



Report Identification Number: RO-15-004

Prepared by: Rochester Regional Office

Issue Date: 8/17/2015

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 4 day(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 01/22/2015
Initial Date OCFS Notified: 01/23/2015

Presenting Information

On 01/19/15, Monroe County Department of Human Services (MCDHS) received an initial report regarding the subject child (SC). According to the narrative of the report on 01/18/15, the birth mother (BM) and the SC tested positive for cocaine at delivery.

Executive Summary

This fatality report concerns the death of a 4-day old male that occurred on 01/22/15. MCDHS received an initial report in regards to the subject child on 01/19/15 with allegations of Inadequate Guardianship (IG) and Parental Drug Abuse/Misuse (PDAM). The birth mother (BM) was listed as subject of the report. According to the report, on 01/18/15 the SC and the BM tested positive for cocaine at delivery.

MCDHS initiated the investigation timely and was informed by a Neonatal Intensive Care Unit Social Worker (SW) that the subject child and BM both tested positive at delivery. In addition, the BM had received very minimal pre-natal care. According to the SW, the SC was also born with a significant medical condition of congenital skeletal dysplasia, most likely thanantophoric (lethal). As a result, the SC was placed on a ventilator and was not expected to survive due to the severity of the medical conditional. The SC died on 01/22/15 after being removed from the ventilator. According to the SW, the medical condition was not due to exposure to drugs in utero and the death could not have been prevented. MCDHS completed the OCFS Agency Reporting Form regarding the death of a child in an open child protective case and forwarded the form to the Rochester Regional Office within 72 hours on 01/23/15, as required.

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?** N/A
 - **Safety assessment due at the time of determination?** N/A

Determination:

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

Explain:

n/a

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or Yes



NYS Office of Children and Family Services - Child Fatality Report

regulatory requirements?

Was there sufficient documentation of supervisory consultation?

Yes, the case record has detail of the consultation.

Explain:

n/a

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: 01/22/2015

Time of Death: 11:00 PM

County where fatality incident occurred:

MONROE

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

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: Removed From Ventilator

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

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	4 Day(s)
Deceased Child's Household	Father	No Role	Male	34 Year(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)



LDSS Response

During the course of the investigation for the CPS report received on 1/19/15, the SC died after he was removed from the ventilator on 1/22/15.

MCDHS interviewed the BM and BF on 1/22/15. The BM reported that the two surviving siblings were in the care as per family court custody orders with family members. The BM further reported that she became aware that the SC was breech during a prenatal appointment. MCDHS requested that the BM sign consents allowing medical providers to release information pertaining to her pre-natal care, however the BM refused. The BM further reported that she did not become aware that the SC had CSD until she delivered. The BF confirmed that he and the BM had a history of abusing cocaine. He further stated that he had not used cocaine for about 2 months. MCDHS was unable to verify when the BM last used cocaine. The BF further reported that neither one of them were engaged in substance abuse treatment.

On the same day MCHDS obtained a copy of the discharge summary for the BM, the positive toxicology screening results, and the diagnosis for the SC. MCDHS also verified that pathology results in regards to the placenta and neonatal chromosomal analysis were pending. According to the medical records, the BM was admitted to the hospital on 1/18/15 for labor. At the time of admittance the SC was breech and had a known lethal skeletal anomaly. The pregnancy was complicated by poly-substance abuse with a positive toxicology for cocaine upon admission. The BM suffered from other mental and health conditions but was not on any medication. The diagnosis for the SC was thanatophoric dwarfism syndrome, pulmonary hypoplasia, persistent pulmonary hypertension of newborn, maternal drug use complicating pregnancy, late prenatal care complicating pregnancy, congenital skeletal dysplasia, respiratory distress, and respiratory failure of newborn. The prognosis was poor and as a result, the SC was not expected to survive.

On 1/22/15, the SC was removed from the ventilator as per the decision of the parents and provided comfort care. On the same day, the SC died. MCDHS responded to the fatality of the SC by completing and submitting the Agency Reporting Form for Deaths of Children in Open Child Protective Cases on 1/23/15.

