



Report Identification Number: RO-15-023

Prepared by: Rochester Regional Office

Issue Date: 2/23/2016

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



Report Type: Child Deceased
Age: 14 year(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 07/06/2015
Initial Date OCFS Notified: 07/06/2015

Presenting Information

On 07/06/15, a report was made to the SCR alleging that the 14-year-old SC who was diagnosed with a seizure disorder ran out of medication on Friday 7/3/15, at which time his mother was informed. Despite this, the mother failed to have the prescription refilled. On 7/6/15, at approximately 9:00 AM, the SC's sibling found him having a seizure. He was unresponsive and the sibling called 911. He was taken to Strong Hospital where he was pronounced dead at 10:36 AM. The cause of death was reported as cardiac arrest due to having the seizure.

Executive Summary

The family's history includes a number of reports to the SCR with allegations regarding PDAM, IG, and LBW of minor children in the home. Between 2007 and 2015, there were five SCR reports involving the family; the fifth report contained the allegation of DOA/Fatality.

On 07/06/15, the SCR registered a report which includes allegations of DOA/Fatality, IG and LOMC of the 14-year-old child by the mother and an 18-year-old male who resided in the home. According to the narrative of the report, the 14-year-old SC was diagnosed with a seizure disorder and on Friday 7/3/15, he depleted medication for his medical condition. The report alleged that his mother was informed; however, the mother failed to have the prescription refilled. On 7/6/15, at approximately 9:00 AM, the SC's sibling found him laying unresponsive on the window sill in his room. The SC was unresponsive and the sibling called 911. The SC was taken to the hospital where he was pronounced dead at 10:36 AM. The cause of death was reported as cardiac arrest due to seizure. It was alleged that the delay in obtaining medication for the child contributed to his death. The SC prescription was last filled on 05/28/15 and a refill was called in on 7/2/15 but was not filled as the insurance coverage was inactive. The documentation did not reflect the number of pills that were dispensed, or the instructions regarding the number of pills the SC should take daily to determine if the child had skipped the medication or perhaps had been going without the medication for a period longer than the 5 days. A second prescription was sent to the pharmacy; however, the medication was not prepared pending clarification from the physician as it did not appear to be the same medication that the child previously received. To further compound the delay, the pharmacy was closed for the weekend.

Given the nature of the allegations, the MCDHS made a number of contact with the medical professions, law enforcement, schools, child care and emergency medical services (EMS) to conduct a comprehensive assessment around the case circumstances that around the fatality. Medical professionals explained the child's condition, his need for medication, the date of the child's visits, when the medication was prescribed, and the effects of the child not having the medication. The medical professionals also indicated the child had been inconsistent with taking the medication as prescribed. The mother was aware of the risks, as in the past she had discontinued the child's medication (citing weight gain and other issues) and the SC had suffered episodic hospitalizations as a result. Law enforcement also indicated there was no immediate evidence of any criminality associated with the child's death; however, the investigation was on-going. At the 7/6/15 contact law enforcement indicated that the child had finished the medication 5 days prior to his death and was waiting to see his doctor to get a refill.

At the onset of the investigation, the mother denied the CPS workers access to her home and the surviving siblings.



The CPS worker was able to communicate with the mother by telephone; however, she would not reveal her whereabouts. The worker also contacted the MGM, MU, and fathers of the surviving siblings. Approximately two weeks after the SC death, the MGM allowed the worker to visit the children at her home; however, the worker had to visit with the children outside as the MGM would not allow the worker access to the inside of the home. CPS also visited the day care center; however, the children were not attending the center during the time of the investigation.

Following the contact with the children the MCDHS deemed the surviving children safe.

The final autopsy was obtained by MCDHS. Manner of death was "Natural" and cause of death was "Seizure Disorder".

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?** N/A
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** No

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?** N/A

Explain:

MCDHS made the appropriate contact with medical, school, childcare, EMS and family.

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:

The children in the household were assessed to be safe, there were no identified risk factors and the case circumstances did not warrant pursuit of Family Court Actions.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities



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Incident Information

Date of Death: 07/06/2015

Time of Death: 10:36 AM

Time of fatal incident, if different than time of death: 09:30 AM

County where fatality incident occurred: MONROE

Was 911 or local emergency number called? Yes

Time of Call: 09:30 AM

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

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

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Other	Alleged Victim	Male	015 Year(s)
Deceased Child's Household	Other	Alleged Victim	Male	008 Year(s)
Deceased Child's Household	Sibling	No Role	Male	012 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	Alleged Perpetrator	Male	18 Year(s)

LDSS Response

The LDSS responded appropriately to information regarding the fatality. Following the SCR report, MCDHS made efforts to meet with the mother; however, she refused to be interviewed and denied MCDHS access to her home and the children; therefore, there was no assessment of the mother's home where the SC resided within the first 24 hours of the fatality.

MCDHS contacted the hospital where the child was transported by EMS as well as other medical professionals who



worked with this family. The EMS transcript indicated a response to the SC residence at 9:29 AM. Medical staff indicated that the child arrived at the hospital via ambulance at approximately 9:54 AM and was pronounced dead at 10:35 AM, despite resuscitation efforts.

On 7/14/15, MCDHS contacted the pediatrician who had previously treated the 14-year-old child. The pediatrician indicated that in the past the mother had "struggled in getting refills of the medication". He stated that when the SC ran out of medication, the mother contacted his office and he called the pharmacy for a refill. The pediatrician reported there was an issue with the mother's medical insurance which was not resolved before the pharmacy closed for the weekend. The pediatrician said he also spoke with the child's neurologist who was shocked at the child's death and who explained that it was "extremely rare" for death to occur as a result of the medical condition with which the child had presented. The pediatrician and neurologist indicated this was not a life threatening situation.

