



Report Identification Number: RO-17-001

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

Issue Date: Jun 12, 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: 1 year(s)

Jurisdiction: Monroe
Gender: Female

Date of Death: 04/24/2014
Initial Date OCFS Notified: 01/23/2017

Presenting Information

SCR report alleged approximately 2 years ago, the parent substitute (PS) of the 17-month-old female SC physically abused her by striking, shaking, suffocating, and choking her. SC sustained bruising and swelling to the brain, broken ribs, blood coming from her nose and mouth, and was seizing. The SC died as a result of her injuries. The PS also physically assaulted SM in the SC's presence. SM was aware of PS's abuse and violent behavior, but she continued to leave SC in his care. The SM had a history of drug abuse and SS was born after the fatality, addicted to drugs. Recent allegations were that SM was impaired while being the sole caretaker for SS, leaving him unattended in a playpen and not feeding him or changing his diaper. SM also had an untreated mental illness that prevented her from appropriately caring for the SS. The SF was aware of SM's drug abuse, but continued to leave the SS in her care.

Executive Summary

The SC died on 4/24/14, and Monroe County Department of Human Services (MCDHS) reviewed information regarding the death from a previous investigation (INV) that began 4/22/14. MCDHS received an SCR report on 4/22/14 regarding multiple life-threatening injuries to the SC, found by medical professionals to be non-accidental in nature. Another report on 4/24/14 regarded the SC's subsequent death as a result of the injuries. OCFS Rochester Regional Office issued a Child Fatality Report on 1/20/15.

Another SCR report of the fatality was received by MCDHS on 1/23/17. It was alleged the parent substitute (PS) was responsible for the death of the SC. It was also alleged the SM had knowledge of the PS's violent tendencies but continued to use him as a caretaker. The report also mentioned current inadequate care of the SS, age 1, by the SM and SF. There was an open CPS INV and Preventive Services case concerning the SS at the time of this reported fatality.

At the time of the death, there were no SS or OC in the household. The ME concluded the cause of death was multiple injuries, the manner of death homicide. Although the PS initially denied inflicting the injuries, MCDHS confirmed the SC was in his sole care on 4/21/14 when the injuries were sustained. At that time, MCDHS interviewed pertinent family members, gathered appropriate collateral information, and coordinated the INV with LE. The PS was arrested shortly after the fatality and was incarcerated. In 2016 he was found guilty of Murder in the 2nd degree, and was sentenced to 20 years to life in prison. The proceeding "Household Composition" section reflects current ages of the family with the exception of the SC.

Allegations regarding the SC were similar to those alleged in 2014, with an additional allegation. MCDHS carried over information from the 2014 fatality INV into the current case, and adequately gathered information about the new allegation (FX). Evidence was found to Sub FX from the autopsy report, which included findings of a callous formation on a rib, indicative of a healing fracture. The autopsy report noted 16 other injuries, most of which were to the brain. MCDHS appropriately Sub all allegations against SM and SF regarding SS and the current situation, as well as all allegations against PS regarding the SC. The determination of allegations regarding SC was consistent with the 2014 determination, as MCDHS found that information regarding SC's death was unchanged. Additionally, MCDHS appropriately Sub the allegation of IG against SM regarding SC, as was done in 2014, for her knowledge that the SC was not safe in the PS's care. SM confirmed the SC had been injured in PS's care prior to the severe



injuries on 4/21/14, and told the District Attorney the PS was verbally abusive and physically violent. Despite this, SM continued to use PS as a regular caretaker prior to the fatality.

The SC and SS had the same biological parents, though the SM and SF were not in a relationship at the time of the SC's death. MCDHS worked with the family throughout this INV to address ongoing concerns regarding the SS unrelated to the fatality. MCDHS filed a neglect petition against the SM and SF in an effort to compel the parents to protect the SS. At this point a Protective Program Choice was added, given the heightened level of concern.

MCDHS appropriately IND the report against SM and SF regarding the SS and closed the INV. The services case remained open at the time of this writing, and long-term CPS monitoring was in process of being implemented.

For the citations that follow, MCDHS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) MCDHS has taken, or will take, to address the cited issues. For citations where a PIP is currently implemented, MCDHS will review the plan(s) and revise as needed to further address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

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

Explain:

The safety assessments and the determination of all allegations were accurate.

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 case record has documentation of consultation with a supervisor. There was sufficient work done in order for the investigation case to close, and was planned to transition into long-term CPS monitoring in addition to the Preventive Services being provided.

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: 04/24/2014

Time of Death: 06:35 AM

Date of fatal incident, if different than date of death: 04/21/2014

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:

10:43 PM

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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 2 Hours

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

2

At time of incident supervisor was: Not impaired.