Between February and March of 2015, MCDHS verified that the surviving siblings were in the care and custody of relatives, conducted criminal background checks regarding the BM and BF, and conducted f/u contacts with the BM and BF. During this time, MCDHS also recommended preventive services, substance abuse treatment, and trauma counseling to the parents. However, the parents did not engage with any services.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No



NYS Office of Children and Family Services - 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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



NYS Office of Children and Family Services - Child Fatality Report

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input checked="" 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"/>

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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? Yes
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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



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)
02/29/2012	3263 - Sibling, Male, 4 Years	3297 - Mother, Female, 24 Years	Inadequate Guardianship	Far-Closed	No
	3263 - Sibling, Male, 4 Years	3297 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	3264 - Sibling, Male, 3 Months	3297 - Mother, Female, 24 Years	Inadequate Guardianship	Far-Closed	
	3264 - Sibling, Male, 3 Months	3297 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	3264 - Sibling, Male, 3 Months	3298 - Father, Male, 26 Years	Inadequate Guardianship	Far-Closed	
	3264 - Sibling, Male, 3 Months	3298 - Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	3263 - Sibling, Male, 4 Years	3298 - Father, Male, 26 Years	Inadequate Guardianship	Far-Closed	
	3263 - Sibling, Male, 4 Years	3298 - Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Far-Closed	

Report Summary:

On 02/29/12 MCDHS received a report from the SCR with allegations of IG and PDAM regarding the now 7-year-old and 4-year-old siblings . The subjects of the report were the BM and the BF of the 4-year-old sibling. The report alleged that BM and BF were abusing and selling prescription medications and crack cocaine in the presence of the children. The report also alleged that the there were concerns of domestic violence and of the BM operating a motor vehicle under the influence of drugs with the children in the vehicle. On 02/29/12 MCDHS tracked the investigation to FAR. MCDHS met with all family members of the home and addressed all safety/risk concerns. The FAR case was closed on 6/11/12.

OCFS Review Results:

MCDHS complied with all regulations regarding a FAR case.

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)
05/01/2012	3295 - Sibling, Male, 4 Years	3293 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Far-Closed	No
	3296 - Sibling, Male, 6 Months	3293 - Mother, Female, 24 Years	Inadequate Guardianship	Far-Closed	
	3296 - Sibling, Male, 6 Months	3293 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	3295 - Sibling, Male, 4 Years	3293 - Mother, Female, 24 Years	Inadequate Guardianship	Far-Closed	
	3296 - Sibling, Male, 6 Months	3294 - Father, Male, 26 Years	Inadequate Guardianship	Far-Closed	
	3295 - Sibling, Male, 4 Years	3294 - Father, Male, 26 Years	Inadequate	Far-Closed	



NYS Office of Children and Family Services - Child Fatality Report

Years	Years	Guardianship	
3295 - Sibling, Male, 4 Years	3294 - Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Far-Closed
3296 - Sibling, Male, 6 Months	3294 - Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Far-Closed

Report Summary:

On 05/01/12, MCDHS received an additional report from the SCR with allegations of IG and PDAM regarding the now 7-year-old and 4-year-old siblings. The subjects were the BM and the BF of the 4-year-old sibling. The report alleged that the BM and BF were abusing drugs and engaging in physical altercations in the presence of the children. This report alleged that there were concerns that the BM was driving erratically under the influence of drugs with the children in the vehicle. On 05/02/12, MCDHS determined that the family was active with FAR and this report met the eligibility requirements for FAR as well. The FAR case was closed on 06/11/12.

OCFS Review Results:

MCDHS complied with all regulations regarding a FAR case.

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)
08/26/2014	3305 - Sibling, Male, 6 Years	3299 - Mother, Female, 26 Years	Inadequate Guardianship	Far-Closed	No
	3305 - Sibling, Male, 6 Years	3299 - Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	3305 - Sibling, Male, 6 Years	3302 - Grandparent, Female, 83 Years	Inadequate Guardianship	Far-Closed	
	3305 - Sibling, Male, 6 Years	3303 - Grandparent, Male, 81 Years	Inadequate Guardianship	Far-Closed	
	3305 - Sibling, Male, 6 Years	3304 - Grandparent, Female, 45 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

On 8/26/14, MCDHS received a report from the SCR with allegations of IG and PDAM regarding the now 7-year-old old sibling. The subjects were BM, MGM, and great grandparents. The report alleged that all were unwilling and/or unable to provide an appropriate level of care for the child. On 8/26/14 MCDHS tracked the investigation to FAR. MCDHS met with all members of the the family appropriately addressed all CPS safety and risk concerns. The FAR case was closed on 10/24/14.

