



**Report Identification Number: RO-17-027**

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

**Issue Date: Dec 26, 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

<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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 month(s)

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

**Date of Death:** 07/17/2017  
**Initial Date OCFS Notified:** 07/17/2017

## Presenting Information

An SCR report was received on 7/17/2017 alleging the SM and SF found the 4-month-old SC unresponsive and not breathing in his bed at 4:20am. The police were called at approximately 4:25am. EMS transported the SC to the hospital and the child was pronounced dead at 5:00am. The cause of death is unknown at this time. All persons legally responsible for the SC, including the SM, SF, PGM and Paternal Step-Grandfather (PSGF) were named as subjects.

## Executive Summary

This report concerns the death of a 4-month-old male SC. The SCR received a report of the SC's death on 7/17/17 and the report was assigned to Monroe County Department of Human Services (MCDHS). The report alleged the SC was found unresponsive in his bassinet on the early morning of 7/17/17 and there was no known cause of death. The report alleged the SM, SF, PGM and PSGF were all responsible for the SC's care at the time of his death. MCDHS had an open FAR case with the SM, SF and SC at the time of the fatal incident. The FAR case was appropriately closed in response to the fatality.

LE, the DA and the ME were notified and the ME performed an autopsy. The cause and manner of death are pending the final autopsy report and findings. LE investigated the death jointly with MCDHS. At the time this report was written, LE was awaiting the ME's final report and were keeping their investigation open in the office, without pursuing further field work. There were no arrests made or pending at the time this report was written.

MCDHS interviewed all members of both the SM and SF's household, inclusive of everyone that was present at the time of the fatal incident. MCDHS promptly interviewed all children in both homes (the maternal aunt, 2 paternal aunts and paternal uncle of the SC). MCDHS assessed the safety of these children, in addition to the safety of the SF and SM (both 15-years-old). All the CHN were found to be safe and adequately cared for.

MCDHS notified the BF's of the SM, SF and the other CHN of the SCR report. The BF's had no involvement with the SM and SF at the time of the SC's fatality.

MCDHS contacted the pediatricians for the SC, as well as all the CHN listed on the report. MCDHS also spoke with EMS, a visiting nurse service and reviewed the SC's medical records from the time of birth. MCDHS learned the SC had a poor health prognosis from birth and the SM and SF were advised of the many physical deficits he would likely have.

MCDHS completed the initial, 7-day and 30-day safety assessments on time and entered their notes contemporaneously. MCDHS offered bereavement, counseling and preventive services to all family members. The PGM and PSGF declined services for themselves, as well as their children. The SF also declined services. The SM, MGM and MA accepted services offered by MCDHS.

At the time of this writing, MCDHS had not yet made a determination regarding the allegations in the investigation and were awaiting the final autopsy report.

## 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

### Explain:

The CPS Investigation had not been concluded at the time this report was written.

Was the decision to close the case appropriate? Unknown

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:

The CPS Investigation was not yet concluded at the time this report was written.

### 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: 07/17/2017

Time of Death: 05:00 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? Yes



**Time of Call:**

04:25 AM

**Did EMS 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:**

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

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

**How long before incident was the child last seen by caretaker? 5 Hours**

**Is the caretaker listed in the Household Composition? Yes - Caregiver 1**

**At time of incident supervisor was:**

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

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

**Children ages 0-18: 1**

**Adults: 0**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	13 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	15 Year(s)
Other Household 1	Aunt/Uncle	No Role	Female	11 Year(s)
Other Household 1	Aunt/Uncle	No Role	Female	13 Year(s)
Other Household 1	Aunt/Uncle	No Role	Male	10 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	15 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	34 Year(s)
Other Household 1	Other Adult - Paternal Step-Grandfather	Alleged Perpetrator	Male	37 Year(s)
Other Household 2	Aunt/Uncle	No Role	Male	33 Year(s)
Other Household 3	Other Adult - PA's BF	No Role	Male	39 Year(s)

### LDSS Response

MCDHS began investigating the death on the SC on 7/17/17, after receiving an SCR report. MCDHS contacted LE and the ME. MCDHS learned the SC was born with a condition he developed in utero, which caused brain damage. The SC was prescribed liquid Vitamin D.

