



Report Identification Number: RO-19-021

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

Issue Date: Nov 01, 2019

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		



Case Information

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

Jurisdiction: Monroe
Gender: Female

Date of Death: 06/23/2019
Initial Date OCFS Notified: 06/24/2019

Presenting Information

An SCR report alleged on 6/23/19, the mother was fishing and failed to adequately supervise the 3-year-old subject child while playing in the park near a pond. The mother noticed the child was missing at 6:40 PM. The child drowned due to the lack of supervision. The roles of the father and siblings were unknown.

Executive Summary

This fatality report concerns the death of the three-year-old female subject child that occurred on 6/23/19. An SCR report was made regarding the death the following day. The surviving siblings (ages 2, 5, and 9 years) were assessed to be safe with their mother and grandmother.

Monroe County Department of Human Services (MCDHS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. An autopsy was performed; however, was not completed at the time this report was written.

The child was at a recreational park with her mother and the two and five-year-old siblings when the fatal incident took place. The mother was fishing in a pond while the children played near the water when she realized she did not know where the child was. The mother called the maternal grandmother around 6:30 PM to say the child was missing. 911 was notified and EMS responded to the scene. The child's body was later discovered in the water and it remained unknown if resuscitation efforts were made.

MCDHS gathered information about the death from the mother, law enforcement, the five-year-old sibling and the maternal grandmother. Law enforcement investigated the circumstances surrounding the death and planned to close the criminal case without any charges filed.

Several home visits were made and the siblings were assessed to be safe. MCDHS offered the family a referral to the Family Trauma Intervention Program through the Society for Protection and Care of Children; however, the mother declined most services and continued attending mental health counseling.

At the time this report was written, the case had not yet been determined. MCDHS completed the required reports and Safety Assessments timely and accurately.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

- **Approved Initial Safety Assessment?** Yes



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

- Was the safety decision on the approved Initial Safety Assessment appropriate? 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The case remained open at the time this report was written.

Was the decision to close the case appropriate? N/A

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

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

Explain:

The case remained open at the time this report was written.

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: 06/23/2019

Time of Death: Unknown

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

County where fatality incident occurred: Wayne

Was 911 or local emergency number called? Yes

Time of Call: Unknown

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? No - but needed

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Other Household 1	Father	No Role	Male	47 Year(s)

LDSS Response

On 6/24/19, MCDHS received the fatality report from the SCR and began gathering information surrounding the death. Within the first 24 hours of the investigation, MCDHS completed a CPS history check, requested the autopsy report, and contacted both law enforcement and the source of the report.

Law enforcement provided information that a call came in regarding a missing child at the recreational park. Police were interviewing the mother when commotion came about as the child's body was pulled from the water. The mother said that she was distracted while fishing and not properly supervising her children. It was reported the five-year-old sibling was wearing a lifejacket, but the other children were not. Law enforcement planned to close the criminal investigation without any charges.

On 6/24/19, MCDHS made attempts to assess the safety of the surviving siblings. The five and nine-year-old siblings were assessed in the care of their maternal grandmother. The nine-year-old sibling resided with the grandmother for several years prior to the report date, and was not present on the day of the fatal incident. The grandmother said the mother called her to tell her the child was missing, and the grandmother went to the recreational park where law enforcement was on scene. The grandmother reported talking to bystanders, as well as the mother's step-sister. The grandmother spoke to unknown bystanders who reported the mother was not properly supervising the children while she was fishing. The bystanders did not know what happened to the child, but feared she had drowned as she was playing near the water. The mother's step-sister told the mother to watch her kids, but the mother was still distracted. Around 6:00 PM, when the step-sister prepared to leave, the 5-year-old sibling noticed the child was missing and told the adults. It remained unknown how long the child had been missing for.

On 6/24/19, MCDHS made attempts to assess the two-year-old sibling who was with the mother, but were unsuccessful. The mother and the two-year-old sibling were seen the following day in their home and assessed to be safe. The mother was provided with information for trauma services.

On 7/9/19, MCDHS conducted another home visit with the parents and two younger siblings. The father was incarcerated at the time of the child's death, and had no additional information. The mother said the child was playing near the water and the next thing she knew, the child was missing. The five-year-old sibling said he was playing in the water with his sister and then he did not know where she went. He said he told his mother and everyone began to look for the child. The



sibling was not able to provide additional information.

MCDHS offered an abundance of services including grief counseling and other trauma-based services; however, the family declined the services. The case remained open at the time this report was written.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Unknown

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

Comments: The death was referred to the CFRT during the course of the investigation.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051015 - Deceased Child, Female, 3 Yrs	051016 - Mother, Female, 29 Year(s)	DOA / Fatality	Pending
051015 - Deceased Child, Female, 3 Yrs	051016 - Mother, Female, 29 Year(s)	Lack of Supervision	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 type="checkbox"/>	<input checked="" 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:

At the time this report was written, the case record did not contain information regarding attempts to make contact with the mother's step-sister, who was present at the time of the fatal incident.



