

Report Identification Number: RO-16-010

Prepared by: Rochester Regional Office

Issue Date: Feb 16, 2017

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	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 07/06/2016
Initial Date OCFS Notified: 07/06/2016

Presenting Information

According to the Agency Reporting form submitted by the Monroe County Department of Human Services (MCDHS), the subject child (SC) was born on 4/17/16 and diagnosed with congenital heart disease. His aorta and pulmonary arteries were transposed which caused issues with the oxygenation of his blood pumping from his heart to his body. The SC had surgery and remained on life support. The parents signed a DNR order and the SC was removed from life support due to the grim prognosis. The SC died on 7/6/16 at 10:29 am while in the hospital due to complications from congenital heart disease.

Executive Summary

This fatality report concerns the death of a two-month-old male that occurred on 7/6/16. The death certificate indicated the manner was from natural causes. However, the Office of Vital Statistics no longer provides the cause of death due to confidentiality reasons. Upon the SC's birth, MCDHS added him to the families' open services case with a protective program choice as he remained safe at the hospital.

The SC was born on 4/17/16 with congenital heart disease and had heart surgery. While in the hospital, the SC encountered several other medical conditions and his heart stopped on numerous occasions where he was revived by medical staff. The medical staff informed the parents of the SC's grim prognosis and stated that he would unlikely recover from his medical conditions. As a result, the parents signed a DNR order. On 7/5/16, the parents requested that the SC be removed from life support and only receive pain medications. The subject child died on 7/6/16 at 10:29 am.

MCDHS met with the family and offered grief services. MCDHS spoke with appropriate collateral contacts.

The 15yo half-sister remained home on trial discharge. The twins and 9yo half-sister remained in foster care placement. MCDHS continued meeting with the family and addressing any concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** N/A
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

This fatality did not occur on an open SCR investigation.



Was the decision to close the case appropriate?

N/A

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

Yes

Was there sufficient documentation of supervisory consultation?

Yes, the case record has detail of the consultation.

Explain:

There was not an SCR investigation as a result of this fatality.

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: 07/06/2016

Time of Death: 10:29 AM

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

County where fatality incident occurred:

MONROE

Was 911 or local emergency number called?

No

Did EMS to 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: at birth

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

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	No Role	Male	2 Month(s)



Deceased Child's Household	Father	No Role	Male	42 Year(s)
Deceased Child's Household	Mother	No Role	Female	39 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Year(s)
Other Household 1	Sibling	No Role	Female	9 Year(s)
Other Household 2	Sibling	No Role	Male	2 Year(s)
Other Household 2	Sibling	No Role	Female	2 Year(s)

LDSS Response

MCDHS met with the family and assessed the families' functioning. MCDHS offered the family grief services and spoke to appropriate medical providers as to the SC's condition and death.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: Unknown

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

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities



Child Fatality Report

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
The SC was medically fragile and died as a result.

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"/>
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 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"/>



Legal Activity Related to the Fatality

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

Have any 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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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:

All services that were in place prior to the SC's death remained active. Other than bereavement counseling, there were no further services provided as a result of the death.

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? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? 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

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)
04/21/2016	13711 - Deceased Child, Male, 2 Months	13714 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	Yes

Report Summary:

The report alleged the BM had a history of neglect of other children that have been placed in foster care. The BM gave birth to the SC on 4/17/16. Due to the BM's history of neglect and because the other children remain in foster care, the mother was not an adequate caregiver for the newborn baby.

Determination: Unfounded

Date of Determination: 06/28/2016

Basis for Determination:

The SC was born on 4/17/16 with a congenital heart condition (Transposition of the Great Arteries). The SC needed to stay in the hospital until he was strong enough to undergo surgery to reposition the pulmonary artery and the aorta which would be several months. At the closing of the investigation, the SC remained at the hospital as his condition was unstable and needed to be closely monitored by medical staff. The SC was safe at the hospital while in the custody of his parents and a new SCR report would be made when the SC was ready for discharge. The parents were cooperative and appropriate with the hospital staff. The case remained open for foster/protective services.

OCFS Review Results:

MCDHS conducted an adequate assessment of immediate danger to the SC within 24 hours, addressed the majority of safety/risk factors with the parents, made appropriate collateral contacts, implemented appropriate safety plans and



assessed current service needs. MCDHS gathered sufficient information and appropriately determined each allegation. There was no documentation a 24-hour safety assessment was made for the 15yo half-sister or that all safety/risk factors were explored with the parents or the 15yo half-sister.