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 | Deceased Child | Alleged Victim | Female | 1 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 27 Year(s) |
| Deceased Child's Household | Mother's Partner | Alleged Perpetrator | Male | 26 Year(s) |
| Other Household 1 | Father | Alleged Perpetrator | Male | 31 Year(s) |
| Other Household 1 | Sibling | Alleged Victim | Male | 1 Year(s) |

LDSS Response

MCDHS initiated the fatality investigation that was reported to the SCR on 1/23/17 within 24 hours by reviewing the historical fatality investigation as well as conducting a safety assessment of the SS, who was born one year after the SC's death. MCDHS also documented a review of all CPS history and current involvement with Preventive Services within 24 hours. In addition to the SS, MCDHS assessed safety of a 3-year-old child who was residing with her parents in the same home as the family. MCDHS documented confirmation that the PS was incarcerated for at least the next 20 years, and thus could never have unsupervised contact with the SS as a minor. Services were offered to SM and SF at the time of the fatality, but declined. Services were encouraged again during this investigation as SM expressed suffering from continued effects of trauma surrounding the loss of the SC, in addition to other service needs being present.

Evidence concluded the PS cared for the SC between the approximate times of 4:45pm and 10:30pm on 4/21/14 while the SM was at work. PS reported the last time he saw the child alive was around 8:00pm. According to the SM, when she returned home she found the SC unresponsive in her Pack and Play with blood on her face, appearing to have suffered a seizure. The SM called 911 and upon the SC's admission to the hospital, medical professionals found numerous injuries indicative of abuse, injuries typically seen in children who are shaken, beaten, and deprived of oxygen. Based on evidence gathered, the combined allegations of DOA/Fatality, C/T/S, II, L/B/W, LM, and IG in the two 2014 reports were appropriately Sub against the PS in those investigations. IG was also Sub against SM, who reported observing suspicious injuries to the SC after she left her in the care of PS, prior to the injuries that caused her death, but continued to allow him to care for the SC. She also adamantly denied PS caused the death of the SC. In the current INV, SM and SF were interviewed again about the death, and an attempt was made to interview the PS. PS refused to meet, reporting he did not wish to make any statement.

When the fatality was reported again in 2017, MCDHS had a sufficient basis to make the same determination of allegations, most of which were identical to the 2014 reports with the exception of an added allegation of FX. MCDHS reviewed information to confirm there was no new information regarding the injuries and fatality, though there was evidence found in the autopsy report to Sub FX. The INV was IND, and all allegations were Sub. The determination of allegations was accurate given the information reviewed and gathered by MCDHS.

Prior to the 2017 fatality report, MCDHS had begun working with the family and assessing safety of the SS beginning on 1/18/17, after an SCR report was made regarding inadequate care of the SS. The family was also voluntarily working with Preventive Services, and were sporadically compliant with minimal change seen in the identified areas of concern. MCDHS found ongoing concerns for unstable housing, SM's history of drug misuse and MH issues, possible drug misuse by SF, and SM's failure to comply with timely evaluations and treatment recommendations. In addition, both the SC and SS were born with a positive toxicology for opiates and suffered from withdrawal symptoms, and both times SM additionally admitted to marijuana use during pregnancy. There was also a recent history of SS failing to thrive due to maltreatment by SM and SF. At the time of that concern, MCDHS had attempted to file a neglect petition but was unable due to conflicting medical documentation; however, MCDHS successfully filed a neglect petition against both parents on 3/6/17 to address the ongoing safety and risk concerns for the SS. MCDHS continued their involvement with the family in the open services case at the time of the issuance of this report.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner



Multidisciplinary Investigation/Review

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

Comments: The current investigation was not conducted by an MDT due to the fact that the fatality had previously been investigated and determined by an MDT. It does not appear this situation warranted another joint investigation, due to the fact that there was no new information, and the perpetrator remained incarcerated from the time of the initial fatality report through the current investigation.

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

Comments: The fatality was reviewed by the Monroe County CFRT at the time of the fatality in 2014; however, it is unclear if it was reviewed again as a result of the recent report.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--|---|--------------------------------------|--------------------|
| 037105 - Deceased Child, Female, 1 Year(s) | 037107 - Mother's Partner, Male, 26 Year(s) | Inadequate Guardianship | Substantiated |
| 037105 - Deceased Child, Female, 1 Year(s) | 037107 - Mother's Partner, Male, 26 Year(s) | Internal Injuries | Substantiated |
| 037105 - Deceased Child, Female, 1 Year(s) | 037107 - Mother's Partner, Male, 26 Year(s) | Swelling / Dislocations / Sprains | Substantiated |
| 037105 - Deceased Child, Female, 1 Year(s) | 037106 - Mother, Female, 27 Year(s) | Inadequate Guardianship | Substantiated |
| 037105 - Deceased Child, Female, 1 Year(s) | 037107 - Mother's Partner, Male, 26 Year(s) | Choking / Twisting / Shaking | Substantiated |
| 037105 - Deceased Child, Female, 1 Year(s) | 037107 - Mother's Partner, Male, 26 Year(s) | Lacerations / Bruises / Welts | Substantiated |
| 037105 - Deceased Child, Female, 1 Year(s) | 037107 - Mother's Partner, Male, 26 Year(s) | DOA / Fatality | Substantiated |
| 037105 - Deceased Child, Female, 1 Year(s) | 037107 - Mother's Partner, Male, 26 Year(s) | Fractures | Substantiated |
| 037109 - Sibling, Male, 1 Year(s) | 037108 - Father, Male, 31 Year(s) | Inadequate Guardianship | Substantiated |
| 037109 - Sibling, Male, 1 Year(s) | 037106 - Mother, Female, 27 Year(s) | Inadequate Food / Clothing / Shelter | Substantiated |
| 037109 - Sibling, Male, 1 Year(s) | 037106 - Mother, Female, 27 Year(s) | Lack of Supervision | Substantiated |