MCDHS learned the SM lived in the MGM's home with the MGM, a MA (13-years-old) and the SC. The SM and SC



spent weekends at the PGM and PSGF’s home with the SF, PU (10-years-old) and 2 PAs (ages 13 and 11). The SC slept in a portable crib, in a bedroom he shared with the SM, while in the MGM’s home. When visiting the PGM’s home the SC slept in a bassinet in a bedroom shared with the SM and SF. The evening of the fatality the SC and SM had spent the night at the PGM’s home.

The SM and SF reported the evening of 7/16/17 was uneventful. The SM and SF gave the SC a bath and fed him around 9:30PM. The SF then burped the SC and brought him upstairs to their bedroom and placed him on his back in his bassinet to sleep. The SM and SF went to sleep in the SF’s bed in the same room. The PGM and PSGF were also sleeping in a bedroom upstairs, while the MU and 2 MA’s slept in the living room. At around 11:00PM the SC reportedly began to fuss and the SM and SF gave the SC his pacifier and positioned him on his stomach to sleep. Later at around 4:00AM on 7/17/17 the SM woke the SF to check on the SC and the SF found the SC with his nose and face down in the bassinet. The SF told LE the pacifier was off to the side of the SC’s face. The SF then went to the PGM’s bedroom and woke her and the PSGF for help. The PGM called 911 and the PSGF attempted CPR on the SC. The SF then began CPR as instructed by the 911 operator.

MCDHS observed the bassinet where the SC was found unresponsive. The SM did a reenactment with a doll. The SM walked through what had been previously reported regarding the SC’s positioning throughout the night. The SM reported there was a blanket on top of the bassinet mattress and underneath the SC. The SM explained she was concerned the SC would suffocate on the plastic mattress. The SC also had a blanket on top of him, from his feet to the bottom of his back. MCDHS also saw the portable crib at the MGM’s home and documented it was free of any items. The SM and SF were aware of safe sleep practices. There was no suspicion of any drug or alcohol use by anyone in the home the night of the fatal event. The SM and SF were the SC’s caregivers and were both only 15 years old.

MCDHS interviewed the 2 PAs and PU and learned they were awake to the commotion upstairs as resuscitation efforts were underway on the SC. They were assessed as safe in the home. MCDHS also interviewed the MGM and MA and the MA was assessed as safe in the care of the MGM. They had no knowledge of what occurred the during the fatal event.

MCDHS spoke with EMS, the pediatrician and a visiting nurse that visited the home. EMS reported the SC was given epinephrine in the ambulance in an effort to get his heart rate up, but he was not responsive and pronounced deceased upon arrival at the ER. The nurse reported the SC had very little brain functioning and although he was able to eat and digest food, he was not expected to ever be able to ambulate or speak. The nurse suggested the SC’s condition may have contributed to his death and reported the SM and SF were cooperative with medical appointments and treatment. The nurse stated the SC would only be able to move his head side to side when positioned on his back and thought it unlikely he could reposition his head while on his stomach, if his head was stuck. The pediatrician noted a few missed appointments and reported the SM declined several other in home services for the SC and herself, such as early intervention and MH services. The Social Worker at the doctor was not sure if the SM understood the severity of the SC’s condition, but reported she did always follow up with medical appointments.

### 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)?** Yes

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



# Child Fatality Report

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
042701 - Deceased Child, Male, 4 Mons	042708 - Other Adult - Paternal Step-Grandfather, Male, 37 Year(s)	DOA / Fatality	Pending
042701 - Deceased Child, Male, 4 Mons	042708 - Other Adult - Paternal Step-Grandfather, Male, 37 Year(s)	Inadequate Guardianship	Pending
042701 - Deceased Child, Male, 4 Mons	042706 - Grandparent, Female, 34 Year(s)	Inadequate Guardianship	Pending
042701 - Deceased Child, Male, 4 Mons	042702 - Mother, Female, 15 Year(s)	Inadequate Guardianship	Pending
042701 - Deceased Child, Male, 4 Mons	042705 - Father, Male, 15 Year(s)	Inadequate Guardianship	Pending
042701 - Deceased Child, Male, 4 Mons	042706 - Grandparent, Female, 34 Year(s)	DOA / Fatality	Pending
042701 - Deceased Child, Male, 4 Mons	042705 - Father, Male, 15 Year(s)	DOA / Fatality	Pending
042701 - Deceased Child, Male, 4 Mons	042702 - Mother, Female, 15 Year(s)	DOA / Fatality	Pending

## CPS Fatality Casework/Investigative Activities

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

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



# Child Fatality Report

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 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"/>
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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

The Risk Assessment was not complete at the time of this writing.