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

Issue:
Predetermination/Assessment of Current Safety and Risk

Summary:
There was no documentation a 24-hour safety assessment was made for the 15yo half-sister or that all safety/risk factors were explored with the parents or the 15yo half-sister.

Legal Reference:
18 NYCRR 432.1(aa)

Action:
RRO is aware of a plan in place that addresses these concerns; therefore, no further action is required.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/20/2016	13696 - Sibling, Female, 2 Years	13691 - Father, Male, 42 Years	Sexual Abuse	Unfounded	Yes

Report Summary:
The report alleged that during weekly home visits, the BF was sexually abusing the 2yo sister by touching her in the genital area for his own sexual gratification. This sexual abuse was occurring while the BF was bathing the child.

Determination: Unfounded **Date of Determination:** 06/07/2016

Basis for Determination:
The 2yo twins had a REACH exam which was normal but were unable to be interviewed due to their age. The parents and older siblings denied the allegations. The BF submitted to and passed a polygraph exam. MCDHS found no evidence to support the allegations and closed the investigation. The foster care/protective case remained open with the twins and the 9yo half-sister remaining in foster care.

OCFS Review Results:
MCDHS conducted an adequate assessment of immediate danger to all children within 24 hours, addressed the majority of safety/risk factors with the 15yo half-sister, and made appropriate collateral contacts; including speaking with the ongoing Caseworker. A joint investigation was conducted with law enforcement (LE). MCDHS gathered sufficient information and appropriately determined each allegation. There was no documentation that all safety/risk factors were explored with the parents or the 9yo half-sister. The SC was not added to the investigation.

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

Issue:
Pre-Determination/Assessment of Current Safety/Risk

Summary:
There was no documentation all safety/risk factors were explored with the parents or the 9yo half-sister. The SC was not added to the investigation.

Legal Reference:
18 NYCRR 432.2 (b)(3)(iii)(b)

Action:
RRO is aware of a plan in place that addresses these concerns; therefore, no further action is required.

Date of SCR	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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Report	Victim(s)	Perpetrator(s)			Issue(s)
04/08/2016	13595 - Sibling, Female, 15 Years	13596 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	Yes

Report Summary:

The report alleged the 15yo half-sister was brought to the hospital 4/7/16 for taking old medicine prescriptions from the top of the refrigerator. Some of them was for migraine headaches, Risperdal, pre-natal vitamins, etc. The 15yo half-sister has threatened suicide in the past and has mental health issues. The BM was remiss in leaving out medicines where the child could get her hands on them knowing her threats of suicide. The 15yo half-sister discharge was scheduled for 4/9/16.

Determination: Unfounded**Date of Determination:** 06/13/2016**Basis for Determination:**

The 15yo half-sister got in trouble and reported taking medications when she was angry. The BM took appropriate steps to obtain medical care for the half-sister. The hospital was unclear if she actually ingested any medications. The medications were no longer accessible to the half-sister which MCDHS observed. The hospital required the half-sister follow up with the pediatrician, chemical dependency, and mental health which they did. As a result of the BM's appropriate actions, the investigation was closed and the foster care/protective case remained open. The 15yo half-sister was at home, the SC was at the hospital and the three other siblings remained in foster care.

OCFS Review Results:

MCDHS conducted an adequate assessment of immediate danger to all children within 24 hours, addressed the majority of safety/risk factors, implemented appropriate safety plans when needed and assessed current service needs. MCDHS gathered sufficient information and appropriately determined each allegation. There was no documentation DV was explored with the family.

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

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

There was no documentation that DV was explored with the family.

Legal Reference:

18 NYCRR 432.2 (b)(3)(iii)(b)

Action:

RRO is aware of a plan in place that addressed this concerns; therefore, no further action is required.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/25/2016	13584 - Sibling, Female, 2 Years	13581 - Father, Male, 42 Years	Parents Drug / Alcohol Misuse	Unfounded	Yes
	13584 - Sibling, Female, 2 Years	13582 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Unfounded	
	13585 - Sibling, Male, 2 Years	13582 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	
	13586 - Sibling, Female, 9 Years	13582 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	
	13587 - Sibling, Female, 15 Years	13582 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	
	13584 - Sibling,	13583 - Unrelated Home	Parents Drug /	Unfounded	