CPS Fatality Casework/Investigative Activities

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



| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| When appropriate, children were interviewed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face? | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the investigation adhere to established protocols for a joint investigation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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:

LE and PS were not contacted for this investigation, but were for the 2014 investigation. Information carried over was well-documented. It was determined the 2017 report did not warrant another joint investigation with LE.

Fatality Safety Assessment Activities

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

Fatality Risk Assessment / Risk Assessment Profile



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

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

| | | | |
|---|---|-----------------------------|---------------------|
| Criminal Charge: Murder Degree: 2 | | | |
| Date Charges Filed: | Against Whom? | Date of Disposition: | Disposition: |
| Unknown | Parent Substitute | Unknown | Guilty |
| Comments: | The parent substitute (PS) was arrested following the fatality in 2014 for the injuries sustained by the SC which resulted in her death. He was indicted on 5/6/14, remained in custody, and in 2016 he was found guilty and sentenced to a minimum of 20 years in prison, with a maximum sentence of life in prison. His earliest release date is 4/23/2034. PS was charged with Murder 2nd, a Class A felony. | | |



Services Provided to the Family in Response to the Fatality

| Services | Provided After Death | Offered, but Refused | Offered, Unknown if Used | Needed but not Offered | Needed but Unavailable | N/A | CDR Lead to Referral |
|--------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Economic support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:
 Parents were offered the above "provided" services and were in process of engaging at the time of this writing. When asked, the pediatrician told MCDHS an Early Intervention evaluation was not necessary for SS. A referral was made for Preventive Daycare, and intensive case management services were in place. MCDHS was in process of compelling engagement with such services through Family Court.

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? N/A

Explain:
 No needs were identified for the SS regarding the fatality, given that he was not born at the time of the fatality and in consideration of his current age (1 year old).

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

Explain:



The family was referred for and worked with intense trauma services, though at times were sporadically engaged.

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) |
|--------------------|--------------------------------|----------------------------------|--------------------------------------|----------------|---------------------|
| 01/18/2017 | 15993 - Sibling, Male, 1 Years | 15992 - Father, Male, 30 Years | Inadequate Food / Clothing / Shelter | Indicated | No |
| | 15993 - Sibling, Male, 1 Years | 15991 - Mother, Female, 27 Years | Inadequate Food / Clothing / Shelter | Indicated | |
| | 15993 - Sibling, Male, 1 Years | 15991 - Mother, Female, 27 Years | Inadequate Guardianship | Indicated | |
| | 15993 - Sibling, Male, 1 Years | 15992 - Father, Male, 30 Years | Inadequate Guardianship | Indicated | |

Report Summary:

SCR report alleged SM and SF failed to provide adequate food for the SS, which was an ongoing concern. The SS was left in a playpen for 5-6 hours a day. SM was using pills that were not prescribed to her, to an unknown degree.

Determination: Indicated

Date of Determination: 05/03/2017

Basis for Determination:

MCDHS found the family had unstable housing and at the time of the report, were living with persons with their own issues of MH and DV. SS was diagnosed with failure to thrive in 2016. He showed improvement, but lost some weight during this investigation and parents missed medical appointments for him. SS was eventually brought up to date with routine care and the pediatrician noted no concerns. There were ongoing concerns for drug misuse by parents due to history and some credible evidence provided by collaterals. A neglect petition was filed against the parents and an order of supervision was ordered in an effort to get cooperation with service providers and obtain stable housing.

OCFS Review Results:

MCDHS appropriately implemented protective and preventive measures in an effort to mitigate the safety concerns for the SS, and filed a neglect petition when the need arose. Observations were well-documented and MCDHS maintained frequent contact with supervisors, Prevention workers, the legal department, and other pertinent collateral contacts. A services case remained ongoing for long-term monitoring upon the closing of this investigation.



