



Report Identification Number: RO-20-004

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

Issue Date: Aug 11, 2020

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: 7 day(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 02/24/2020
Initial Date OCFS Notified: 03/09/2020

Presenting Information

OCFS was notified by the Monroe County Department of Human Services (MCDHS) via the 7065 Agency Reporting Form that the seven-day-old infant passed away in the hospital on 2/24/20. The infant was born premature on 2/17/20, and had been hospitalized in the Neonatal Intensive Care Unit for the week prior to his death.

Executive Summary

On 2/26/20, MCDHS received notification from the hospital social worker that the seven-day-old infant passed away in the Neonatal Intensive Care Unit on 2/24/20 at 8:00 PM. MCDHS had an open CPS services case since 3/22/19, involving the mother, father and one-year-old sibling. At the time of the infant's death, the sibling was in the custody of the paternal grandfather (PGF) under Article 1017 and a Neglect Petition was pending against the parents in Family Court due to unsafe home conditions, the parents' untreated drug use and the mother's untreated mental health issues.

The infant was born at 23 weeks gestation on 2/17/20. The infant weighed only 1.5 pounds and he was unable to breathe on his own. He was admitted to the Neonatal Intensive Care Unit and he was placed on a ventilator. On 2/24/20, the infant's heart rate and respirations dropped, and doctors determined he would not survive. The infant was removed from all medical equipment and the parents held him until he passed away. It was determined the infant passed way from natural causes due to extreme prematurity. An autopsy was not deemed necessary and law enforcement was not contacted.

MCDHS assessed the sibling to be safe in the care of the paternal grandfather, with supervised visits with the parents. MCDHS spoke to the parents' treatment providers and hospital staff and determined the infant's premature birth and death were not the result of abuse or maltreatment by the parents. They referred the parents for bereavement services and the case remained open for ongoing CPS services.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Safety assessment due at the time of determination?** N/A

Determination:

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

**Explain:**

MCDHS thoroughly investigated the circumstances surrounding the infant's death and the case remained open for ongoing CPS services.

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:

It was determined the infant's death was not the result of maltreatment by the parents, therefore it was not reported to the SCR.

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: 02/24/2020

Time of Death: 08:00 PM

County where fatality incident occurred:

Monroe

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Hospitalized

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

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	No Role	Male	7 Day(s)
Deceased Child's Household	Father	No Role	Male	20 Year(s)
Deceased Child's Household	Mother	No Role	Female	19 Year(s)



Other Household 1	Grandparent	No Role	Male	57 Year(s)
Other Household 1	Sibling	No Role	Female	1 Year(s)

LDSS Response

Within 24 hours of learning about the infant's death, MCDHS notified OCFS through the required 7065 Agency Reporting Form. MCDHS promptly spoke to hospital staff and reviewed the infant's medical records. It was learned that the infant was born at 23 weeks gestation via an emergency c-section on 2/17/20, and he was admitted to the Neonatal Intensive Care Unit and placed on a ventilator. Despite medical intervention, his health deteriorated. On 2/24/20, doctors conferenced with the parents about the infant's poor prognosis and the parents chose to remove him from the ventilator and to hold him until he passed. The infant died from natural causes at 8:00 PM that night. Hospital staff had no concerns for the parents' care of the infant or for their interactions with the infant while he was hospitalized.

On 2/27/20, MCDHS spoke to the parents at a Family Court appearance for the pending Neglect Petition. The parents consented to a finding of Neglect on that date and the sibling remained in the custody of the PGF. MCDHS offered condolences to the parents and the father reported that a family member was going to pay for the funeral services. MCDHS encouraged the mother to seek bereavement services through her court-ordered mental health services. The parents declined needing any additional services related to the passing of the infant.

MCDHS conducted a home visit at the PGF's and parents' homes and assessed the sibling to be safe in the care of the PGF. At the time this report was written, the sibling continued to have supervised visitation with the parents and the parents were in the process of engaging in court-ordered mental health services, substance abuse services, and parenting skills training.

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? Yes

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



Child Fatality Report

Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain:
MCDHS assessed the safety of the sibling within 7 days of notification of the infant's death and she remained in the custody of the PGF under Article 1017.

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:
Risk was adequately assessed and the family continued to engage in required 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The sibling was in the custody of the PGF under Article 1017 at the time of the infant's death.				

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The parents declined needing funeral assistance and it was unknown if they engaged in bereavement services.

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

Explain:

The parents were referred for bereavement and mental health services.

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?** 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 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)
06/20/2019	Sibling, Female, 4 Months	Mother, Female, 18 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Female, 4 Months	Mother, Female, 18 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Months	Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 4 Months	Father, Male, 19 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 4 Months	Father, Male, 19 Years	Inadequate Guardianship	Substantiated	



Sibling, Female, 4 Months	Father, Male, 19 Years	Parents Drug / Alcohol Misuse	Substantiated
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Report Summary:

An SCR report alleged the parents abused marijuana while caring for the sibling, impairing their ability to adequately care for the sibling. As a result, the sibling was dirty and unkempt. A subsequent report received on 6/27/19, alleged the home was a health hazard for the sibling.