OCFS Review Results:

MCDHS complied with all regulations regarding a FAR case.

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)
12/10/2014	3314 - Sibling - cousin, Male, 7 Years	3313 - Grandparent - cousin, Male, 46 Years	Inadequate Guardianship	Far-Closed	No

Report Summary:

On 12/10/14, MCDHS received a report from the SCR with allegations of IG regarding the now 7-year-old old sibling.



NYS Office of Children and Family Services - Child Fatality Report

The subject list was the maternal grandfather (MGF). The report alleged that the MGF physically disciplined the child and failed to feed him properly while the child was in his care. On 12/10/14 MCDHS tracked the investigation to FAR. MCDHS met with all members of the the family appropriately addressed all CPS safety and risk concerns. The FAR case was closed on 2/3/15.

OCFS Review Results:

MCDHS complied with all regulations regarding a FAR case.

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)
01/19/2015	3971 - Deceased Child, Male, 1 Days	3318 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	No
	3971 - Deceased Child, Male, 1 Days	3318 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

On 1/19/15, MCDHS received a report from the SCR with allegations of IG and PDAM regarding the subject child . The subjects of the report was the BM . The report alleged that BM gave birth to the subject child on 1/19/15 and at the time of delivery, the BM and the SC tested positive for cocaine.

Determination: Unfounded

Date of Determination: 03/27/2015

Basis for Determination:

MCDHS determined that there was a lack of evidence to substantiate the allegations of IG and PDAM. Within the investigative conclusion MCDHS documented that the SC's death could not have been prevented however, the death of the SC had no bearing on the fact that the SC was born with a positive toxicology. MCDHS unsubstantiated allegations of IG and PDAM thus, un-founding the report.

OCFS Review Results:

On 1/20/15, MCDHS initiated the investigation by making contact with a NICU Social Worker (SW) at Strong Memorial Hospital. The SW reported that the mother informed them that she had relapsed 2 weeks prior to delivery when she found out that there where complications with the pregnancy after a pre-natal ultrasound. The SW also reported that the SC was born with CSD, thanantophoric which is a severe skeletal disorder characterized by a disproportionately small ribcage, extremely short limbs and folds of extra skin on the arms and legs. It was further reported that the SC was on a ventilator and was not expected to survive. The SC died from the disorder on 1/22/15.

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

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

More than 3 years prior to the death of the SC, The BM and BF's of the 7-year-old and 4-year-old surviving siblings were the subjects of CPS reports on 10/26/09, 11/03/11. The allegations included Inadequate Guardianship, Parental Drug/Alcohol Misuse and Lack of Supervision. The maltreated children listed were the two surviving siblings. Of the 2 reports, 1 was indicated against the BM for PDAM due to the fact that the 4-year-old was born with a positive toxicology for cocaine and suffered from extreme withdrawal symptoms as a result.

Known CPS History Outside of NYS

No known history outside of NYS.



Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: Other Family Court (Including Article 6 Custody/Guardianship)

Date Filed:	Fact Finding Description:	Disposition Description:
Unknown	Other, Specify	There was not a disposition



Respondent:	None
Comments:	As per family court order the 7-year-old surviving sibling is currently in the primary custody of the maternal grandmother. As per family court order the 4-year-old surviving sibling is currently in the primary custody of the paternal grandfather.

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Action:	The RRO recommends that MCDHS assures that a collateral contact is conducted with the attending physician when investigating allegations related to a positive toxicology of a child. Although, MCDHS obtained a copy of the medical records and conducted several collaterals with the hospital Social Worker, it would have been appropriate to consult with the attending physician to gain clarity as to whether or not the SC suffered from any other medical issues.
----------------	--

Are there any recommended prevention activities resulting from the review? Yes No