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) |
|--------------------|--------------------------------|----------------------------------|----------------------------------|----------------|---------------------|
| 12/20/2016 | 15873 - Sibling, Male, 1 Years | 15871 - Mother, Female, 27 Years | Lack of Medical Care | Unfounded | No |
| | 15873 - Sibling, Male, 1 Years | 15871 - Mother, Female, 27 Years | Malnutrition / Failure to Thrive | Unfounded | |
| | 15873 - Sibling, Male, 1 Years | 15872 - Father, Male, 30 Years | Lack of Medical Care | Unfounded | |
| | 15873 - Sibling, Male, 1 Years | 15872 - Father, Male, 30 Years | Malnutrition / Failure to Thrive | Unfounded | |
| | 15873 - Sibling, Male, 1 Years | 15871 - Mother, Female, 27 Years | Inadequate Guardianship | Unfounded | |
| | 15873 - Sibling, Male, 1 Years | 15872 - Father, Male, 30 Years | Inadequate Guardianship | Unfounded | |

Report Summary:

SCR report alleged SS was diagnosed failure to thrive in August 2016. Since that time, the SS had not gained adequate weight and remained in the 3rd percentile for weight. SM and SF failed to bring the SS for 3 follow-up weight check appointments. SM also incorrectly filled the SS's formula by over-concentrating the formula during feeding. It was noted that SM had a substance abuse history and had turned down services in the past for treatment or counseling, and it was unknown if SM was actively abusing drugs.

Determination: Unfounded**Date of Determination:** 01/11/2017**Basis for Determination:**

Although the SS was previously diagnosed with failure to thrive, MCDHS confirmed with the pediatrician that the SS had gained perfect weight and the doctor reported plans to remove that diagnosis from the SS's chart. MCDHS was informed that SS was not in the 3rd percentile for weight during the investigation, and the pediatrician did not have any concerns at time of case close. MCDHS found the parents had a sufficient supply of food for the SS. No evidence of concerns for substance abuse was found.

OCFS Review Results:

MCDHS conducted a thorough investigation and documented several consultations with supervisors. MCDHS followed up with the appropriate collateral contacts in order to appropriately determine each allegation.

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) |
|--------------------|---------------------------------|----------------------------------|--------------------------------------|----------------|---------------------|
| 08/18/2016 | 15863 - Sibling, Male, 9 Months | 15864 - Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Indicated | No |
| | 15863 - Sibling, Male, 9 Months | 15865 - Father, Male, 30 Years | Inadequate Food / Clothing / Shelter | Indicated | |
| | 15863 - Sibling, Male, 9 Months | 15864 - Mother, Female, 26 Years | Lack of Medical Care | Indicated | |
| | 15863 - Sibling, Male, 9 Months | 15865 - Father, Male, 30 Years | Lack of Medical Care | Indicated | |
| | 15863 - Sibling, Male, | 15864 - Mother, | Inadequate Food / | Indicated | |



| | | | |
|---------------------------------|----------------------------------|-------------------------------|-----------|
| 9 Months | Female, 26 Years | Clothing / Shelter | |
| 15863 - Sibling, Male, 9 Months | 15864 - Mother, Female, 26 Years | Inadequate Guardianship | Indicated |
| 15863 - Sibling, Male, 9 Months | 15865 - Father, Male, 30 Years | Inadequate Guardianship | Indicated |
| 15863 - Sibling, Male, 9 Months | 15865 - Father, Male, 30 Years | Parents Drug / Alcohol Misuse | Indicated |

Report Summary:

SCR report alleged SM and SF were not providing adequate care for the SS, including failure to change his diapers (resulting in severe diaper rash) and failure to provide him clothes, food and diapers (resulting in SS being underweight and dirty). SM and SF also smoked marijuana and took pills, becoming impaired while caring for the SS. SS was left with PGM and parents failed to return on time to pick him up. SM and SF got into heated arguments in the presence of SS, exposing him to loud noises and acts of verbal aggression.

Determination: Indicated**Date of Determination:** 10/27/2016**Basis for Determination:**

MCDHS found SS had low weight (in the 2nd percentile for weight) and parents no-showed doctor's appointments and were evasive with the pediatrician, CPS, and Preventive workers. There was concern regarding the family not having enough formula or that the mother was purposely putting flour in a can to make it look as if there was formula in the can when MCDHS arrived. An affidavit was signed by paternal relatives and legal consults were completed with the plan to file for a neglect petition. Due to discrepancies in some of the paperwork received from medical staff, MCDHS was unable to take legal action at that time.

OCFS Review Results:

MCDHS made sufficient efforts to gather information and implement protective and preventive measures with the family. MCDHS appropriately consulted with the legal department when such a need arose.

