



**Report Identification Number: BU-18-009**

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

**Issue Date: Aug 14, 2018**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 0 day(s)

**Jurisdiction:** Niagara  
**Gender:** Male

**Date of Death:** 03/11/2018  
**Initial Date OCFS Notified:** 03/13/2018

## Presenting Information

An SCR report dated 3/13/18 alleged that while pregnant with the SC, the SM delayed getting medical attention after her water broke. The SM had a lack of amniotic fluid as a result of waiting to see the Dr. On 3/11/18 the SM walked 3 hours and arrived at the hospital at about 5:00AM. At 7:00AM the SM gave birth to the SC via an emergency C-section. The SM tested positive for several substances. The SC received CPR and was intubated after birth. The SC could not be saved and his death was declared at 9:00AM. The SM's delay in treatment contributed to the death of the SC.

## Executive Summary

This report concerns the death of the male SC, who lived for 2 hours after his birth. Niagara County Department of Social Services (NCDSS) received an SCR report concerning the fatality on 3/13/18. The SM had not received prenatal care during her pregnancy with the SC, and was positive for illicit drugs at the time of the SC's birth. There was no toxicology screening done for the SC at the time of his birth. The SC had four SS (ages 3,4,12 and 16)

The ME performed an autopsy and the autopsy report was not available at the time of this writing. The cause and manner of death were pending.

LE jointly investigated the death of the SC and interviewed the SM and BF of the SC. There is no documentation in the notes that any arrests were made or planned for the future. OCFS requested a copy of the SM and BF's statements to LE, but did not receive them.

NCDSS made immediate attempts to locate the SS. NCDSS removed the 3yo and 4yo SS from the BF with his consent, and placed them in foster care. An Article 10 Neglect Petition was filed and court proceedings were ongoing at the time of this writing. NCDSS did not articulate the reason for removal in the case notes. NCDSS assessed the safety of the 16yo and 12yo SS that resided with their BF. There were no service needs identified for these children. NCDSS provided the 16yo and 12yo SS with their contact information, in the event they wanted assistance with services in the future.

Although NCDSS had face-to-face contact with the SM and BF during the investigation, the case notes did not reflect a meaningful discussion of the events leading up to the SC's fatality with either parent. The 24-hour and 30-day fatality reports were not completed in a timely manner and two of the safety assessments were not completed.

NCDSS added the allegation of IG against the BF of the SC for the SC and all four SS, in addition to the allegation of IG against the SM for the SS and PD/AM against the SM for the 3yo, 4yo and 16yo SS. NCDSS substantiated every allegation in the SCR report. The basis for the determination was that the SM abused drugs for the 6 years preceding the death of the SC and the BF was aware of the SM's drug use and the impact it had on her ability to supervise the SS. There was a lack of documentation in the record to explain the decision to add allegations against the BF. The case notes did not indicate that the BF was aware of the circumstances leading to the fatality.

The SM agreed to cooperate with all recommended services in an effort to have the SS returned to her care. The SF was offered referrals to grief counseling and a behavioral health clinician.

## PIP Requirement



NCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) NCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, NCDSS will review the plan and revise as needed to address ongoing concerns.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

### Determination:

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

**Was the decision to close the case appropriate?** Yes

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

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

### Explain:

NCDSS interviewed both parents and all SS.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The 24-hour fatality report was completed on 3/15/18 and approved on 3/19/18. The SCR report regarding the fatality was received on 3/13/18.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-1
<b>Action:</b>	NCDSS will complete 24-hour fatality reports within 24 hours of receiving the SCR report.
<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.



<b>Summary:</b>	The 30-Day fatality report was completed and approved on 5/15/18. The SCR report regarding the fatality was received on 3/13/18.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	NCDSS will complete the 30-Day fatality report within 30 days of receiving the SCR report.
<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The 24-hour safety assessment was completed on 3/15/18 and approved on 3/16/18. The SCR report regarding the fatality was received on 3/13/18.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	A safety assessment will be completed and approved by a supervisor within 24 hours of a report if such report contains the allegation of DOA/Fatality, as required.
<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	There was no safety assessment completed at the 30-day interval of the CPS investigation regarding the fatality.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	NCDSS will complete a safety assessment at the 30-day interval of a fatality investigation, as required.
<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	There was no 7-Day safety assessment completed during the investigation.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	NCDSS will complete all required safety assessments in a timely manner, to accurately reflect the safety factors that are present along with a safety decision.
<b>Issue:</b>	Failure to provide notice of report
<b>Summary:</b>	A notice of report letter was not provided to the SF (father of the SC) or the BF of the 2 eldest SS.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(f)
<b>Action:</b>	NCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 03/11/2018

**Time of Death:** 09:27 AM

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

Unknown

**County where fatality incident occurred:**

Niagara

**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?**

No

**Child's activity at time of incident:**

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

**Is the caretaker listed in the Household Composition?** No

**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	Male	0 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)
Other Household 1	Other Adult - BF of SS	No Role	Male	45 Year(s)
Other Household 1	Sibling	Alleged Victim	Female	16 Year(s)
Other Household 1	Sibling	Alleged Victim	Female	12 Year(s)

**LDSS Response**

After receiving an SCR report on 3/13/18, NCDSS began the investigation into the death of the SC by searching CPS history, contacting the source, hospital staff, the coroner, ME and LE.

