



Report Identification Number: RO-17-042

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

Issue Date: May 01, 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

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: 2 month(s)

Jurisdiction: Chemung
Gender: Male

Date of Death: 11/07/2017
Initial Date OCFS Notified: 11/07/2017

Presenting Information

On 11/7/2017, the 2-month-old SC, an otherwise healthy child, died of unknown causes while in the care of the unrelated home member (UHM). SM left the home around 9 PM on 11/6/2017. At around 10:30 PM, UHM laid SC on the end of the couch to go to sleep. UHM fell asleep on the other end of the couch. When he woke between 4-5 AM, she changed his diaper, fed him, laid him back on the couch and went back to sleep. At 7 AM, UHM's 17 yo son (OC) found the family's dog sleeping on the couch on top of the SC. It was unclear if the SC's breathing was obstructed or what the SC's condition was at that time. UHM was unaware of the dog sleeping on the SC. At 8 AM, the SC began crying and UHM rubbed his head to put him back to sleep. UHM went back to sleep until 11:30 AM when she woke and noticed SC was pale and unresponsive. SC was pronounced dead at 12:10 PM.

Executive Summary

The death of SC was reported to the SCR on 11/7/2017 because he was an otherwise healthy child and his sudden death was suspicious. The investigation was conducted by Chemung County Department of Social Services (CCDSS).

At the time of his death, the SC lived with his mother, the UHM and UHM's 17 yo son. CCDSS was investigating previous reports of drug abuse. The home was initially assessed to be safe, with no evidence of drug use. Safe sleep was discussed with SM and UHM, and a portable crib was observed for SC.

On the night the SC died, he had been left in the care of UHM, who placed him to sleep in an unsafe environment on the couch with a blanket and pillow. UHM, the SC and 2 dogs all shared the sleep surface. SM was aware there were concerns for UHM and other household members using drugs. BF visited SC regularly at his home and was aware SM and SC recently moved in with UHM. He was not aware of any concerns with UHM caring for SC. The SC was SM and BF's only child and there were no SS.

After SC's death, the home was cluttered and contained drug paraphernalia. The portable crib had items in it and appeared to not be utilized for the SC. CCDSS assessed the safety of the OC and found concerns about his drug use, as well as the adults in the home. As a result, CCDSS asked UHM to agree to a safety plan that OC would live with his MGM, who shared joint custody of him. UHM refused, although they were evicted from their home a few days later and went to live with OC's MGM. CCDSS asked UHM to agree to OC living with his MGM until he turned 18 or UHM obtained substance abuse treatment. OC's MGM ensured OC attended Probation, MH counseling and substance abuse treatment.

An autopsy was performed and the cause of death was determined to be "positional asphyxia related to unsafe sleep arrangement" and the manner of death was "undetermined." LE had not made any arrests and their investigation remained open at the time this report was written.

CCDSS made the appropriate determination to substantiate the allegations against UHM and SM regarding SC. SM had a history of unstable housing, and although she was educated about safe sleep guidelines by CCDSS and provided with a portable crib, she was not using it for the SC. SM was aware of the drug concerns at UHM's home and continued to place SC at risk by residing there and using UHM as a babysitter. The UHM co-slept with the SC on the couch, with blankets, pillows and her dogs, resulting in the SC dying from asphyxiation. SM, BF and UHM declined bereavement and MH counseling services offered by CCDSS. UHM declined substance abuse treatment services.



PIP Requirement

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

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

The decision to indicate and close the investigation was appropriate.

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:

The decision to close the case was appropriate.

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: 11/07/2017

Time of Death: 12:10 PM

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

Unknown

County where fatality incident occurred:

Chemung

Was 911 or local emergency number called?

Yes

Time of Call:

11:29 AM

Did EMS respond to the scene?

Yes

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

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

How long before incident was the child last seen by caretaker? 3 Hours

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Deceased Child's Household	Other Child - UHM's Child	No Role	Male	17 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Female	35 Year(s)
Other Household 1	Father	No Role	Male	29 Year(s)
Other Household 2	Other Adult - OC's BF	No Role	Male	37 Year(s)
Other Household 3	Other Adult - OC's MGM	No Role	Female	61 Year(s)
Other Household 3	Other Adult - OC's MGF	No Role	Male	65 Year(s)

LDSS Response

CCDSS began their investigation by speaking to the source and conducting a CPS history check. CCDSS assessed the home to be cluttered, with drug paraphernalia in OC's bedroom and the living room. There was a portable crib observed in the living room with multiple items in it. LE was at the home and said when they arrived, SC was in cardiac arrest. The couch had multiple items on it, including an afghan, 2 pillows, a bottle, and 2 large dogs. OC told LE 2 of the dogs were



sleeping on the couch when he left for school at 8 AM; he had to move a dog away from SC.