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) |
|--------------------|---------------------------------|----------------------------------|--------------------------------------|----------------|---------------------|
| 05/17/2016 | 15853 - Sibling, Male, 6 Months | 15851 - Mother, Female, 26 Years | Inadequate Food / Clothing / Shelter | Unfounded | Yes |
| | 15853 - Sibling, Male, 6 Months | 15852 - Father, Male, 30 Years | Inadequate Guardianship | Unfounded | |
| | 15853 - Sibling, Male, 6 Months | 15851 - Mother, Female, 26 Years | Inadequate Guardianship | Unfounded | |
| | 15853 - Sibling, Male, 6 Months | 15852 - Father, Male, 30 Years | Inadequate Food / Clothing / Shelter | Unfounded | |
| | 15853 - Sibling, Male, 6 Months | 15852 - Father, Male, 30 Years | Parents Drug / Alcohol Misuse | Unfounded | |
| | 15853 - Sibling, Male, 6 Months | 15851 - Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Unfounded | |

Report Summary:

SCR report alleged SM and SF abused opiates while being sole caretakers for SS. The home was deemed non-livable by code inspectors - the SF was electrocuted in the shower. SM and SF refused to move and remained in the home. A subsequent report was made on 6/11/16 and consolidated into this report. SM allegedly stole items from a relative's home, including \$200 and a controlled substance prescription. SM attacked the relative in close proximity to SS, falling onto and breaking a table, and hit the relative over the head with an object. SM fled with SS, the money, and the drugs



before police arrived. SM used the money she stole to buy drugs and used those drugs in the presence of the SS.

Determination: Unfounded **Date of Determination:** 07/25/2016

Basis for Determination:
MCDHS did confirm the home was condemned due to numerous code violations and visited the home of the PGM where SM, SF and SS resided in the meantime. When interviewed, SM and SF denied drug use and were never observed to appear under the influence of any substances. MCDHS did not sufficiently explore the subsequent report enough to gather any potential evidence about the event, aside from interviewing SM.

OCFS Review Results:
MCDHS appropriately made a referral for voluntary Preventive Services when needs were identified. MCDHS adequately assessed the initial safety of the SS, but did not adequately explore what was alleged in the subsequent report. Aside from asking SM about the event and noting her denial, MCDHS did not attempt contact with the source or speak with the relative who was involved in the alleged incident. MCDHS also did not contact LE in an effort to gather further collateral information about the alleged incident. There was an inaccuracy with the RAP, the 7-day safety assessment was late, and no Notice of Existence letter was provided to SF.

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

Issue:
Failure to provide notice of report
Summary:
No Notice of Existence letters was generated or noted as being delivered SF for the initial report.
Legal Reference:
18 NYCRR 432.2(b)(3)(ii)(f)
Action:
MCDHS will mail or deliver notification letters to subject(s) and parent(s) within the first seven days following the receipt of the report.

Issue:
Contact/Information From Reporting/Collateral Source
Summary:
MCDHS did not attempt contact with the source of the subsequent report or speak with the relative who was involved in the alleged incident. MCDHS also did not contact LE in an effort to gather further collateral information about the alleged incident.
Legal Reference:
18 NYCRR 432.2(b)(3)(ii)(b)
Action:
MCDHS will make diligent efforts to contact collaterals to potentially gather outside information.

Issue:
Timely/Adequate Seven Day Assessment
Summary:
The 7-day safety assessment was not completed on time.
Legal Reference:
SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:
MCDHS will complete all safety assessments in the amount of time required.

Issue:
Adequacy of Risk Assessment Profile (RAP)
Summary:



No secondary caretaker was identified when it was known that SF had a regular caretaking role for the SS.

Legal Reference:

18 NYCRR 432.2(d)

Action:

MCDHS will accurately reflect the current caretakers of children in risk assessments, and accurately assess and document each respective risk element identified into the Risk Assessment Profile.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|---------------------------------|----------------------------------|-------------------------------|----------------|---------------------|
| 12/29/2015 | 15845 - Sibling, Male, 1 Months | 15843 - Mother, Female, 26 Years | Inadequate Guardianship | Unfounded | Yes |
| | 15845 - Sibling, Male, 1 Months | 15843 - Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Unfounded | |
| | 15845 - Sibling, Male, 1 Months | 15843 - Mother, Female, 26 Years | Lack of Supervision | Unfounded | |

Report Summary:

SCR report alleged SM was abusing drugs to impairment and was not able to provide care to the 6-week-old SS. While under the influence, SM would pass out leaving the child unattended. This situation was reportedly ongoing. SF and PGM had unknown roles.

Determination: Unfounded

Date of Determination: 07/25/2016

Basis for Determination:

SM and SF denied the reported concerns regarding drug misuse. At all contacts, SM was observed to be sober without appearing to be under the influence of drugs or alcohol. There was also no evidence of use of drugs or alcohol in the home. During the investigation SM was prescribed opiates for pain and her physician tested her regularly to ensure she was not using any other drugs; she was not found to have been.

OCFS Review Results:

MCDHS appropriately determined the allegations based on information obtained throughout the investigation. MCDHS made the appropriate referrals for Preventive Services. The 7-day safety assessment was not completed on time and there was incorrectly no secondary caretaker identified on the Risk Assessment Profile.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-day safety assessment was completed 3 weeks late.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

MCDHS will complete all safety assessments within the required timeframes.

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

No secondary caretaker was identified when it was known that SF had a regular caretaking role for the SS.