The SC was born in the hospital on 3/11/18 at 7:15AM, after the SM presented at the ER in labor. The SM told medical staff her water had broken on 3/9/18 and she began to feel labor pains on 3/10/18. There was an absence of amniotic fluid and the SC was delivered via cesarean section. The SC was not breathing independently and medical staff intervened by administering medication and CPR. Their efforts were unsuccessful and the SC could not be revived.

NCDSS learned the SM left the hospital against medical advice after the birth of the SC. NCDSS attempted to visit the SM at 3 different addresses within 24 hours, and could not locate her. The SM met with NCDSS at Family Court more than a month after the fatality. SM admitted she had lied to ER staff regarding the events that preceded the birth of the SC. The SM said the BF of the SC drove her to the ER the evening of 3/11/18. The SM admitted to using prescription drugs she was not prescribed during her pregnancy. The SM's last drug use was on 3/10/18. The SM reported feeling no movement from the SC in utero for at least 1 day preceding his death. The SM did not seek immediate medical treatment because she was fearful of the consequences of her drug use.

The girlfriend of the PU contacted NCDSS and provided contact information for the BF. NCDSS contacted the BF via telephone and he responded via text message. The BF said that he had taken the two youngest SS (ages 3 and 4) and relocated out of the state, in an effort to escape the SM. NCDSS later discovered the SM had sent these text messages from





the BF's phone, while posing as him. NCDSS located the BF and the SS at their home after learning their location from LE. NCDSS made several attempts to make contact with the BF and he avoided them until 3/15/18, when they went to the home and he answered the door. The BF initially denied he had seen the SM, and moments later admitted she was at the home and left when she heard NCDSS knocking on the door. The 3yo and 4yo SS were seen and the BF consented to their removal. They were placed in foster care. NCDSS did not document a discussion of the events leading up to the fatality with the BF. There was no documentation in the case record that the BF abused drugs.

NCDSS interviewed the 16yo and 12yo SS at their BF's house. The children reported they regularly visit their mother and little sisters. The 12yo was aware the SC died and reported she worried about the SM in the past when she can not reach her on the phone. The 12yo reported the SM asked people for money and used it to buy drugs. It was not clear if she was at the home the evening of the fatality. The 16yo was at the home the evening the SM went to the ER to deliver the SC. The 16yo reported the BF drove the SM to the ER and came back to the house. The 16yo was worried the BF returned without the SM.

Medical personnel present at the hospital when the SC was born told NCDSS the SM had an odor of infection when she presented at the hospital. They reported based on the condition of the SC, the belief was the SM's water had broken or was leaking for 2-3 days before she presented for treatment. Medical staff thought there was a possibility the SC would have survived if she sought treatment earlier.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046721 - Deceased Child, Male, 0 Days	046744 - Mother, Female, 37 Year(s)	DOA / Fatality	Substantiated
046721 - Deceased Child, Male, 0 Days	046745 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
046721 - Deceased Child, Male, 0 Days	046744 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Substantiated
046721 - Deceased Child, Male, 0 Days	046744 - Mother, Female, 37 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
046746 - Sibling, Female, 4 Year(s)	046745 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
046746 - Sibling, Female, 4 Year(s)	046744 - Mother, Female, 37 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
046746 - Sibling, Female, 4 Year(s)	046744 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Substantiated



# Child Fatality Report

046747 - Sibling, Female, 3 Year(s)	046744 - Mother, Female, 37 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
046747 - Sibling, Female, 3 Year(s)	046744 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Substantiated
046747 - Sibling, Female, 3 Year(s)	046745 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
046751 - Sibling, Female, 16 Year(s)	046744 - Mother, Female, 37 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
046751 - Sibling, Female, 16 Year(s)	046744 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

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

**Additional information:**

Both Fatality Reports were late and 2 of the 4 safety assessments were not completed. One of three notice of existence letters was sent, and notice of indication letters are not documented to have been sent.