CCDSS interviewed UHM, OC, OC's 17 yo friend and UHM's friend that were in the home at the time of the incident, as well as SM, BF and step mother. It was consistently reported SM dropped SC off at UHM's home around 9 PM on 11/6/2017 so UHM could babysit SC for the night. When SM left, SC was drinking a bottle and "acting normal". It was denied anyone in the home used drugs that night. UHM took her prescribed medication then went to sleep on the couch around 11 PM. SC was asleep on his back, on top of a pillow, on the other end of the couch. OC was asleep in his bedroom. Two dogs slept on the couch as well. On 11/7/2017, SC awoke and was crying around 4 AM, and 8 AM; both times UHM used an afghan to prop a bottle on SC's stomach, then UHM went back to sleep. UHM awoke around 11 AM and found SC unresponsive. UHM's friend called 911 at 11:29 AM and UHM performed CPR until EMS arrived. At 12 PM, LE went to the BF's home and notified SM and BF of the incident. UHM and OC's accounts differed regarding whether UHM slept next to SC or remained on the other end of the couch, and whether UHM was awake when OC left for school.

Hospital staff reported SC had no pulse, no response to life saving measures and no injuries were observed. The ME determined SC was well nourished, had no obvious signs of trauma and his findings were consistent with positional asphyxia related to unsafe sleep.

The case record contained documentation of extensive collateral contacts and photos of SC and UHM's home. It was documented safe sleep was discussed with SM and she was provided with a portable crib during prior involvement with CCDSS. During the investigation, concerns arose for UHM's MH and for drug use by UHM, OC and several adults that often stayed at the home. SM went to live with her mother. UHM and OC were evicted and went to live with OC's MGM. CCDSS referred UHM for a drug test and she declined drug treatment and MH counseling. OC was on Probation and enrolled in MH counseling and drug treatment. CCDSS provided SM and BF with information on bereavement services, although they declined. CCDSS appropriately Indicated and closed the case as the OC was residing with his MGM and receiving the needed services. The LE investigation remained open.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Coroner

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
045301 - Deceased Child, Male, 2 Mons	045302 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated
045301 - Deceased Child, Male, 2 Mons	045303 - Unrelated Home Member, Female, 35 Year(s)	DOA / Fatality	Substantiated
045301 - Deceased Child, Male, 2 Mons	045303 - Unrelated Home Member, Female, 35 Year(s)	Inadequate Guardianship	Substantiated



Child Fatality Report

045301 - Deceased Child, Male, 2 Mons	045303 - Unrelated Home Member, Female, 35 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
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CPS Fatality Casework/Investigative Activities

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

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"/>
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"/>

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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



Child Fatality Report

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 checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
UHM may have benefited from parenting skills services.

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

Explain:
The UHM was referred for a drug test, which she completed, and MH counseling, which she declined. SM and BF were provided with bereavement counseling information and declined services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was there an open CPS case with this child at the time of death?** Yes
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** No
- Was the child acutely ill during the two weeks before death?** No

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections
<input type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input type="checkbox"/> Used illicit drugs |
|---|--|

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> Drug exposed
<input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)	Status/Outcome	Compliance Issue(s)
10/18/2017	Other Child - OC, Male, 17 Years	Other Adult - UHM, Female, 35 Years	Childs Drug / Alcohol Use	Indicated	No
	Other Child - OC, Male, 17 Years	Other Adult - UHM, Female, 35 Years	Inadequate Guardianship	Indicated	
	Other Child - OC's Friend , Male, 17 Years	Other Adult - UHM, Female, 35 Years	Inadequate Guardianship	Indicated	
	Other Child - OC, Male, 17 Years	Other Adult - UHM, Female, 35 Years	Lack of Medical Care	Indicated	
	Other Child - OC's Friend , Male, 17 Years	Other Adult - UHM, Female, 35 Years	Childs Drug / Alcohol Use	Indicated	

Report Summary:

An SCR report alleged UHM was allowing OC and OC's 16 yo friend to use alcohol and marijuana, "molly" and other unknown drugs to the degree they are both intoxicated. A subsequent report alleged OC suffered from chronic constipation and missed an appointment for a colonoscopy .