Legal Reference:

18 NYCRR 432.2(d)

Action:



MCDHS will accurately reflect the current caretakers of children in risk assessments, and accurately assess and document each respective risk element identified into the Risk Assessment Profile.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|-------------------------------|----------------------------------|--------------------------------------|----------------|---------------------|
| 11/13/2015 | 15804 - Sibling, Male, 1 Days | 15800 - Mother, Female, 26 Years | Inadequate Food / Clothing / Shelter | Indicated | Yes |
| | 15804 - Sibling, Male, 1 Days | 15800 - Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Indicated | |

Report Summary:
 SCR report alleged SM, who had a history of drug use, gave birth to SS on 11/12/2015. SM and SS tested positive for opiates. SM also tested positive for marijuana. SS reportedly had no withdrawal symptoms at the time of the report, though SM admitted to doing drugs during pregnancy. Roles of the SF, PGM, and MU were unknown.

Determination: Indicated **Date of Determination:** 07/25/2016

Basis for Determination:
 MCDHS found credible evidence that SS experienced opiate withdrawal while hospitalized after birth, requiring a longer hospital stay than normal after childbirth. SM agreed she would not use any drugs or alcohol after SS's birth. During investigation a physician began prescribing her opiates for pain. Following release from the hospital, SM and SF were never observed by MCDHS to be under the influence of any drugs or alcohol. They had followed through with medical care for the baby and the pediatrician had no concerns. Mother later agreed to Preventive Services, and the voluntary case opened 8/19/16. At case closing the family was staying with PGM and child was assessed to be safe.

OCFS Review Results:
 MCDHS appropriately determined the allegations; however, as this was SM's second child to be born with positive toxicology for opiates, the legal department should have been consulted at the onset of this investigation. There were inaccuracies within the 7-day safety assessment and Risk Assessment Profile.

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

Issue:
 Assessment as to need for Family Court Action

Summary:
 SS was SM's second child to be born with positive toxicology for opiates and suffered from withdrawal symptoms, and the first one died due to abuse. For these reasons, the legal department should have been consulted at the onset of this investigation to discuss a possible protective removal and/or neglect petition.

Legal Reference:
 SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)

Action:
 MCDHS shall, in all cases where a child abuse or maltreatment report is being investigated, assess whether the best interests of the child require Family Court or Criminal Court action and shall initiate such action, whenever necessary.

Issue:
 Timely/Adequate Seven Day Assessment

Summary:
 MCDHS selected the safety decision which identified no safety plan was required, though outlined in the comments that SM was actively engaged in a safety plan.

Legal Reference:
 SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:



MCDHS will complete all safety assessments with accuracy to reflect the current circumstances with the family, particularly with respect to plans that involve the safety of children.

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

No secondary caretaker was identified when it was known that SF had a regular caretaking role for the SS.

Legal Reference:

18 NYCRR 432.2(d)

Action:

MCDHS will accurately reflect the current caretakers of children in risk assessments, and accurately assess and document each respective risk element identified into the Risk Assessment Profile.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|---|--|-------------------------------|----------------|---------------------|
| 04/24/2014 | 15751 - Deceased Child, Female, 1 Years | 15752 - Mother, Female, 24 Years | Inadequate Guardianship | Indicated | Yes |
| | 15751 - Deceased Child, Female, 1 Years | 15753 - Mother's Partner, Male, 23 Years | Inadequate Guardianship | Indicated | |
| | 15751 - Deceased Child, Female, 1 Years | 15753 - Mother's Partner, Male, 23 Years | Lack of Medical Care | Indicated | |
| | 15751 - Deceased Child, Female, 1 Years | 15752 - Mother, Female, 24 Years | DOA / Fatality | Indicated | |
| | 15751 - Deceased Child, Female, 1 Years | 15753 - Mother's Partner, Male, 23 Years | DOA / Fatality | Indicated | |
| | 15751 - Deceased Child, Female, 1 Years | 15753 - Mother's Partner, Male, 23 Years | Lacerations / Bruises / Welts | Indicated | |

Report Summary:

SCR report alleged SC was admitted to the hospital with severe neurologically devastated brain trauma. SC had bruises on her arm, thigh, back of her head, and behind her ear. PS was caring for the SC at the time of injury. SM had discovered SC unresponsive when she returned home. An additional report noted the SC died as a result of the injuries, and SM was named as an additional subject due to not having an explanation for the injuries that resulted in the death. The subsequent report was consolidated into this investigation.

Determination: Indicated

Date of Determination: 04/27/2016

Basis for Determination:

Although there was no admission of guilt to MCDHS, a child abuse medical professional noted the SC's multiple, substantial injuries were indicative of non-accidental trauma. PS was arrested and charged with Murder 2nd. He remained incarcerated. PS was IND for all allegations, including DOA/Fatality as the SC died as a result of the reportedly non-accidental injuries sustained while in the care of the PS. SM was IND for IG because she had learned prior to the fatality that the SC had been injured in PS' care on more than one occasion, and continued to leave the SC in his care.