Report Determination: Indicated**Date of Determination:** 07/15/2019**Basis for Determination:**

All allegations were substantiated. The parents admitted to using marijuana and they appeared to be under the influence on several occasions. The home was in deplorable condition and was condemned. The parents engaged in a physical altercation with another adult in the presence of the sibling and they were arrested. The parents continued to spend time in the condemned home with the sibling despite a safety plan in place. The parents stayed with relatives until they were kicked out for being belligerent and defacing property. They then refused to obtain emergency housing or make a plan for alternative housing and the sibling was placed with the PGF and a Neglect Petition was filed.

OCFS Review Results:

MCDHS conducted home visits at the parents' home, the relative's home, and the PGF's home. The parents, the PGF and several other relatives were interviewed. The sibling's safety was closely monitored throughout the investigation and she was appropriately removed from the parents' custody. MCDHS referred the parents for numerous services and they worked diligently to secure the PGF as a relative resource for the sibling.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/28/2019	Sibling, Female, 3 Months	Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

Report Summary:

An SCR report alleged on 2/1/19, the sibling was born with a positive toxicology for marijuana.

Report Determination: Unfounded**Date of Determination:** 06/17/2019**Basis for Determination:**

The allegations were unsubstantiated since the mother did not test positive for drugs and the sibling did not have any withdrawal symptoms. The mother admitted to using marijuana several months prior to the birth for nausea and the father admitted to occasional marijuana use. Both parents denied using drugs around the sibling and they appeared sober at all contacts.

OCFS Review Results:

The parents were interviewed and the sibling was observed. The main part of the home was unable to be assessed, although the part of the home the parents reported they lived in was observed to contain no safety hazards. A Plan of Safe Care was completed and safe sleep education was provided to the parents. MCDHS addressed concerns the sibling was behind on well-child appointments and immunizations and they conducted a legal consultation prior to closing the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/02/2019	Sibling, Female, 1 Days	Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

**Report Summary:**

An SCR report alleged the sibling tested positive for marijuana at birth.

Report Determination: Unfounded**Date of Determination:** 06/17/2019**Basis for Determination:**

The allegations were unsubstantiated since the mother did not test positive for drugs and the sibling did not have any withdrawal symptoms. The mother admitted to using marijuana several months prior for nausea and the father admitted to occasional marijuana use. Both parents denied using drugs around the sibling and they appeared sober at all contacts.

OCFS Review Results:

The parents were interviewed and the sibling was observed. The main part of the home was unable to be assessed, although the part of the home the parents reported they lived in was observed to contain no safety hazards. A Plan of Safe Care was completed and safe sleep education was provided to the parents. MCDHS appropriately referred the parents for Preventive Services, which they accepted. A subsequent report was received, investigated concurrently, and closed on the same date. MCDHS addressed concerns the sibling was behind on well-child appointments and immunizations and they conducted a legal consultation prior to closing the investigation.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

There is no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

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

Services Open at the Time of the Fatality**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes****Date the preventive services case was opened:** 03/22/2019**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes****Date the Child Protective Services case was opened:** 03/22/2019**Evaluative Review of Services that were Open at the Time of the Fatality**

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts



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

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? 6 days				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Provider

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

Additional information, if necessary:
MCDHS provided case management services at the time of the infant's death.

Preventive Services History



A Preventive Services case opened on 4/1/19, to provide Teen Age Parent Support Services (TAPSS) to the parents. The parents were referred to the program for parenting education and support due to the sibling testing positive for marijuana at birth and the mother having untreated mental health concerns. The parents initially accepted services, then failed to meet with the TAPSS worker for several months. The parents failed to take the sibling for well-child visits after her two-week check up and the home was found to be in deplorable condition and was condemned on 6/21/19. The parents stayed with relatives until they were kicked out on 6/28/19 for being belligerent. The mother's mental health was observed to be unstable and the parents refused to make a plan for alternative housing so the sibling was removed and briefly placed in Foster Care. An Article 10 Neglect Petition was filed and the sibling was placed in the custody of the PGF under Article 1017 on 7/5/19. There was a finding of Neglect and the parents' service plan goals were to complete substance abuse evaluations, mental health evaluations, parenting skills training, and obtain stable housing and income. The case remained open and the sibling remained in the PGF's custody at the time this report was written.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/28/2019	Adjudicated Neglected	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	054669 Mother Female 19 Year(s)	
Comments:	On 2/27/20, the parents consented to a finding of Neglect and the sibling remained in the custody of the PGF with an order of supervision.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/28/2019	Adjudicated Neglected	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	054670 Father Male 20 Year(s)	
Comments:	On 2/27/20, the parents consented to a finding of Neglect and the sibling remained in the custody of the PGF with an order of supervision.	

Additional Local District Comments

MCDHS has reviewed this draft fatality report. We are in agreement with the facts as represented in this report.

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