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
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:

The mother was engaged in mental health counseling and declined additional referrals in response to the fatality.

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"/>
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Explain as necessary:
No children needed to be removed as a result of the fatality.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Additional information, if necessary:
The family was offered services through Monroe County's Family Trauma Intervention Program.

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 mother was provided with referrals for trauma-based services for the siblings in response to the fatality. The mother declined the referral.

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

Explain:

The family was offered grief counseling and trauma-based services which were declined.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	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?	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)
01/22/2019	Deceased Child, Female, 4 Years	Mother, Female, 29 Years	Burns / Scalding	Substantiated	Yes
	Deceased Child, Female, 4 Years	Mother, Female, 29 Years	Excessive Corporal Punishment	Substantiated	

Report Summary:

An SCR report alleged the mother put the subject child's hand on the stove as a form of punishment. The child sustained burns to the inside of her fingers that were blistered and red. The siblings and father had unknown roles.

Report Determination: Indicated

Date of Determination: 04/04/2019

Basis for Determination:

The allegations of B/S and XCP were substantiated against the mother regarding the child. The investigation revealed the mother placed the child's hand on the hot stove as a form of discipline and the child sustained blistering injuries as a result.

OCFS Review Results:

The investigation was initiated timely and collateral contacts were made. A CPS history check was noted and all children listed on the SCR intake were assessed. The Safety Assessments and the Risk Assessment Profile were completed accurately. Written notice was provided untimely. The record did not reflect attempts to contact the sibling's father.

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

Although some collateral contacts were made, the record did not reflect attempts to contact the father of the 9-year-old sibling regarding the SCR report.



Legal Reference:

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

Action:

MCDHS will contact or make diligent efforts to contact relevant collateral sources who may have information relevant to the investigation, including absent parents.

Issue:

Failure to provide notice of report

Summary:

Although written notice was provided to the family, the parents were provided with written notice seven days after the due date.

Legal Reference:

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

Action:

MCDHS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/18/2018	Sibling, Male, 4 Years	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes
	Father, Female, 2 Years	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 4 Years	Father, Male, 46 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Father, Female, 2 Years	Father, Male, 46 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 46 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged the parents abused heroin at least three times daily while caring for the children (ages 2-13 years). The mother had been unable to provide adequate care for the children because she was impaired. On a regular basis, the father became high on heroin and verbally and sexually abused the mother in their bedroom. This caused fear for the children because they wondered why their mother was “cooped up” in the bedroom for long periods of time.

Report Determination: Unfounded

Date of Determination: 03/06/2018

Basis for Determination:

The allegations of IG and PD/AM against the parents were unsubstantiated. The investigation revealed the parents used heroin on a regular basis; however, they were not using in the presence of the children. The maternal grandfather moved into the home to help care for the children as the mother was ill from attempting to stop her addiction. The children did not express concerns for their safety.

OCFS Review Results:

The report was initiated timely and the source of the report was contacted. The caseworker made several face-to-face contacts with the family to continuously assess safety. The Safety Assessments and Risk Assessment Profile were



completed accurately. The family was referred to appropriate community-based services. A sibling was listed on the SCR report and was incorrectly reported in error.

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

Issue:
Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:
A sibling was listed on the SCR report as "unknown." MCDHS incorrectly determined he was reported in error as he was part of the family and visited the home weekly. The record did not reflect attempts to interview him or assess his safety.

Legal Reference:
18 NYCRR 432.2(b)(3)(ii)(a)

Action:
Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/04/2016	Sibling, Male, 1 Days	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Far-Closed	No

Report Summary:
An SCR report alleged the mother gave birth to the sibling on 8/3/16. At the time of delivery, the mother and sibling tested positive for marijuana. The father and the other children (ages 1, 2, and 6 years) had unknown roles.

OCFS Review Results:
The case was initiated timely by contacting the source of the report. A CPS history check was documented. The family was actively engaged in the FAR case. The home was assessed and safe sleep guidelines were provided to the family. Notice of FAR and FAR closure were provided timely. The Safety Assessment was completed timely and accurately.

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

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

From 7/3/10 to 8/9/15, the family was referred to MCDHS on three occasions. One investigation included concerns regarding the father to the oldest sibling, who was substantiated for XCP and IG against the oldest sibling. The allegation of IG was substantiated against the mother regarding the same child. Two cases were assigned to the FAR track and involved concerns of IG, LS, PD/AM. The cases were closed without any further need for Child Protective Services.

Known CPS History Outside of NYS

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

Preventive Services History

An FSS was opened on 3/25/16 after being referred by Urban League (Medical Staff). The mother was overwhelmed caring for three children while she was pregnant. The mother had a history of mental health challenges and marijuana abuse and was not in treatment. The mother had a history of domestic violence. The mother said she achieved her goals and did not need in-home services. The case was closed with no safety concerns on 4/25/17.



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

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