Determination: Indicated**Date of Determination:** 01/19/2018**Basis for Determination:**

CCDSS substantiated the allegations of CD/A and IG and unsubstantiated the allegation of LMC against UHM regarding OC. There was drug paraphernalia in the home that belonged to OC and allowed the children to use marijuana. CCDSS advised the friend's BF he could no longer reside in the home and OC went to live with his MGM. It was learned OC refused to participate in the colonoscopy and his medical issue improved during the investigation.

OCFS Review Results:

CCDSS interviewed all household members at the UHM and the 16 yo friend's homes. The necessary collaterals were contacted and records received to support the determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/10/2017	Deceased Child, Male, 2 Months	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	Other Child - OC, Male, 17 Years	Other Adult - UHM, Female, 35 Years	Parents Drug / Alcohol Misuse	Indicated	
	Deceased Child, Male, 2 Months	Other Adult - UHM, Female, 35 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Deceased Child, Male, 2 Months	Mother, Female, 19 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Deceased Child, Male, 2 Months	Stepmother, Female, 46 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 2 Months	Father, Male, 29 Years	Inadequate Guardianship	Indicated	
	Other Child - OC, Male, 17 Years	Other Adult - UHM, Female, 35 Years	Inadequate Food / Clothing / Shelter	Indicated	



Other Child - OC, Male, 17 Years	Mother, Female, 19 Years	Inadequate Food / Clothing / Shelter	Indicated
Other Child - OC, Male, 17 Years	Other Adult - UHM, Female, 35 Years	Childs Drug / Alcohol Use	Indicated
Other Child - OC, Male, 17 Years	Other Adult - UHM, Female, 35 Years	Inadequate Guardianship	Indicated
Deceased Child, Male, 2 Months	Other Adult - UHM, Female, 35 Years	Inadequate Guardianship	Indicated
Deceased Child, Male, 2 Months	Other Adult - UHM, Female, 35 Years	Parents Drug / Alcohol Misuse	Indicated
Other Child - OC, Male, 17 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Indicated
Deceased Child, Male, 2 Months	Mother, Female, 19 Years	Inadequate Guardianship	Indicated

Report Summary:

An SCR report alleged the SM did not change the SC's diaper, resulting in an ongoing rash on his buttock. The SM allowed the SC to be unsupervised with a convicted sex offender on more than one occasion. BF was aware and failed to intervene. Several subsequent reports were received that alleged SM was leaving SC in the care of UHM and UHM was abusing pills and drugs to impairment, SM was coming home intoxicated, UHM was aware OC was using drugs and did not address the issue. The home was unsanitary.

Determination: Indicated

Date of Determination: 01/03/2018

Basis for Determination:

CCDSS substantiated the allegations of IG, CD/A, PD/AM against UHM regarding OC and IG and PD/AM regarding SC. The allegation of IF/C/S was unsubstantiated against UHM and SM regarding OC and SC. The allegation of PD/AM was unsubstantiated against SM regarding OC and SC. The allegation of IG was substantiated against PS and unsubstantiated against BF regarding SC. The home was found to meet a minimum standard, there was no evidence SM was abusing alcohol and returning intoxicated or leaving SC with a sex offender. There was an altercation between PS, SM and BF while PS was holding SC. UHM was using drugs and failing to prevent OC from using drugs and there was drug paraphernalia in the home.

OCFS Review Results:

CCDSS interviewed all household members in BF and SM's home. Safe sleep was discussed with SM and a safe sleep environment was observed. The necessary collateral contacts were made and records received to determine the allegations. The SC died during the investigation and a fatality report was received and investigated concurrently. The 7-day safety assessment was due by 10/17/2017 and was completed on 10/23/2017.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-day safety assessment was due by 10/17/2017 and was completed on 10/23/2017.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

CCDSS will complete safety assessments within regulatory required timeframes.



