



Report Identification Number: AL-20-024

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

Issue Date: Feb 08, 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: 6 month(s)

Jurisdiction: Montgomery
Gender: Female

Date of Death: 08/14/2020
Initial Date OCFS Notified: 08/14/2020

Presenting Information

An SCR report received by Montgomery County Department of Social Services (MCDSS) stated on 8/13/20, at approximately 11:00 PM, the mother laid down in bed with the 6-month-old subject child. It was unknown how the SC was positioned in the bed. At approximately 11:30 PM, the mother fell asleep. On 8/14/20, sometime after midnight, the aunt entered the bedroom to go to sleep. The aunt noticed the SC was not in the bed and woke the mother up. The mother observed that the SC was caught between the mattress and the wall and placed her on the bed. The child was limp and unresponsive. An unrelated home member and his son called 911. At 12:19 AM, emergency services responded to the home, administered cardiopulmonary resuscitation and inserted an IV into the child's leg. The child was transported to a medical center where she was pronounced deceased, having suffocated from being caught between the mattress and the wall.

Executive Summary

On 8/14/20, MCDSS received an SCR report regarding the death of the 6-month-old subject child. At the time of her death, the child resided with her mother, grandmother, great uncle, uncle and 10yo aunt. The father of the subject child resided in another household and had no contact with the child. The initial report contained allegations of DOA/Fatality against the mother and inadequate guardianship against all the adult home members in relation to the subject child. MCDSS added additional allegations of inadequate guardianship related to the minor aunt after they discovered concerns with the home's condition.

MCDSS conducted a joint investigation with law enforcement and learned that the mother, subject child and minor aunt shared a bedroom in the home. The mother and subject child would typically co-sleep in the adult bed and the minor aunt slept in two chairs pushed together. On 8/13/20, the mother and subject child laid in bed together. The mother had positioned the child at the top part of the bed to prevent her from falling between the wall and the mattress, as the mother reported that had happened previously. The mother fell asleep at 11:30PM and was woken by the aunt at 12:00AM. The aunt was unable to locate the subject child when she came in the bedroom to go to sleep. The mother discovered the child face down wedged between the mattress and wall and unresponsive. The uncle assisted in CPR and the family called 911. First responders arrived and transported the child to the hospital, where she was pronounced deceased after unsuccessful life saving measures.

MCDSS documented contact with law enforcement and the district attorney's office throughout the investigation. At case closure there had been no criminality discovered regarding the death of the subject child, but the investigation was pending. An autopsy was performed and the the cause of death was cardiorespiratory arrest due to positional asphyxia and the manner was accidental.

MCDSS offered and provided several services for the family following the fatal incident. MCDSS documented coordination of specialized services to meet individual needs of the mother and minor aunt, including grief services specific to the loss of an infant and a grief program specific for children who had experienced loss. MCDSS also provided the family with trash removal to address the concern with the condition of the home and this was documented as having improved during the course of the investigation. The family chose to utilize their church's pastor to receive grief and supportive services.

There was sufficient information gathered by way of collateral and casework contacts to substantiate the allegations



against the adults in the home. It was determined that the subject child was placed in an unsafe sleep environment by the mother. It was further determined that all of the adults were responsible for the upkeep of the home and failed to provide appropriate provisions for the minor aunt. The CPS investigation was indicated and closed on 10/13/20.

PIP Requirement

For issues identified in historical cases, MCDSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) MCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, MCDSS will review the plan and revise as needed to 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 casework activity documented within the investigation was commensurate with best casework practice as outlined in the CPS manual.

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:

There were several supervisory consultations documented in the investigation and the record reflected casework tasks completed with the assistance of supervisory staff. MCDSS determined the minor aunt was safe in the care of the grandmother and required no further child welfare involvement. Referrals for community services were made and the case was closed.

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: 08/14/2020

Time of Death: 01:39 AM

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

11:30 PM

County where fatality incident occurred:

Montgomery

Was 911 or local emergency number called?