Female, 2 Years	Member, Male, 30 Years	Alcohol Misuse	
13585 - Sibling, Male, 2 Years	13583 - Unrelated Home Member, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded
13587 - Sibling, Female, 15 Years	13583 - Unrelated Home Member, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded
13585 - Sibling, Male, 2 Years	13581 - Father, Male, 42 Years	Parents Drug / Alcohol Misuse	Unfounded
13586 - Sibling, Female, 9 Years	13581 - Father, Male, 42 Years	Parents Drug / Alcohol Misuse	Unfounded
13587 - Sibling, Female, 15 Years	13581 - Father, Male, 42 Years	Parents Drug / Alcohol Misuse	Unfounded
13584 - Sibling, Female, 2 Years	13582 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded
13585 - Sibling, Male, 2 Years	13582 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Unfounded
13586 - Sibling, Female, 9 Years	13582 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Unfounded
13586 - Sibling, Female, 9 Years	13583 - Unrelated Home Member, Male, 30 Years	Inadequate Guardianship	Unfounded
13587 - Sibling, Female, 15 Years	13583 - Unrelated Home Member, Male, 30 Years	Inadequate Guardianship	Unfounded
13584 - Sibling, Female, 2 Years	13581 - Father, Male, 42 Years	Inadequate Guardianship	Unfounded
13585 - Sibling, Male, 2 Years	13581 - Father, Male, 42 Years	Inadequate Guardianship	Unfounded
13586 - Sibling, Female, 9 Years	13581 - Father, Male, 42 Years	Inadequate Guardianship	Unfounded
13587 - Sibling, Female, 15 Years	13581 - Father, Male, 42 Years	Inadequate Guardianship	Unfounded
13587 - Sibling, Female, 15 Years	13582 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Unfounded
13584 - Sibling, Female, 2 Years	13583 - Unrelated Home Member, Male, 30 Years	Inadequate Guardianship	Unfounded
13585 - Sibling, Male, 2 Years	13583 - Unrelated Home Member, Male, 30 Years	Inadequate Guardianship	Unfounded
13586 - Sibling, Female, 9 Years	13583 - Unrelated Home Member, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

The reports alleged the parents and the unrelated household member (UHM) abused drugs to the point of impairment and were unable to care for the children. The parents used crack cocaine 3-4 times a week and the UHM abused heroin daily.

On 3/1/16, additional information report was received with concerns the parents were using cocaine and heroin and stealing to support their drug habit and the BM was having the 15yo half-sister to steal as well. There were also concerns the 15yo half-sister “may” be sleeping with the BF due to her acting seductive around him but there was no information of actual sexual relations occurring.



Determination: Unfounded **Date of Determination:** 04/29/2016

Basis for Determination:

All denied the adults were using drugs/alcohol or were under the influence caring for the children except the 15yo half-sister who stated the parents used alcohol. The parents were not under the influence during MCDHS' visits and their drug screens were negative. The UHM was in the home but he was arrested on 1/28/16 for possession of narcotics which the parents denied knowledge of.

The SC was born during the case and remained in the hospital. The 15yo half-sister was home on trial discharge and the three siblings remained in foster care. MCDHS found no credible evidence to support the allegations and closed the investigation. The case remained open for foster care/protective services.

OCFS Review Results:

MCDHS conducted an adequate assessment of immediate danger to all children within 24 hours, addressed the majority of safety/risk factors, implemented appropriate safety plans when needed and assessed current service needs of DV and substance abuse services. MCDHS gathered sufficient information and appropriately determined each allegation. MCDHS provided the family with safe sleep information. However, there was no documentation DV was explored with the family and the SC was not added to the investigation. Finally, MCDHS addressed the drug use for the additional information but there was no documentation the concerns of the interactions between the BF and 15yo half-sister were addressed.

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

Issue:

Predetermination/Assessment of Current Safety and Risk

Summary:

There was no documentation DV was explored with the family and the SC was not added to the investigation. Finally, MCDHS addressed the drug use from the additional information but there was no documentation the concerns of the interactions between the BF and 15yo half-sister were addressed.