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/21/2017	Other Child - 16 yo girl, Female, 16 Years	Other Adult - UHM, Female, 39 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	Other Child - 16 yo girl, Female, 16 Years	Other Adult - UHM, Female, 39 Years	Inadequate Guardianship	Indicated	

Report Summary:

An SCR report alleged a 16 yo girl was staying with UHM and OC, was using drugs and having sex, and the girl's BM was unable to supervise or control her.

Determination: Indicated

Date of Determination: 01/15/2018

Basis for Determination:

CCDSS substantiated the allegations of IG and PD/AM against UHM regarding the 16 yo girl that was living in the home. There was credible evidence gathered that UHM was using drugs and had others staying in the home that were also using drugs. UHM tested positive for drugs and the 16 yo girl reported recently having to leave the home while a friend made methamphetamine. The girl had behavioral issues and refused to live with her BM. During the investigation, she left UHM's home and went to live with a family member.

OCFS Review Results:

CCDSS interviewed all household members at UHM and the girl's home. The appropriate collateral contacts were made and necessary records received to determine the allegations, although LE was not contacted regarding the methamphetamine production. The 7-day safety assessment was completed past the required due date.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-day safety assessment was due by 8/28/2017 and was not completed until 9/8/2017.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

CCDSS will complete 7-day safety assessments within the regulatory required timeframe.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/12/2016	Other Child - OC, Male, 15 Years	Other Adult - OC's Girlfriend, Female, 19 Years	Sexual Abuse	Indicated	Yes
	Other Child - OC, Male, 15 Years	Other Adult - UHM, Female, 34 Years	Lack of Medical Care	Indicated	
	Other Child - OC, Male, 15 Years	Other Adult - UHM, Female, 34 Years	Sexual Abuse	Indicated	
	Other Child - OC, Male, 15 Years	Other Adult - UHM, Female, 34 Years	Inadequate Guardianship	Indicated	

Report Summary:

An SCR report alleged UHM was aware OC had a sexual relationship with his 19 yo girlfriend and did not intervene. The girlfriend was alleged to be pregnant.

Determination: Indicated

Date of Determination: 03/01/2017



Basis for Determination:

The allegations of IG and LMC were substantiated against UHM regarding OC. Family members admitted UHM allowed the OC's 19 yo girlfriend to move into the home, despite CCDSS and Probation advising no one else should be residing in the home. UHM failed to bring the OC to an appointment with a specialist and did not follow treatment recommendations to address his medical condition. The allegation of SA was unsubstantiated against UHM and the 19 yo girlfriend regarding OC due to a lack of credible evidence. The case was closed as the UHM and OC were receiving services from multiple service providers, including Probation, and they moved in with the OC's MGM.

OCFS Review Results:

CCDSS interviewed all household members and the OC's MGM. The multiple service providers working with the family were contacted and the necessary records were received to support substantiating the allegations. Several progress notes were not entered contemporaneously, up to 7 months after the event date. The 7-day safety assessment was due by 7/19/2016 and was not completed until 7/28/2016.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Several progress notes were not entered contemporaneously, up to 7 months after the event date.

Legal Reference:

18 NYCRR 428.5

Action:

Progress notes will be entered contemporaneously to accurately reflect casework activities.

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-day safety assessment was due by 7/19/2016 and was not completed until 7/28/2016.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

CCDSS will complete 7-day safety assessments within regulatory required timeframes.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/23/2016	Other Child - OC, Male, 15 Years	Other Adult - UHM, Female, 33 Years	Inadequate Guardianship	Indicated	No
	Other Child - OC's friend , Male, 17 Years	Other Adult - UHM, Female, 33 Years	Inadequate Guardianship	Indicated	
	Other Child - OC's friend , Male, 17 Years	Other Adult - UHM's Partner, Female, 20 Years	Inadequate Guardianship	Indicated	
	Other Child - OC, Male, 15 Years	Other Adult - UHM's Partner, Female, 20 Years	Inadequate Guardianship	Indicated	

Report Summary:

An SCR report alleged on 2/20/2016, there was a physical altercation between UHM, OC and UHM's partner. As a result, OC had a red mark on his forehead.