OCFS Review Results:

There was a sufficient amount of information gathered to support the basis of each allegation's determinations. Two questions were answered incorrectly on the RAP. There was no home visit, and a SS was born while the case was open and was not added to the report. Most of the notes were entered non-contemporaneously to their event dates. No 24-hour safety assessment was completed regarding the fatality.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

The RAP identified there were no abusive or threatening incidents between SM and PS, though information in notes showed the contrary. An elevated risk element showed SC required hospitalization/emergency care within the last 6 months as a result of abuse or maltreatment by caretaker(s). The RAP was completed 2 years after such event, therefore this answer was inaccurate.

Legal Reference:

18 NYCRR 432.2(d)

Action:

MCDHS will take into account all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Issue:

Pre-Determination/Home Visit

Summary:

Though the case was open two years, there was no home visit completed prior to the case closing in order to evaluate the environment in which the SC lived.

Legal Reference:

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

Action:

Prior to a determination being made, the investigation must include one home visit so as to evaluate the environment of the child named in the report as well as other children in the same home.

Issue:

A child was born during an open CPS investigation and never added to the report

Summary:

SS was born during the time in which this case remained open, and he was never added to the report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(e)

Action:

MCDHS is required to obtain the name, age, and condition of other children in the home. MCDHS will add all appropriate household members to open investigations.

Issue:

Timely/Adequate 24 Hour Assessment

Summary:

No 24-hour safety assessment was completed regarding the fatality.

Legal Reference:

SSL 424(6);18 NYCRR 432.2(b)(3)(i)

Action:

MCDHS will complete a safety assessment within 24 hours of any SCR-reported fatality.

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Most of the notes were entered non-contemporaneously to their event dates, with several notes being entered 1-2 years after the event date.

Legal Reference:



18 NYCRR 428.5

Action:

MCDHS will enter all progress notes contemporaneously to their event date.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|---|--|-------------------------------|----------------|---------------------|
| 04/22/2014 | 15741 - Deceased Child, Female, 1 Years | 15742 - Mother, Female, 24 Years | Inadequate Guardianship | Indicated | Yes |
| | 15741 - Deceased Child, Female, 1 Years | 15742 - Mother, Female, 24 Years | Lacerations / Bruises / Welts | Indicated | |
| | 15741 - Deceased Child, Female, 1 Years | 15743 - Mother's Partner, Male, 23 Years | Lacerations / Bruises / Welts | Indicated | |
| | 15741 - Deceased Child, Female, 1 Years | 15743 - Mother's Partner, Male, 23 Years | Inadequate Guardianship | Indicated | |
| | 15741 - Deceased Child, Female, 1 Years | 15742 - Mother, Female, 24 Years | Choking / Twisting / Shaking | Indicated | |
| | 15741 - Deceased Child, Female, 1 Years | 15742 - Mother, Female, 24 Years | Internal Injuries | Indicated | |
| | 15741 - Deceased Child, Female, 1 Years | 15743 - Mother's Partner, Male, 23 Years | Choking / Twisting / Shaking | Indicated | |
| | 15741 - Deceased Child, Female, 1 Years | 15743 - Mother's Partner, Male, 23 Years | Internal Injuries | Indicated | |

Report Summary:

SCR report alleged SC had been in the care of a parent substitute (PS). When SM returned home she noticed the SC unresponsive and bleeding from the mouth. SM called 911 and SC was transported to the hospital by ambulance. SC had a pressure bruise to her upper left bicep and subdural bleeding, typical of shaken baby syndrome. SC was in critical condition. SF had no role. 2 additional reports were made concerning SC's injuries, also listing SM as an alleged subject due to the suspicious nature of the injuries without plausible explanation. The subsequent reports were consolidated into this investigation.

Determination: Indicated**Date of Determination:** 04/27/2016**Basis for Determination:**

Although there was no admission of guilt to MCDHS, a child abuse medical professional noted the SC's multiple, substantial injuries were indicative of non-accidental trauma. PS was arrested and charged with Murder 2nd. He remained incarcerated. PS was IND for all allegations, and SM was IND for IG. SM was IND because she had learned prior to the fatality that the SC had been injured in PS' care on more than one occasion, and continued to leave the SC in his care.

OCFS Review Results:

There was a sufficient amount of information gathered to support the basis of each allegation's determinations. Two questions were answered incorrectly on the RAP. There was no home visit, and a SS was born while the case was open and was not added to the report.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

The RAP identified there were no abusive or threatening incidents between SM and PS, though information in notes showed the contrary. An elevated risk element showed SC required hospitalization/emergency care within the last 6



months as a result of abuse or maltreatment by caretaker(s). Because the RAP was completed 2 years after such event, this answer was inaccurate.

Legal Reference:

18 NYCRR 432.2(d)

Action:

MCDHS will take into account all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Most of the notes were not entered contemporaneously to their event dates, with several notes being entered 1-2 years after their event dates.