The Specialist contacted the pharmacy and learned that the medication was last dispensed on 5/28/15 and on 7/2/15 a refill was attempted but was not successful. The pharmacist reported the family was contacted at 5:00 PM regarding the issue and on 7/4/15 the pharmacy sought clarification for a new dosage of the medication; the pharmacy was closed on 7/6/15 when the child died.

Initially, MCDHS was unable to conduct an assessment of the surviving siblings as the mother would not provide any information regarding their whereabouts and denied MCDHS access to the children for an assessment. However, on 7/16/15, MCDHS was able to conduct a visit to the MGM's home where the children were temporarily residing. The MGM denied the worker access to the home, however, the children were seen and interviewed and were assessed to be well. MCDHS also continued their efforts to locate, interview and engage the fathers of the children.

On 7/16/15, the mother was interviewed and during the course of the interview she reported issues with rent arrears, her Public Assistance and Food Stamps benefits. There was no definitive reason documented for the lapse in benefits; however the mother said she had rectified the issue. MCDHS assisted the mother in reinstating the medical insurance.

On 8/24/15, MCDHS staff interviewed the SC's siblings. The siblings reported that they were aware of the SC's medical condition and knew that the SC would inform the mother whenever he needed a refill. The siblings denied that the mother withheld or refused to purchase medication for the SC. The siblings denied any DV or other issues, relating to the mother, in the home.

MCDHS conducted a thorough assessment of the children which included obtaining information regarding the medical conditions the surviving siblings. MCDHS verified that the mother's insurance is currently active.

MCDHS should be commended on their casework efforts to locate and engage evasive family members as well as their diligent efforts to obtain information and properly assess for risk and safety.

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: Medical Examiner

Multidisciplinary Investigation/Review



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Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

Comments: The fatality was reviewed by an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
022081 - Other - Sibling subject child, Male, 015 Year(s)	021841 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Pending
022083 - Other - Sibling subject child, Male, 008 Year(s)	021841 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Pending
022881 - Deceased Child, Male, 14 Year(s)	021841 - Mother, Female, 36 Year(s)	Lack of Medical Care	Pending
022881 - Deceased Child, Male, 14 Year(s)	021841 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Pending
022881 - Deceased Child, Male, 14 Year(s)	021841 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Pending
022881 - Deceased Child, Male, 14 Year(s)	021842 - Sibling, Male, 18 Year(s)	DOA / Fatality	Pending
022881 - Deceased Child, Male, 14 Year(s)	021842 - Sibling, Male, 18 Year(s)	Inadequate Guardianship	Pending
022881 - Deceased Child, Male, 14 Year(s)	021842 - Sibling, Male, 18 Year(s)	Lack of Medical Care	Pending
022881 - Deceased Child, Male, 14 Year(s)	021841 - Mother, Female, 36 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?				
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The MCDHS coordinated and collaborated with law enforcement and other sources and adhered to approved protocols for joint investigations. Collaborative outreach was done with the child care providers, schools and medical professionals as well.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" 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"/>



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Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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"/>



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Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<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:

One of the surviving sibling was offered therapeutic services to cope with the loss of the sibling.

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

Explain:

Therapeutic services were offered to the parent and other caregivers to address the trauma of the loss. The family's challenge with medical coverage initially presented as a barrier to them participating in 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

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)
05/25/2015	5403 - Other - Subject child, Male, 3 Years	5404 - Mother - Subject child, Female, 38 Years	Internal Injuries	Unfounded	No
	5403 - Other - Subject child, Male, 3 Years	5404 - Mother - Subject child, Female, 38 Years	Inadequate Guardianship	Unfounded	

Report Summary:

A referral was made on 05/25/15 alleging II and IG of an unknown 3-year-old male child by the mother. The report



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alleged that the BM beat the child with a chair and as a result the child was in a coma in the hospital. MCDHS initiated the investigation and elicited information from hospital, law enforcement, and other collaterals. From these contacts MCDHS was able to determine that the mother did not have a male child as alleged. On 6/22/15 MCDHS made their final home visit and saw the children; however, MCDHS did not conduct a comprehensive assessment of the children. Subsequent attempts, at a home visit, the last being 6/26/15, were unsuccessful

Determination: Unfounded

Date of Determination: 07/06/2015

Basis for Determination:

MCDHS unsubstantiated the allegations of the report as there was no evidence to support that a 7th child or a male child of approximately 3 years of age was living in the home or was injured.

OCFS Review Results:

MCDHS appropriately unsubstantiated allegations due to no credible evidence.

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

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

This family was known to the SCR and Monroe County DHS (MCDHS) in reports dating back to 2007. The 1/9/2007 report included the allegations of IG, LBW, CTS, LOMC of the SC by the mother and the report was indicated.

The reports received on 1/14/2008 contained the allegations of IG, CTS, and LOMC of the then one-year-old and three-year-old children by parent substitute (PS). The subsequent report dated 1/22/08 also alleged IG and CTS of the then three-year-old child by the PS. The 11/13/2008 report alleged IG of the children by the mother and the PS. The allegations of these reports were investigated and determined by the MCDSS to be unsubstantiated. The reports were unfounded. The family was offered services; however, they declined all offers.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

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

Required Action(s)



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

Yes No

Foster Care Placement History

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

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Additional Local District Comments

None.

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