



Report Identification Number: RO-20-015

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

Issue Date: Jan 27, 2021

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 3 year(s)

Jurisdiction: Monroe
Gender: Female

Date of Death: 08/01/2020
Initial Date OCFS Notified: 08/01/2020

Presenting Information

An SCR report alleged that on 7/30/20, the father put the 3-year-old child to sleep on the bed, under a play tent they made out of blankets surrounded by pillows. Around 7:00 AM on 7/31/20, the father, who was co-sleeping with the child, awoke to find the child face down on a pillow. The father attempted to wake the child but the child was unresponsive and not breathing. The father yelled for the paternal grandmother who was in the home, to contact 911. EMS arrived at the home and discovered the child had no pulse and was not breathing. EMS immediately started CPR and had to intubate the child. The child was taken by ambulance to the hospital and arrived at 7:30 AM. The child was bradycardic (slow heart rate) and had a faint pulse upon arrival to the hospital. The child was put on a ventilator and was considered brain dead. The ventilator was removed and she was pronounced dead at 3:44 PM on 8/1/20. The child was otherwise healthy and there was no plausible explanation for her death.

Executive Summary

This report concerns the death of the 3-year-old female child. The Monroe County Department of Human Services (MCDHS) received SCR reports regarding the incident on 7/31/20 and 8/1/20. The mother and father equally shared custody of the child, and she resided with each parent half of the time. Neither parent had any other children. The mother resided with the maternal grandmother and the 10-year-old maternal aunt. The father resided with the paternal grandparents and the 12-year-old paternal aunt.

MCDHS conducted a joint investigation with law enforcement and they learned that on the night of 7/30/20, the child was sleeping at the father's home. The father and child slept in the father's bed under a tent made from blankets and pillows. The father woke up on 7/31/20 and he discovered the child was laying face down and she was unresponsive. He sought assistance from the maternal grandmother, who called 911 at 7:09 AM. The grandmother performed CPR until EMS arrived and took over. EMS transported the child to the hospital via ambulance, where she was placed on a ventilator. Medical care was withdrawn, and the child passed away on 8/1/20 at 3:44 PM. The father admitted to occasional marijuana use and he said he smoked marijuana on 7/30/20.

An autopsy was performed, and the final report was pending at the time this report was written. No criminal charges had been filed and the law enforcement investigation remained open pending the final autopsy results.

MCDHS assessed the safety of the aunts throughout the investigation, and they determined the aunts were safe in the care of their parents. MCDHS contacted numerous collaterals to gather additional information about the incident. MCDHS interviewed all household members at the mother's and father's homes and they assessed both homes to contain no safety hazards. All family members reported the child was healthy, other than the child complaining of a mild stomachache on and off. No explanation was provided for the child's death and there was no evidence gathered that the child's death was caused by a caretaker's actions or inactions.

MCDHS offered the family mental health and grief counseling services and they offered the father substance abuse services. The father received emergency mental health treatment and the maternal aunt received mental health counseling. The family declined needing any additional services and MCDHS unfounded and closed the case.

PIP Requirement



This review resulted in a citation related to casework practice in a historical case. In response, MCDHS will submit a PIP to the Rochester Regional Office within 30 days of receipt of this report. The PIP will identify what action(s) MCDHS has taken, or will take, to address the cited issue. For citations where a PIP is currently implemented, MCDHS will review the plan(s) and revise as needed.

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 case was appropriately unfounded and closed.

Was the decision to close the case appropriate? Yes

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

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

Explain:

Casework activity was commensurate with best casework practice.

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: 08/01/2020

Time of Death: 03:44 PM

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:

07:09 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

At time of incident supervisor was: Unknown if they were 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	Aunt/Uncle	No Role	Female	10 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	44 Year(s)
Deceased Child's Household	Mother	No Role	Female	21 Year(s)
Other Household 1	Aunt/Uncle	No Role	Female	12 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	22 Year(s)
Other Household 1	Grandparent	No Role	Male	47 Year(s)
Other Household 1	Grandparent	No Role	Female	40 Year(s)

LDSS Response

MCDHS began their investigation into the incident upon receipt of the SCR report on 7/31/20. They searched SCR history and spoke to the source of the reports, hospital staff and law enforcement. They spoke to the mother, father and maternal grandmother at the hospital and they interviewed the remaining household members at their home. Both homes were assessed and the two aunts were assessed to be safe throughout the investigation. Attempts to locate and interview the father of the maternal aunt were unsuccessful.

All family members reported that the child was healthy, and they denied that she had been injured. They reported the child had complained of a stomachache on and off for several weeks, but she was not vomiting, and she didn't appear to need medical attention. She seemed to feel better when she ate or went to the bathroom.



The father and paternal grandmother stated that the paternal grandmother brought the child to an event on 7/30/20, and the child was eating and playing normally. They arrived home around 10:00 PM, and the child ate pizza and face-timed with the mother and maternal grandmother before going to bed. The child fell asleep in the paternal grandmother's bed and the father later carried the child upstairs to his bedroom. The father built a tent with pillows and blankets on his bed, as he always did, and they fell asleep in the tent. When the father woke up in the morning, he went downstairs to smoke a cigarette. He returned to his bedroom less than an hour later, and when he checked on the child, he noticed she was not responding. The paternal grandmother woke up to the father yelling that there was something wrong with the child. When she entered the bedroom, she saw that the child was laying on her stomach and her lips were purple. The grandmother called 911 and the father facetimed the mother to inform her of the incident. The paternal grandfather and paternal aunt reported that the child was acting normal and playing prior to going to bed on 7/30/20. They said they were woken up by the paternal grandmother yelling and calling 911.