Yes

Time of Call:

12:13 AM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 30 Minutes

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Female	10 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	6 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	48 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Other Adult - Great uncle	Alleged Perpetrator	Male	51 Year(s)
Other Household 1	Father	No Role	Male	16 Year(s)
Other Household 2	Other Adult - Father of 10yo aunt	No Role	Male	52 Year(s)



LDSS Response

MCDSS received an SCR report on 8/14/20 regarding the death of the subject child. MCDSS initiated their investigation, contacted LE, notified the district attorney's office, spoke to the medical examiner, checked the CPS history and contacted the source of the report. MCDSS assessed for safety of the surviving minor aunt and determined she was safe in the care of the grandmother.

MCDSS interviewed the mother regarding the subject child. The mother reported that the night of the fatality, she laid in bed with the child around 11:00PM and fell asleep at approximately 11:30PM. The subject child was placed toward the top of the bed, as the mother stated the child had fallen in the space between the bed and wall before. The aunt, mother and subject child shared a bedroom and the aunt went into the bedroom around 12:00AM and asked the mother where the subject child was. The mother found the subject child face down between the wall and the bed. The mother retrieved the child and said she was not breathing, her extremities were turning purple and she was limp. The uncle was alerted of the situation and administered CPR to the child. The uncle reported that he was certified in adult and infant CPR. The family called 911 and were provided further instruction on CPR. Emergency medical services responded and transported the subject child to the hospital where life saving measures were continued and were unsuccessful. The subject child was pronounced deceased at 1:39AM.

The minor aunt, the uncle, the great uncle and the grandmother were interviewed and provided the same accounts of the incident as the mother. The uncle reported that in addition to an adult bed, the subject child would sometimes sleep in a car seat. There were no additional safety concerns enumerated during the interviews. There had not been any paternity established for the subject child; however, the mother identified the father and MCDSS interviewed him. The alleged father was a minor and resided with his parents. The father had no information to contribute, as he had never met the subject child. MCDSS interviewed the father of the 10yo aunt, who expressed no concern for her care.

The mother reported it was typical for the subject child to sleep in the bed with her. The aunt slept in a chair in the same room; however, would also sometimes sleep with the mother and subject child. There was a pack and play and bassinet in the home; however, they were not utilized. The mother was aware of safe sleep but stated she did not like it and chose to co-sleep with the subject child. The mother was asked about drug and alcohol use and reported that the night of the fatality she had consumed one alcoholic beverage. The mother admitted to marijuana use but denied use the night of the fatality.

MCDSS spoke to numerous collaterals to obtain information regarding the fatality and family. Law enforcement expressed some concern for the condition of the home, which CPS addressed by providing trash removal services. At the time this report was completed, law enforcement and the District Attorney had not pursued criminal charges against the adults in the home. The pediatrician reported the subject child was up to date on all appointments and that the mother always presented eager to learn during routine appointments. There were no concerns expressed for the care of the subject child.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From a medical cause