Legal Reference:

18 NYCRR 432.1(aa)

Action:

RRO is aware of a plan in place that addresses these concerns; therefore, no further action is required.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/18/2015	13517 - Sibling, Female, 2 Years	13524 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Indicated	No
	13522 - Sibling, Female, 9 Years	13524 - Mother, Female, 39 Years	Inadequate Guardianship	Indicated	
	13522 - Sibling, Female, 9 Years	13524 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Indicated	
	13523 - Sibling, Female, 15 Years	13524 - Mother, Female, 39 Years	Inadequate Guardianship	Indicated	
	13517 - Sibling, Female, 2 Years	13525 - Father, Male, 42 Years	Inadequate Guardianship	Indicated	
	13517 - Sibling, Female, 2 Years	13525 - Father, Male, 42 Years	Parents Drug / Alcohol Misuse	Indicated	
	13518 - Sibling, Male, 2 Years	13525 - Father, Male, 42 Years	Inadequate Guardianship	Indicated	



13518 - Sibling, Male, 2 Years	13525 - Father, Male, 42 Years	Parents Drug / Alcohol Misuse	Indicated
13522 - Sibling, Female, 9 Years	13525 - Father, Male, 42 Years	Inadequate Guardianship	Indicated
13522 - Sibling, Female, 9 Years	13525 - Father, Male, 42 Years	Parents Drug / Alcohol Misuse	Indicated
13523 - Sibling, Female, 15 Years	13525 - Father, Male, 42 Years	Inadequate Guardianship	Indicated
13517 - Sibling, Female, 2 Years	13524 - Mother, Female, 39 Years	Inadequate Guardianship	Indicated
13518 - Sibling, Male, 2 Years	13524 - Mother, Female, 39 Years	Inadequate Guardianship	Indicated
13518 - Sibling, Male, 2 Years	13524 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Indicated
13523 - Sibling, Female, 15 Years	13524 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Indicated
13523 - Sibling, Female, 15 Years	13525 - Father, Male, 42 Years	Parents Drug / Alcohol Misuse	Indicated
13518 - Sibling, Male, 2 Years	13524 - Mother, Female, 39 Years	Lack of Supervision	Indicated
13517 - Sibling, Female, 2 Years	13524 - Mother, Female, 39 Years	Lack of Supervision	Indicated
13522 - Sibling, Female, 9 Years	13524 - Mother, Female, 39 Years	Lack of Supervision	Indicated
13523 - Sibling, Female, 15 Years	13524 - Mother, Female, 39 Years	Lack of Supervision	Indicated

Report Summary:

Two SCR reports were received on 1/18/15 that were consolidated into one case. The reports alleged the parents smoked crack cocaine in the presence of the children. While under the influence, the BM became incoherent and falls asleep leaving the 15yo half-sister to care for the children which was too much responsibility for her. The reports further alleged the BM offered the 15yo half-sister crack cocaine and there was drug paraphernalia around that was easily accessible to the children. Finally, the report alleged the BM was verbally abusive to the children and the 15yo half-sister was not attending school.

Determination: Indicated**Date of Determination:** 04/19/2015**Basis for Determination:**

MCDHS found the parents failed to provide a minimal degree of care and placed the children at imminent risk of harm. The parents continued to use drugs/alcohol while caring for the children and were non-compliant with treatment. The parents left the home to use drugs leaving the 15yo and 9yo half-sisters to care for the 7mo twins. The BM took the half-sisters with her to purchase drugs and provided the 15yo half-sister with drugs which the BF denied knowledge of. The 9yo half-sister reported the BM called her names, slapped, kicked, and pulled her hair. Preventive services and day care were put in place to no avail. On 3/12/15, the children were removed from the home.

OCFS Review Results:

MCDHS conducted an adequate assessment of immediate danger to all children within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, and adequately assessed and offered appropriate services. MCDHS made appropriate collateral contacts. MCDHS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.



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)
07/30/2014	12851 - Sibling, Female, 2 Years	12855 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	No
	12851 - Sibling, Female, 2 Years	12855 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12852 - Sibling, Male, 2 Years	12855 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12853 - Sibling, Female, 9 Years	12855 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	
	12854 - Sibling, Female, 15 Years	12855 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	
	12854 - Sibling, Female, 15 Years	12855 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12852 - Sibling, Male, 2 Years	12855 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	
	12853 - Sibling, Female, 9 Years	12855 - Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:
 The SCR report alleged the BM used crack cocaine to impairment while the sole care giver to 15yo half-sister, 9yo half-sister and the 2yo twins (who were 13, 8 and 7-weeks-old at the time of the SCR report). The BM was in a program before the twins were born but started using right after the twins were born.

Determination: Unfounded **Date of Determination:** 09/19/2014

Basis for Determination:
 MCDHS investigated and all parties denied the allegations were true. The BM did admit to relapsing but she was not in the presence of the children. The MGM had no concerns the BM was using drugs and reported if she suspected she would notify MCDHS. During home visits, no one appeared to be under the influence and there was no evidence of drugs or alcohol. The interactions between the BM and children were affectionate. MCDHS discussed and provided safe sleep information to the family. As a result, MCDHS unsubstantiated the allegations.