Determination: Indicated

Date of Determination: 06/08/2016



Basis for Determination:

The allegation of IG was substantiated against UHM regarding OC. IG was unsubstantiated against UHM's partner regarding OC and against both adults regarding OC's friend. OC sustained injuries during the altercation and UHM did not intervene. The adults failed to seek LE involvement after the incident and there was a history of violence between OC, UHM and UHM's partner. OC was not regularly attending service provider appointments and had violent outbursts. UHM allowed OC to smoke cigarettes and allowed OC's friend to reside in the home even though he was smoking marijuana. OC remained engaged with Probation and MH counseling and the Preventive Services case remained open.

OCFS Review Results:

CCDSS completed a through investigation. All household members, the OC's MGM and OC's BF were interviewed and the necessary collaterals were contacted. The safety assessments were completed accurately and on time. Notice of Existence and Notice of Indication letters were provided to the required individuals and on time.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/27/2015	Other Child - OC, Male, 15 Years	Other Adult - UHM, Female, 33 Years	Inadequate Guardianship	Indicated	Yes
	Other Child - OC, Male, 15 Years	Other Adult - UHM, Female, 33 Years	Lack of Supervision	Indicated	
	Other Child - OC's Friend, Male, 17 Years	Other Adult - UHM, Female, 33 Years	Inadequate Guardianship	Indicated	
	Other Child - OC's Friend, Male, 17 Years	Other Adult - UHM, Female, 33 Years	Lack of Supervision	Indicated	
	Other Child - OC's Friend, Male, 17 Years	Other Adult - UHM's Partner , Female, 20 Years	Childs Drug / Alcohol Use	Indicated	
	Other Child - OC's Friend, Male, 17 Years	Other Adult - UHM's Partner , Female, 20 Years	Inadequate Guardianship	Indicated	
	Other Child - OC's Friend, Male, 17 Years	Other Adult - UHM's Partner , Female, 20 Years	Parents Drug / Alcohol Misuse	Indicated	
	Other Child - OC, Male, 15 Years	Other Adult - UHM, Female, 33 Years	Childs Drug / Alcohol Use	Indicated	
	Other Child - OC's Friend, Male, 17 Years	Other Adult - UHM, Female, 33 Years	Childs Drug / Alcohol Use	Indicated	
	Other Child - OC, Male, 15 Years	Other Adult - UHM's Partner , Female, 20 Years	Childs Drug / Alcohol Use	Indicated	
	Other Child - OC, Male, 15 Years	Other Adult - UHM's Partner , Female, 20 Years	Inadequate Guardianship	Indicated	
	Other Child - OC, Male, 15 Years	Other Adult - UHM's Partner , Female, 20 Years	Lack of Supervision	Indicated	
	Other Child - OC's Friend, Male, 17 Years	Other Adult - UHM's Partner , Female, 20 Years	Lack of Supervision	Indicated	
	Other Child - OC, Male, 15 Years	Other Adult - UHM, Female, 33 Years	Parents Drug / Alcohol Misuse	Indicated	
Other Child - OC's Friend, Male, 17 Years	Other Adult - UHM, Female, 33 Years	Parents Drug / Alcohol Misuse	Indicated		



Other Child - OC, Male, 15 Years	Other Adult - UHM's Partner , Female, 20 Years	Parents Drug / Alcohol Misuse	Indicated
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Report Summary:

An SCR report alleged on 10/17/2015, UHM and OC argued about how long OC took the dogs outside. The argument escalated and UHM struck OC and OC struck her back. OC sustained scratches from the incident.

Determination: Indicated

Date of Determination: 01/13/2016

Basis for Determination:

CCDSS substantiated the allegations of IG, CD/A and LS against UHM and her partner regarding OC and OC's friend. Family members denied that the OC sustained scratches from the argument. Concerns arose during the investigation that OC and his friend used marijuana and asked UHM's partner to obtain marijuana for them. UHM still allowed her partner to supervise the children and both adults failed to prevent the children from using drugs. The case was closed due to the family's service needs being met through Probation and multiple service providers. The Preventive Services case remained open.

OCFS Review Results:

CCDSS interviewed all household members, OC's BF and OC's MGM, as well as other collaterals. CCDSS spoke to the service providers that were working with the family and obtained the necessary records to substantiate the allegations. CCDSS appropriately added allegations to the investigation when additional information was received. The RAP inaccurately reflected the UHM had a previous Termination of Parental Rights. The allegation of PD/AM was substantiated against UHM's partner regarding OC's friend, although it was documented in the Investigation Conclusion Narrative the allegation was unsubstantiated due to a lack of credible evidence.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

The RAP inaccurately reflected the UHM had a previous Termination of Parental Rights.