### Placement Activities in Response to the Fatality Investigation

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

### Legal Activity Related to the Fatality



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

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 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"/>	<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"/>

**Additional information, if necessary:**

The PGM and PSGF refused services for themselves and the 2 maternal aunts and the maternal uncle. The SF also refused services offered by MCDHS. The SM, MGM and MA accepted referrals for services.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

**Explain:**

The 3 maternal aunts and maternal uncle were referred to mental health trauma counseling services.

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

**Explain:**

The MGM, PGM, SF, SM and PSGF were all referred to mental health trauma counseling 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? 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? No

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/17/2017	Father, Male, 15 Years	Other Adult - Paternal Step Grandfather, Male, 37 Years	Inadequate Guardianship	Pending	No
	Mother, Female, 15 Years	Other Adult - Paternal Step Grandfather, Male, 37 Years	Inadequate Guardianship	Pending	
	Father, Male, 15 Years	Grandparent, Female, 34 Years	Sexual Abuse	Pending	
	Mother, Female, 15 Years	Other Adult - Paternal Step Grandfather, Male, 37 Years	Sexual Abuse	Pending	
	Father, Male, 15 Years	Grandparent, Female, 34 Years	Inadequate Guardianship	Pending	
	Mother, Female, 15 Years	Grandparent, Female, 34 Years	Sexual Abuse	Pending	
	Father, Male, 15 Years	Other Adult - Paternal Step Grandfather, Male, 37 Years	Sexual Abuse	Pending	
	Mother, Female, 15 Years	Grandparent, Female, 34 Years	Inadequate Guardianship	Pending	

**Report Summary:**

An SCR report was received on 7/17/2017. The report alleged the PGM and PSGF were aware the SM and SF were



engaging in sexual intercourse and did not intervene to stop the behavior. The SM became pregnant and gave birth to the SC as a result.

**Determination:** Undetermined

**OCFS Review Results:**

This report was received the same day as the SCR report regarding the fatality of the SC. A CPS History check was done and a home visit made to assess the safety of the children residing in both homes. A safety plan was put in place with the MGM and MGM that the SM and SF will not be allowed in either home unsupervised.

**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)
05/31/2017	Deceased Child, Male, 3 Months	Mother, Female, 15 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child, Male, 3 Months	Mother, Female, 15 Years	DOA / Fatality	Far-Closed	

**Report Summary:**

An SCR report was received alleging the SM was creating an unsafe environment for the 2-month-old SC. The SM had engaged in physical fights with other individuals out in the street, while the SC was present. The SC was not harmed as a result of the fighting.

**OCFS Review Results:**

MCDHS followed FAR Protocol by completing the FLAG timely, visiting with the SM, SC, MA and MGM. MCDHS planned to speak with the SF, but did not have the opportunity before the death of the SC. The SC was medically fragile and receiving several services at home. MCDHS offered the SM parenting and MH services in addition to the services she was already receiving. MCDHS assisted the SM with diapers and a crib for the SC. The FAR was closed appropriately when a CPS issue arose and an investigation began.

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

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

1/16/02-4/13/02-An SCR report with an allegation of IG SUB against the PSGF and allegations of PD/Am and LS UNSUB against the PSGF regarding an unrelated CH.

4/28/08-12/08/08-An SCR report with allegations of IG and LS SUB against the PGM regarding the MU and two MA (siblings of the SF)and FX SUB against the PGM regarding the MU.

9/7/12-10/9/12-An SCR report with an allegation of IG UNSUB against the PGM and PSGF regarding the MU. Additionally there was an allegation of L/B/W UNSUB against the PSGF regarding the MU.

12/20/12-2/20/13-An SCR report with allegations of IF/C/S, IG, L/B/W, LS and PD/AM UNSUB against the PGM and PSGF regarding MA, MU and the SF. Additionally an allegation of IG was SUB against the PGM and PSGF regarding another MA.

**Known CPS History Outside of NYS**

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



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

### 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