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? No

Comments: Montgomery County does not have an OCFS approved Child Fatality Review Team.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055894 - Deceased Child, Female, 6 Mons	055895 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
055894 - Deceased Child, Female, 6 Mons	055947 - Other Adult - Great uncle , Male, 51 Year(s)	DOA / Fatality	Unsubstantiated
055894 - Deceased Child, Female, 6 Mons	055947 - Other Adult - Great uncle , Male, 51 Year(s)	Inadequate Guardianship	Substantiated
055894 - Deceased Child, Female, 6 Mons	055898 - Aunt/Uncle, Male, 28 Year(s)	Internal Injuries	Unsubstantiated
055894 - Deceased Child, Female, 6 Mons	055898 - Aunt/Uncle, Male, 28 Year(s)	Choking / Twisting / Shaking	Unsubstantiated
055894 - Deceased Child, Female, 6 Mons	055896 - Grandparent, Female, 48 Year(s)	Internal Injuries	Unsubstantiated
055894 - Deceased Child, Female, 6 Mons	055896 - Grandparent, Female, 48 Year(s)	Choking / Twisting / Shaking	Unsubstantiated
055894 - Deceased Child, Female, 6 Mons	055895 - Mother, Female, 18 Year(s)	Internal Injuries	Unsubstantiated
055894 - Deceased Child, Female, 6 Mons	055947 - Other Adult - Great uncle , Male, 51 Year(s)	Choking / Twisting / Shaking	Unsubstantiated
055894 - Deceased Child, Female, 6 Mons	055895 - Mother, Female, 18 Year(s)	Choking / Twisting / Shaking	Unsubstantiated
055894 - Deceased Child, Female, 6 Mons	055896 - Grandparent, Female, 48 Year(s)	DOA / Fatality	Unsubstantiated
055894 - Deceased Child, Female, 6 Mons	055895 - Mother, Female, 18 Year(s)	DOA / Fatality	Substantiated
055894 - Deceased Child, Female, 6 Mons	055898 - Aunt/Uncle, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
055894 - Deceased Child, Female, 6 Mons	055896 - Grandparent, Female, 48 Year(s)	Inadequate Guardianship	Substantiated
055894 - Deceased Child, Female, 6 Mons	055898 - Aunt/Uncle, Male, 28 Year(s)	DOA / Fatality	Unsubstantiated
055894 - Deceased Child, Female, 6 Mons	055947 - Other Adult - Great uncle , Male, 51 Year(s)	Internal Injuries	Unsubstantiated
055897 - Aunt/Uncle, Female, 10 Year(s)	055898 - Aunt/Uncle, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
055897 - Aunt/Uncle, Female, 10 Year(s)	055896 - Grandparent, Female, 48 Year(s)	Inadequate Guardianship	Substantiated
055897 - Aunt/Uncle, Female, 10 Year(s)	055947 - Other Adult - Great uncle , Male, 51 Year(s)	Inadequate Guardianship	Substantiated
055897 - Aunt/Uncle, Female, 10 Year(s)	055895 - Mother, Female, 18 Year(s)	Inadequate Guardianship	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 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"/>

Additional information:

Although the case record contained several collateral contacts, it was not documented that there was contact made with the school.

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"/>

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 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:

MCDSS assessed for the needs of the family and made referrals to community 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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

Other, specify: See below

Additional information, if necessary:

MCDSS offered services to the family following the fatality and documented efforts to make specific referrals based on the individual needs of the family members. These included grief counseling, financial assistance, garbage removal, clothing, school supplies, beds, individual and family counseling, and funeral arrangements.

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 minor aunt was offered grief counseling services and counseling at the child advocacy center.

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

Explain:

The adults were offered grief counseling services, funeral assistance and family counseling. In addition, numerous services were offered to assist with the family's home and providing provisions for the minor aunt.

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Had heavy alcohol use
- Smoked tobacco



- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

Used illicit drugs

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/10/2019	Aunt/Uncle, Female, 10 Years	Other Adult - Parent substitute of 10yo aunt , Female, 57 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

An SCR report alleged that the parent substitute of the 10yo aunt was verbally abusive to the aunt's father and had shoved him in the presence of the aunt during visitations. The parent substitute would not allow the aunt's father to put the heat on when the aunt was cold and there were times the aunt was not allowed to visit her father if the parent substitute was angry with him. The aunt would lose privileges if the parent substitute was angry with the aunt's father. The aunt had begun to wake up in the middle of the night worried about her father.

Report Determination: Unfounded

Date of Determination: 12/02/2019

Basis for Determination:

During the interview of the father of the aunt, he stated the parent substitute did physically move him out from in front of the microwave in the presence of the aunt. The father of the aunt also reported the parent substitute would take things from the aunt and use visitation between him and the aunt against him. Despite this, the aunt did not report being scared or fearful of the parent substitute and the case was unfounded and closed.