Legal Reference:

18 NYCRR 432.2(d)

Action:

CCDSS will accurately assess and document each risk element in the RAP.

Issue:

Appropriateness of allegation determination

Summary:

The allegation of PD/AM was inappropriately substantiated against UHM's partner regarding OC's friend, although it was documented in the Investigation Conclusion Narrative the allegation was intended to be unsubstantiated due to a lack of credible evidence.

Legal Reference:

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

Action:

CCDSS will appropriately determine all allegations contained within the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/16/2015	Other Child - OC, Male, 14 Years	Unrelated Home Member, Female, 33 Years	Parents Drug / Alcohol Misuse	Far-Closed	No



Other Child - OC, Male, 14 Years	Unrelated Home Member, Female, 33 Years	Childs Drug / Alcohol Use	Far-Closed
Other Child - OC, Male, 14 Years	Unrelated Home Member, Female, 33 Years	Inadequate Guardianship	Far-Closed

Report Summary:

An SCR report alleged the home was filthy with garbage and clothes strewn all over, covering the floors and causing a fire hazard. The 2 pit bulls in the home were never let outside and were defecating and urinating all over the floors. The UHM was showing the OC how to smoke. A subsequent report received 5/26/2015 alleged UHM smoked marijuana with OC and allowed him to smoke cigarettes and have friends over at all hours of the night.

OCFS Review Results:

CCDSS completed the 7-day safety assessment on time and appropriately tracked the case FAR. CCDSS interviewed the UHM, OC, OC's MGM, the members of the MGM's household, and assessed the safety of the UHM and the MGM's home. CCDSS contacted the appropriate collaterals that were working with the family and made an assessment that the OC was safe at his MGM's home and his service needs were being met by his Probation Officer, MH counselor and Intensive Case Manager.

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

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

SCR report 11/2/2004-1/4/2005 was substantiated for the allegations of LS and IG against UHM regarding OC's sibling. SCR report 3/11/2009-5/11/2009 was unsubstantiated for the allegations of IF/C/S and PD/AM against UHM regarding OC and his sibling.

SCR report 8/06/2009-10/7/2009 was unsubstantiated for the allegations of IG against UHM regarding OC.

SCR report 4/9/2010-10/25/2010 tracked FAR regarding UHM, OC and OC's sibling.

SCR report 9/3/2010-4/26/2011 substantiated for the allegations of IF/C/S, IG and PD/AM against UHM regarding OC and OC's sibling. Article 10 Neglect Petition filed against UHM regarding the OC and his sibling.

SCR report 9/14/2013-10/22/2013 was substantiated for the allegations of IG against UHM regarding OC.

SCR report 1/14/2008-7/31/2008 was unsubstantiated for the allegations of IG and IF/C/S against SF regarding 2 unrelated children.

SCR report 4/26/2009-8/27/2009 was unsubstantiated for the allegations of IG against SF regarding 3 unrelated children.

Known CPS History Outside of NYS

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

Preventive Services History

Preventive Services case opened 1/28/2009 to assist UHM, OC and his sibling with concerns for UHM's drug use and the children's MH and behavioral issues. OC's MGM applied for custody, although the children continued to reside with UHM. Service case closed 1/15/2010 when the children were engaged in MH counseling, the MGM was providing support and the UHM no longer wanted services.

Preventive Services case opened 10/1/2010 to assist OC's MGM, who had custody of the UHM's children, with concerns for the children's MH and behavioral issues. On 2/14/2012, the UHM consented to a finding of neglect with a suspended



judgment for 1 year and UHM was ordered to complete a multitude of services. The children remained in the custody of their MGM. There was no order of supervision issued so the case closed on 3/1/2012.

Preventive Services case opened 9/23/2013 to assist OC's MGM with concerns for the OC's behavioral and MH issues. Closed 4/4/2014 when OC engaged in services and his goals were achieved.

Preventive Services case opened 8/24/2015 due to OC being placed for 1 year on Probation Supervision as a disposition for JD charges. The family was provided with a multitude of services and the OC and his MGM actively participated in services. The case closed on 1/24/2017 when OC achieved his goals.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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