### 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 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"/>





# Child Fatality Report

Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input 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 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 4yo and 3yo SS were removed from the SF and SM with consent, and placed into foster care. There was an Article 10 Petition filed in Family Court.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS



# Child Fatality Report

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	046744 Mother Female 37 Year(s)	
<b>Comments:</b>		

<b>Family Court Petition Type: FCA Article 10 - CPS</b>		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	046745 Father Male 30 Year(s)	
<b>Comments:</b>		

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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? No



**Explain:**  
The 4yo SS and 3yo SS were placed in Foster Care. The 12yo SS and 16yo SS were not offered services during the fatality investigation.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** No

**Explain:**  
Bereavement counseling and the services of a Behavioral Health Clinician were offered to the BF of the SC and he declined the services. The SM agreed to participate in recommended services in order to have visitation with the SS and get help for herself.

## 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?** 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?** No

### 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)
06/13/2017	Sibling, Female, 11 Years	Mother, Female, 37 Years	Lack of Medical Care	Unsubstantiated	Yes
	Sibling, Female, 11 Years	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 11 Years	Mother, Female, 37 Years	Educational Neglect	Unsubstantiated	
	Sibling, Female, 11 Years	Mother, Female, 37 Years	Lack of Supervision	Unsubstantiated	

**Report Summary:**

An SCR report was received alleging the SS had excessive absences from school and suffered academically as a result. The SM was aware and failed to ensure the SS regularly attended school. The report further alleged the SS had poor



hygiene and was depressed. The SM was failing to follow recommendations for counseling and was unable to control the SS's behavior. The SS left the home without permission at night and it was unknown when she returned.

**Report Determination:** Unfounded

**Date of Determination:** 09/01/2017

**Basis for Determination:**

NCDSS found no credible evidence to substantiate the allegations. The investigation conclusion stated that the SS had only missed 10 percent of the academic year and was failing 1 or 2 classes. The SS was not in counseling because she did not believe she needed it. The SS was out at the park one evening, but was supervised by an adult neighbor.

**OCFS Review Results:**

The source was contacted and all children on the report seen. The Notice of Existence letters were sent to appropriate individuals. The neighbor that was allegedly supervising the SS at the park was never questioned regarding that evening. There were issues that arose through collateral contacts that were not discussed with the SM. There is no documentation that the issue of the SS failing one or two classes was fully explored with the SM or the school.

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

**Issue:**

Overall Completeness and Adequacy of Investigation

**Summary:**

NCDSS failed to thoroughly investigate the allegations in the SCR report. There was another person named on the report that was never interviewed face to face. There is no documentation that the issue of the SS failing 1 or 2 classes was discussed with the school or the SM. NCDSS failed to contact appropriate collaterals and have follow up discussions with the SM regarding information received.

**Legal Reference:**

SSL 424(6); 18 NYCRR 432.2(b)(3)

**Action:**

NCDSS will interview all persons listed on an SCR report and make efforts to contact collaterals that may have information pertaining to the allegations in the CPS investigation. NCDSS will explore all concerns that arise during a CPS investigation.

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP question regarding DV was answered inaccurately. The SM and BF had a recent history of domestic violence and this was not reflected.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

NCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements in the Risk Assessment Profile.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/17/2016	Sibling, Female, 14 Years	Other Adult - BF of SS, Male, 43 Years	Educational Neglect	Unsubstantiated	Yes
	Sibling, Female, 14 Years	Mother, Female, 35 Years	Educational Neglect	Unsubstantiated	

**Report Summary:**

An SCR report was received alleging a SS had missed 33 days of the school year. The SM and BF of the SS were aware



of the situation and made no effort to address the issue. The SS was continually absent from school and was failing as a result.

**Report Determination:** Unfounded

**Date of Determination:** 04/15/2016

**Basis for Determination:**

NCDSS found the SS missed school due to stomach pain and concerns regarding DV in the home between the SM and SF. The BF of the SS took her for medical treatment. NCDSS addressed the DV with the SM and made referrals for DV counseling. The SS school attendance improved throughout the course of the investigation.

**OCFS Review Results:**

NCDSS contacted the source, interviewed all adults named and assessed the safety of all children. The allegations and other issues that arose in the investigation were addressed and appropriate services offered.

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

**Issue:**

Failure to provide notice of report

**Summary:**

A notice of existence letter was not provided to the BF as another person named on the SCR report.

**Legal Reference:**

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

**Action:**

NCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

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

01/27/15-03/31/15-An SCR report with allegations with an allegation of PD/AM Unsub against the SM regarding a SS.

**Known CPS History Outside of NYS**

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

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

**Additional Local District Comments**

Timeliness of submission does need to be improved on the safety assessments, but as we discussed there was difficulty ascertaining the immediate safety of two of the four surviving children due to a lack of cooperation by the mother and boyfriend.

**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