OCFS Review Results:

MCDSS assessed for safety of the aunt within 24 hours of the receipt of the SCR report. There were collaterals contacted during the investigation. Assessments were completed with accuracy and within required time frames. The notification letters were not mailed within regulatory time frames and the CPS history check was not completed within regulatory timeframes.

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

Issue:

Failure to provide notice of report

Summary:

The record reflected that the notification of existence letters were mailed more than 1-month after the receipt of the SCR report.

Legal Reference:

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

Action:

MCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

Issue:

Review of CPS History

Summary:

The CPS history check was documented in Connections a month after the receipt of SCR report.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

Action:

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. MCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/12/2018	Mother, Female, 16 Years	Grandparent, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

An SCR report alleged that one year prior to the report, the mother was sexually abused by an unrelated member of the extended family. The grandmother became aware but failed to take the necessary steps toward adequately addressing the situation and placed the mother in harm's way. It was unknown if the mother was abused after the grandmother became aware.

Report Determination: Unfounded

Date of Determination: 03/26/2018

Basis for Determination:

MCDSS unfounded the report for the Inadequate Guardianship of the mother against the grandmother. The investigation revealed that grandmother did not have prior knowledge of any alleged sexual abuse by the unrelated member of the extended family. As soon as the grandmother found out she reported the information to local law enforcement and the man was arrested.

OCFS Review Results:

MCDSS assessed for safety of the mother, aunt and uncle within 24 hours of the receipt of the SCR report. There were several collaterals contacted during the investigation. MCDSS collaborated their investigative efforts with law enforcement. Assessments were complete with accuracy and within required time frames. The father of the mother and uncle were not notified of the investigation. The notification letters were not mailed within regulatory time frames.

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

Issue:

Failure to provide notice of report

Summary:

The record reflected that the notification of existence letters were mailed more than 2 months after the receipt of the SCR report and it was not documented that the father of the mother and uncle was notified of the SCR report in writing.

Legal Reference:

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

Action:

MCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

It was not reflected in the case record that there were efforts made to obtain contact information for the father of the mother and uncle or that there were efforts made to speak to him regarding the SCR report.

Legal Reference:

18 NYCRR 432.1 (o)

Action:



MCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/05/2017	Mother, Female, 16 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Mother, Female, 16 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Male, 17 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Aunt/Uncle, Male, 17 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Female, 8 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Aunt/Uncle, Female, 8 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Mother, Female, 16 Years	Grandparent, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Mother, Female, 16 Years	Grandparent, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Male, 17 Years	Grandparent, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Aunt/Uncle, Male, 17 Years	Grandparent, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Female, 8 Years	Grandparent, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Aunt/Uncle, Female, 8 Years	Grandparent, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged that there was no food in the home for the mother, aunt and uncle. The residence was filthy and unsanitary. There was dog feces and urine on the floors and the home had a foul odor to it. The aunt was not regularly bathed and had poor hygiene. The primary caretakers at the residence were the grandmother and great uncle.

Report Determination: Unfounded

Date of Determination: 12/07/2017

Basis for Determination:

MCDSS found that there was no credible evidence to indicate the report. The investigation included interviews with the adults and children listed on the case as well as collateral contacts. The children appeared to be clean and healthy during casework contacts. During home visit there was plenty of food for the family and the grandmother had means to get more food when needed. MCDSS determined there were no safety concerns at the home and the children appeared to be safe.

OCFS Review Results:

MCDSS assessed for safety of the mother, aunt and uncle within 24 hours of the receipt of the SCR report. There were several collaterals contacted during the investigation. Assessments were complete with accuracy and within required time frames. Not all required face-to-face contacts were completed, there was no history check documented within 1-business day of receipt of the SCR report and the notification letters were not mailed within regulatory time frames.

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

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

It was not documented that there were efforts made to obtain contact information for the father of the mother and uncle or that there were efforts made to speak to him about the SCR report.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

MCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

Issue:

Failure to provide notice of report

Summary:

It was documented that the notification of existence letters were mailed more than 3 weeks after the receipt of the SCR report.

