

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

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

Explain:

MCDHS appropriately closed 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: 12/02/2015

Time of Death: 05:30 PM

County where fatality incident occurred: MONROE

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1



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Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	6 Day(s)
Deceased Child's Household	Father	No Role	Male	37 Year(s)
Deceased Child's Household	Mother	No Role	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)

LDSS Response

MCDHS had an open preventive case open on the family. MCHDS was notified by the family that they had a baby who was diagnosed with Hypoplastic left heart syndrome and the child was going to pass within days of being home. MCDHS sent workers to the home to assess safety, no concerns were noted. The family had Compassion Net service put in place by the hospital prior to discharge. Compassion Net was in the home with the family monitoring the child prior to its death. MCDHS linked the family with services to support them with funeral arrangements coupled with their work that was in place due to the open preventive case. MCDHS did not gather any documentation from the hospital pertaining to the SC, this is noted as an area of improvement for MCDHS. MCDHS however, did do well working with the family to continue to support them in their time of grieving, by continuing to support them with FACT services and music therapy.

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: This case was reviewed by the CFRT.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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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

	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:				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 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"/>
Explain as necessary: No removal was required.				

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	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"/>	<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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
Compassion Net services were in the home at the time of death. Compassion Net will work with the family for three years providing additional services.

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

Explain:
Compassion Net services are focused on supporting family through the death of a child.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome



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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)
01/06/2015	9092 - Sibling, Male, 13 Years	9091 - Mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Far-Closed	No
	9092 - Sibling, Male, 13 Years	9091 - Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

Youth kicked out of home after an argument with BM. Youth stayed with aunt in the same house (duplex) as BM. Youth went back to BM's door in the morning to get his things. Youth was outside for 45 minutes, police responded. The police spoke with BM, she said she unaware the youth had left. The BM talked to the police through the door stating that the youth could come in and get his things but police could not. Police stated she would be arrested if they did not accompany the youth. The police arrested BM. BM spoke with police about the difficulties she was having with the youth and possibility of youth moving in with her mother. BM is taking parenting classes, cooperating with court orders.

OCFS Review Results:

MCDHS made adequate assessments of safety and initiate plans as warranted. MCDHS adhered to all FAR protocols.

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)
05/14/2015	9095 - Sibling, Male, 13 Years	9094 - Mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Far-Closed	No

Report Summary:

Youth was locked out of the home for three hours in the winter without a coat. Youth reports that he does not receive any food from his mother as well. Youth states that he does not feel he is treated fairly as his younger brother receives more attention. BM stated that youth comes and goes as he pleases and does not like that there is different expectations for him and his younger brother. The youth receives services from Genesee Mental Health and the family is receiving support from the mental health association.

OCFS Review Results:

MCDHS made adequate assessments of safety and initiated plans as warranted. MCDHS adhered to FAR protocols.

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)
07/30/2015	9099 - Sibling, Male, 13 Years	9098 - Mother, Female, 32 Years	Fractures	Far-Closed	No
	9099 - Sibling, Male, 13 Years	9098 - Mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	9099 - Sibling, Male, 13 Years	9098 - Mother, Female, 32 Years	Choking / Twisting / Shaking	Far-Closed	
	9099 - Sibling, Male, 13 Years	9098 - Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	
	9099 - Sibling,	9106 - Mother's Partner,	Fractures	Far-Closed	



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Male, 13 Years	Male, 37 Years		
9099 - Sibling, Male, 13 Years	9106 - Mother's Partner, Male, 37 Years	Choking / Twisting / Shaking	Far-Closed
9099 - Sibling, Male, 13 Years	9106 - Mother's Partner, Male, 37 Years	Inadequate Food / Clothing / Shelter	Far-Closed
9099 - Sibling, Male, 13 Years	9106 - Mother's Partner, Male, 37 Years	Inadequate Guardianship	Far-Closed

Report Summary:

It was alleged that BM locked youth out of the home after a physical altercation, resulting in the youth having to stay with a neighbor. The BM stated she did in fact hit the youth with an open hand however, the youth reports she punched him with her fist. The family is working with FACT and the BM has enrolled the youth in music therapy and the family has agreed to work on their communication.

OCFS Review Results:

MCDHS made adequate assessments of safety and initiate plans as warranted. MCDHS adhered to FAR protocols.

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)
11/02/2015	9104 - Sibling, Male, 13 Years	9103 - Mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Far-Closed	No

Report Summary:

It was alleged that the BM withheld food from a child in the home causing the child to go hungry. MCDHS FAR team responded to the home and found that the child was offered food however, opted to cook his own food on his own time. The BM and child have difficulty communicating and a non-offensive contact order of protection was put in place for the BM by the child. The child is in Monroe County's Probation Departments Juvenile Diversion Program as a result of a PINS order. During the course of this assessment BM had a child who was born with a heart defect who passed away at home four days after birth. The family has compassion net services along with FFT that was already in place.

OCFS Review Results:

MCDHS made adequate assessments of safety and initiated plans as warranted. MCDHS adhered to FAR protocols.

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

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

There was one case received by MCDHS on 3/22/11 with allegations of IG, ECP and LABW against the BM regarding the 13yo half-brother. The report alleged that on 3/21/11, the BM hit the 13yo half-brother with a large plastic spoon as punishment because he was talking back. The BM hit him on his arms, palms of hand and on his forehead. The 13yo half-brother sustained two welts on the right arm and two welts on the left arm. MCDHS tracked this case as FAR. On 4/12/11 BM agreed to utilize a different approach when disciplining her children and would continue with family counseling. The case was closed.

Known CPS History Outside of NYS

There was no known history outside of NYS.



Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 08/31/2015

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

Table with 5 columns: Question, Yes, No, N/A, Unable to Determine. Rows include questions about service provider compliance, service needs, mandated reporter requirements, and case record information.

Casework Contacts

Table with 5 columns: Question, Yes, No, N/A, Unable to Determine. Rows include questions about face-to-face contact compliance and frequency.

Services Provided

Table with 5 columns: Question, Yes, No, N/A, Unable to Determine. Rows include questions about services provided to siblings and parents.



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Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: Monroe County FACT was heavily involved with the family. Child was receiving music therapy as well.				

Required Action(s)

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

Yes No

Preventive Services History

On 8/31/15, a preventive services case was opened due to family conflict, parenting issues and negative communication between family members. The family was referred to Functional Family Therapy. The family was compliant with preventive services which closed December of 2015. No compliance issues were noted.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Additional Local District Comments

RRO is aware of a comprehensive plan to address the aforementioned concern. Therefore, is no further action required.

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Action:	Although MCDHS gathered the death certificate, they failed to gather further medical information from the hospital and other medical professionals involved at the time of the subject child’s death.
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Are there any recommended prevention activities resulting from the review? Yes No