The mother and maternal grandmother reported the child was eating and playing normally throughout the day on 7/30/20. The child seemed fine when the mother dropped the child off to the paternal grandmother around 6:00 PM and when they facetimed with the child around 10:00 PM that night. The mother reported the father facetimed her at 7:09 AM and she could hear the paternal grandmother calling 911 and she could see the child laying on the bed with her eyes closed and her arms were limp. The maternal aunt reported no concerns for the child.

Pediatrician records showed the child was up to date with well child visits and there were no concerns for the child's health. EMS records showed the child was warm, pulseless and not breathing upon their arrival to the home. They were able to regain a pulse just prior to their arrival to the hospital. Hospital records showed the child arrived with a faint pulse, in hypothermia and with a distended abdomen. There were no marks or bruises observed, other than a few small scratches on her limbs. Upon examination, the child was found to have a bowel perforation and ischemic bowel, which was believed to have caused septic shock. The child was not stable enough for surgery and medical care was withdrawn when it was determined the child had no brain activity. The cause of the bowel perforation was unknown.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055970 - Deceased Child, Female, 3 Yrs	055976 - Father, Male, 22 Year(s)	DOA / Fatality	Unsubstantiated
055970 - Deceased Child, Female, 3 Yrs	055976 - Father, Male, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
055970 - Deceased Child, Female, 3 Yrs	055976 - Father, Male, 22 Year(s)	Internal Injuries	Unsubstantiated



Child Fatality Report

CPS Fatality Casework/Investigative Activities

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

Fatality Safety Assessment Activities

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

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

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

Explain:
 Risk was adequately assessed for the maternal and paternal aunts and the family was referred for the appropriate grief and mental health services.

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

The maternal aunt engaged in counseling.

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

Explain:

The father received mental health treatment following the child's death. The mother and extended family members declined all services that were offered.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	No
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?	N/A
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)	Allegation Outcome	Compliance Issue(s)
11/21/2017	Other Child - Cousin , Male, 3 Years	Grandparent, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - Cousin , Male, 3 Years	Grandparent, Female, 37 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Other Child - Cousin , Male, 3 Years	Father, Male, 20 Years	Inadequate Guardianship	Unsubstantiated	



Other Child - Cousin , Male, 3 Years	Father, Male, 20 Years	Lacerations / Bruises / Welts	Unsubstantiated
Other Child - Cousin , Female, 7 Years	Aunt/Uncle, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin , Female, 7 Years	Father, Male, 20 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin , Female, 7 Years	Father, Male, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin , Female, 7 Years	Aunt/Uncle, Female, 25 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin , Male, 3 Years	Aunt/Uncle, Female, 25 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin , Male, 3 Years	Aunt/Uncle, Female, 25 Years	Lacerations / Bruises / Welts	Unsubstantiated
Other Child - Cousin , Male, 3 Years	Father, Male, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin , Male, 3 Years	Aunt/Uncle, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

An SCR report alleged the adults were hitting and biting the cousin. As a result of the violence in the home, the cousin was acting out violently. The adult paternal aunt was smoking marijuana in the presence of the cousin and the cousin smelled like marijuana. A subsequent report was received on 12/11/17, that alleged the adult paternal aunt was using marijuana while caring for the cousins and she was leaving the cousins in the care of others for days at a time without making a plan. The father was alleged to be using non-prescribed pills while in the presence of the cousins.

Report Determination: Unfounded

Date of Determination: 11/28/2018

Basis for Determination:

All household members denied the allegations. The cousins and the paternal aunt (9-years-old at the time) were observed to have no marks or bruises and there were no concerns gathered for their safety.

OCFS Review Results:

MCDHS interviewed the adults and children and assessed the home for safety. The 7-day Safety Assessment was completed timely and accurately and notification was provided to the required adults. Collaterals were contacted, including the children's school, daycare and pediatrician. The investigation was not closed timely and there was no casework documented from March 2018-November 2018, with the exception of a case conference on 9/26/18.

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

Issue:

Overall Completeness and Adequacy of Investigations

Summary:

The investigation was not closed timely and there was no casework documented from March 2018-November 2018, with the exception of a case conference on 9/26/18.

Legal Reference:

SSL 424.6 and 18 NYCRR 432.2(b)(3)

Action:

MCDHS must continue to gather information to reassess safety of the child(ren), throughout the time child welfare staff are involved with the family and until the case is closed, because safety is not static. (CPS Manual Chapter 6 section D page D-1 and D page D3.)



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

An SCR report dated 10/31/16-1/27/17 with the allegations of Parent's Drug/Alcohol Misuse and Inadequate Guardianship against the father and paternal grandmother and Lack of Supervision against the paternal grandmother regarding the paternal aunt was tracked FAR. The case was closed with no service needs identified.

Known CPS History Outside of NYS

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

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

Monroe County has reviewed this draft fatality report. We are in agreement with the facts as presented. We have no further comments.

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