Legal Reference:

18 NYCRR 428.5

Action:

MCDHS will enter all progress notes contemporaneously to their event date.

Issue:

Pre-Determination/Home Visit

Summary:

Though the case was open two years, there was no home visit completed prior to the case closing in order to evaluate the environment in which the SC lived.

Legal Reference:

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

Action:

Prior to a determination being made, the investigation must include one home visit so as to evaluate the environment of the child named in the report as well as other children in the same home.

Issue:

A child was born during an open CPS investigation and never added to the report

Summary:

SS was born during the time in which this case remained open, and he was never added to the report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(e)

Action:

MCDHS is required to obtain the name, age, and condition of other children in the home. MCDHS will add all appropriate household members to open investigations.

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

On 11/8/12, an SCR report was made concerning the SM testing positive for opiates upon the birth of the SC, and SC was going through withdrawal. SM admitted to marijuana and opiate use during pregnancy. The case was handled as Family Assessment Response (FAR). Parents agreed not to be under influence of drugs or alcohol while caring for the SC upon her release from the hospital. The FAR case was closed 1/2/13.

On 7/10/13, the SM, SC, and parent substitute (PS) were named on a report as living in the home with the PS's brother-in-



law. The PS was named as one of the subjects regarding his 3-year-old nephew alleging IG and LS. The case was unfounded. Services were already in place to assist the family of PS's sister, brother-in-law, and nephew.

Known CPS History Outside of NYS

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

Services Open at the Time of the Fatality

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

Date the preventive services case was opened: 08/03/2016

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: 08/03/2016

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

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Did the service provider(s) comply with the timeliness and content requirements for progress notes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the services provided meet the service needs as outlined in the case record? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did all service providers comply with mandated reporter requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| If yes, was the response appropriate to the circumstances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Casework Contacts

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

Services Provided



| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were services provided to parents as necessary to achieve safety, permanency, and well-being? | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the FASP consistent with the case circumstances? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Closing

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

Provider

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were Services provided by a provider other than the Local Department of Social Services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:
MCDHS enlisted services with a contracted agency.

Required Action(s)

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

Yes No

Preventive Services History



The SM, SF and SS were referred for Preventive Services following the discovery of concerns in a recently closed CPS investigation. The voluntary case opened 8/3/16. SM had a history of untreated substance abuse, and both SS and SC were born addicted to opiates due to prenatal exposure. SM had a history of untreated mental health, symptoms of which were intensifying and SM needed additional support in order to adequately parent and provide stability to the SS. There were concerns for SF, as the PGM had recently filed an order of protection against him, claiming threatening tendencies towards her and missing medications with the suspicion of his drug misuse. There was also concern for housing stability, and at the time of the opening of the case, the parents were both unemployed with minimal familial or community support. During the open case, there was concern for the health and safety of the SS as he was diagnosed with failure to thrive and the parents were not following up with medical appointments. Engagement with services was sporadic, and on 3/6/2017 a neglect petition was filed against the parents to implement orders, in an effort to mitigate the ongoing protective concerns. The Preventive Services case remained open at the time of the writing of this report, with ongoing monitoring by CPS additionally in place. A protective program choice was added.

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"/> |

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?

Family Court Criminal Court Order of Protection

| Family Court Petition Type: FCA Article 10 - CPS | | |
|--|---|-----------------------------|
| Date Filed: | Fact Finding Description: | Disposition Description: |
| 03/06/2017 | There was not a fact finding | There was not a disposition |
| Respondent: | 037106 Mother Female 27 Year(s) | |
| Comments: | Concerns were addressed regarding unstable housing, SM's history of drug misuse and mental health, and failure to comply thus far with treatment services for both. SM was given until next court date to | |



seek own housing with SF and SS. SM was not to allow any unsupervised contact between SS and a current adult household member. The MCDHS County Attorney and the Attorney for the Child requested an order of protection (unspecified) in addition to orders requiring the SM to comply with services. Suggestions were made for supportive resources regarding obtaining housing, and the judge advised MCDHS to connect the parents to a parenting program.

| Family Court Petition Type: FCA Article 10 - CPS | | |
|--|---|-----------------------------|
| Date Filed: | Fact Finding Description: | Disposition Description: |
| 03/06/2017 | There was not a fact finding | There was not a disposition |
| Respondent: | 037108 Father Male 31 Year(s) | |
| Comments: | Concerns were addressed regarding unstable housing, possible drug misuse, and failure to comply thus far with treatment services. SF was given until next court date to seek own housing with SM and SS. SF was not to allow any unsupervised contact between SS and a current adult household member. The MCDHS County Attorney and the Attorney for the Child requested an order of protection (unspecified) in addition to orders requiring the SF to comply with services. Suggestions were made for supportive resources regarding obtaining housing, and the judge advised MCDHS to connect the parents to a parenting program. | |

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