Legal Reference:

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

Action:

MCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

Issue:

Review of CPS History

Summary:

The record did not reflect that there was a CPS history check completed within 1 business day of receipt of the SCR report.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. MCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/23/2017	Mother, Female, 15 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Mother, Female, 15 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Mother, Female, 15 Years	Other Adult - Great uncle , Male, 48 Years	Lack of Supervision	Unsubstantiated	
	Aunt/Uncle, Male, 17 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Aunt/Uncle, Male, 17 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Male, 17 Years	Other Adult - Great uncle , Male, 48 Years	Lack of Supervision	Unsubstantiated	



Aunt/Uncle, Female, 7 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Aunt/Uncle, Female, 7 Years	Other Adult - Great uncle , Male, 48 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Female, 7 Years	Other Adult - Great uncle , Male, 48 Years	Lack of Supervision	Unsubstantiated
Mother, Female, 15 Years	Grandparent, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Mother, Female, 15 Years	Grandparent, Female, 45 Years	Inadequate Guardianship	Unsubstantiated
Mother, Female, 15 Years	Grandparent, Female, 45 Years	Lack of Supervision	Unsubstantiated
Aunt/Uncle, Male, 17 Years	Grandparent, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Aunt/Uncle, Male, 17 Years	Grandparent, Female, 45 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Male, 17 Years	Grandparent, Female, 45 Years	Lack of Supervision	Unsubstantiated
Aunt/Uncle, Female, 7 Years	Grandparent, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Aunt/Uncle, Female, 7 Years	Grandparent, Female, 45 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Female, 7 Years	Grandparent, Female, 45 Years	Lack of Supervision	Unsubstantiated

Report Summary:

An SCR report alleged that the grandmother and great uncle failed to maintain a clean and healthy environment for the mother, uncle and aunt. The home had urine and dog feces on the floor and dog feces on the aunt's bed. The aunt was unable to get adequate sleep and often fell asleep in school. There was dirty clothing on the floor, dirty dishes piled in the kitchen and the home had a horrible odor. There were concerns for the aunt's hygiene. The adults traveled a lot and did not have any money left over to purchase food for the children. The mother had mental health concerns and required close supervision. The adults were aware yet left the children home alone and unsupervised.

Report Determination: Unfounded

Date of Determination: 10/20/2017

Basis for Determination:

During interviews and visits, MCDSS observed the home to have adequate food, clothing and shelter for the mother, aunt and uncle. They were well groomed and appropriately dressed and the home had no dog feces and met minimal degree standards. The mother, aunt and uncle stated that they were always supervised and there was an adult at the home at all times. The mother did have mental health concerns and was in counseling. There were no concerns for the home's safety or safety of the mother, aunt and uncle and MCDSS unfounded the allegations.

OCFS Review Results:

MCDSS assessed for safety of the mother, aunt and uncle within 24 hours of the receipt of the SCR report. There were several collaterals contacted during the investigation. Assessments were complete with accuracy and within required time frames. Not all required face-to-face contacts were accomplished and the notification letters were not mailed within the regulatory time frame.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:



There was a progress note that was identified as a face-to-face contact with the father of the aunt; however, the body of the progress note described the contact as a phone call. Therefore, it was unclear if face-to-face contact was accomplished with the father of the aunt.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

MCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

Issue:

Failure to provide notice of report

Summary:

The notification of existence letters were mailed more than a month after the receipt of the SCR report.

Legal Reference:

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

Action:

MCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

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

The grandmother had one indicated report in 2002 with substantiated allegations of IG and unsubstantiated allegations of LS regarding the mother and other children.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

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

1/12/18- MCDSS family resource sheet does not list a father to the mother and uncle, grandmother failed to provide information regarding who the mother and uncles true biological father was. It was unknown why the caseworker did not see the biological father on prior family resource sheets.

11/5/17-It was briefly noted that the father to the mother and uncle was out of state. On 12/2/17 an NOE was sent to the father of the mother and uncle and was returned undeliverable with no forwarding address on 12/14/17.

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