OCFS Review Results:
 MCDHS conducted an adequate assessment of immediate danger to all children within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, and adequately assessed and offered appropriate services. MCDHS made appropriate collateral contacts. MCDHS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.

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

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

There were seven SCR reports received from 7/9/06-10/28/12. One case was tracked as a traditional investigation. The remaining six SCR reports were tracked FAR with three of the SCR reports consolidated and closed into an open FAR case.

The traditional investigation was indicated for IG and PDAM against the BM regarding the 15yo half-sister who was a



newborn at the time. The BM did not have food or supplies for the half-sister and she did not have stable housing. A neglect petition was filed in family court and the half-sister was placed in foster care. The investigation was closed and a foster care case was opened. The maternal grandmother later obtained custody.

For the FAR cases, the subject was the BM and the 9yo half-sister was the maltreated child. The allegations were IG, LS, and PDAM. During the first two FAR cases, all denied the BM was using crack cocaine or leaving the child with inappropriate caregivers. During the last case, the BM admitted that she and other people were using crack cocaine in the home with the 9yo half-sister present. The BM made a plan for the half-sister to stay with family if she planned to use. The BM made an appointment for substance abuse treatment, attend mental health counseling and planned to attend AA meetings. The case was open for eight weeks and the BM did not relapse and she was utilizing supports.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes
Date the Child Protective Services case was opened: 01/29/2015

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

	Yes	No	N/A	Unable to Determine
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? 34				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Required Action(s)

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

Yes No

Preventive Services History

As a result of the 1/18/15 SCR report, an intensive preventive service was put in place on 1/29/15 to assist the family in addressing the BF’s drug use and his behaviors, as well as, the BM recovery. There were also concerns regarding the families’ finances and housing. The MGM passed away and the 15yo half-sister returned home. The BM and 15yo half-sister had a conflictual relationship and the half-sister was displaying PINS behaviors. During the case, the BM began using drugs and sometimes in the presence of the children. The parents were leaving the children home alone at night. As a result, all children were removed and placed in foster care. The preventive services closed on 3/12/15 and the foster care case remained open.

Required Action(s)

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

Yes No

Foster Care Placement History

As a result of the 7/9/06 SCR report, the 15yo half-sister, who was an infant at the time, was placed into foster care on 7/9/06 after the BM admitted to daily cocaine use and had sporadic prenatal care. The BM and the 15yo half-sister tested positive for cocaine at the time of her birth. The BM was not employed, lived with friends and had no provisions for the infant. On 5/24/07, the Monroe County Family Court ordered the 15yo half-sister back into the care of the BM. The case closed on 11/30/07, as the BM completed the court ordered substance abuse service and parenting classes. The court order expired on 11/23/07 and the case was closed on 11/30/07.

As a result of the 1/18/15 SCR report, the four siblings were removed from the home and placed into foster care as a result of the parents’ drug use. The parents engaged with services; however, relapsed and had to reengage with services. The two half-sisters went on trial discharge on 11/20/15 but the 9yo half-sister returned to foster care on 4/25/16 due to concerns of drug use and DV between the parents. The parents attended DV counseling and completed parenting classes. Counseling services were provided for the mother and the two half-sisters. The foster care/protective case remained open as three siblings remained in foster care and the 15yo half-sister was home on trial discharge.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
03/12/2015	Other, Specify	Care/Custody to Local Social Services District
Respondent:	031622 Mother Female 39 Year(s)	
Comments:	On 3/12/15, MCDHS filed an Article 10 petition against the BM due to her and the BF's continued drug use, leaving the children home alone, using drugs in the presence of the children, providing drugs to the 15yo half-sister, and taking the children with her to buy drugs. On 7/9/15, the BM accepted an ACD with Marie B wavier.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
03/12/2015	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	034661 Father Male 42 Year(s)	
Comments:	On 3/12/15, MCDHS filed an Article 10 petition against the BF due to his and the BM's continued drug use, leaving the children home alone, using drugs in the presence of the children, and allowing the 15yo half-sister to use drugs per the 1/18/15 SCR report.	

Have any Orders of Protection been issued? Yes	
From: 03/12/2015	To: Unknown
Explain:	
An OOP was put into place upon the children entering foster care.	

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