



## Report Identification Number: SY-18-028

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

Issue Date: Dec 21, 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:** 2 year(s)

**Jurisdiction:** Broome  
**Gender:** Female

**Date of Death:** 07/03/2018  
**Initial Date OCFS Notified:** 07/03/2018

## Presenting Information

An SCR report alleged on 7/3/18, before 3:57 PM, while home alone with the subject child (SC), the subject father (SF) failed to supervise the child. As a result, the SC managed to let herself out of the home, climb up the ladder to the above ground pool, enter the pool and subsequently drowned.

## Executive Summary

Broome County Department of Social Services (BCDSS) received a report from the SCR on 7/3/18, concerning the death of the 2yo female SC.

Through a joint investigation with LE, it was learned on 7/3/18, the father (SF) found SC floating face down and unresponsive in the family's backyard pool. SF brought SC to the front yard where he performed CPR and a passerby contacted 911 at 3:57 PM. SC was transported to Wilson Hospital via ambulance, where she was unable to be revived and was pronounced deceased. The only household members home when the incident occurred were the father and SC.

The mother, SF and the children, ages 7, 2 and 5 months, resided with the maternal grandfather (MGF) and an unrelated home member (UHM). BCDSS assessed the safety of the 5-month-old sibling and there were concerns for an unsafe sleep environment. BCDSS provided the family with safe-sleep education and a portable crib. The 7yo sibling was visiting her father in Ohio for the summer. BCDSS spoke to her father over the phone and later interviewed the sibling and her father when she returned home. The sibling's father's had no concerns for his daughter in her mother's care. The home was assessed to be safe for the children and there was a locking gate observed that lead to the pool. A safety plan was appropriately initiated that the SF would not be the sole caretaker for the children due to concerns for supervision that lead to the incident.

Through a review of New York and Ohio CPS and LE records, it was learned SF had a 6yo daughter in Ohio and she was determined to be safe in the custody of her maternal grandparents. Both parents had a history of using marijuana and were referred for drug screens after SC's death. They both tested positive for marijuana and negative for all other substances. SF denied using any substances on the day of the incident and both parents reported recreational use when they were not caring for the children. The mother had a history of MH concerns and was engaged in MH counseling. She voluntarily entered into inpatient MH treatment following the death of SC and remained in outpatient MH counseling upon discharge. There was a history of verbal and physical altercations between the mother and the 7yo sibling's father, although there had been no incidents since the mother left Ohio in 2017.

An autopsy was performed and the results were pending at the time this report was written. The death certificate listed the manner of death was accidental and the cause of death was drowning. The LE investigation remained open and no criminal charges had been filed.

BCDSS contacted all necessary collaterals and thoroughly investigated the incident. The case remained open and the allegations had not yet been determined at the time this report was written. A subsequent report was received from the SCR on 12/11/18, concerning the death of SC as well as a recent physical altercation between the mother and SF in the presence of the 5-month-old sibling. There was no new information gathered regarding the fatality and the new concerns continued to be investigated through the open cases. BCDSS appropriately consulted legal following the altercation and Preventive Services were offered to the parents and accepted. The mother and the 7yo sibling were engaged in MH



counseling and bereavement services and the SF agreed to engage in MH counseling. It was unknown if the grandfather engaged in the referred bereavement services.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

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

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

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

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

### Explain:

Casework activities were commensurate with case circumstances.

## 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: 07/03/2018

Time of Death: Unknown



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

Unknown

County where fatality incident occurred:

Broome

Was 911 or local emergency number called?

Yes

Time of Call:

03:57 PM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

 Sleeping Working Driving / Vehicle occupant Playing Eating Unknown Other: Swimming

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

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	Female	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	38 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	57 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	47 Year(s)
Other Household 1	Other Adult - BF of 7yo SS	No Role	Male	37 Year(s)

## LDSS Response

BCDSS initiated their investigation within 24 hours of receipt of the report. They spoke to the source, reviewed CPS history and met with hospital staff and the family. The 5-month-old sibling's safety was assessed and there were no concerns for his care. The 7yo sibling's father was contacted by phone following the incident and the sibling was interviewed when she came home for the funeral services.

Joint interviews were conducted with LE and BCDSS. It was learned the parents and the children spent the morning with the mother's friend. Around 12:15 PM, they dropped off SF and SC at home and the 5-month-old stayed with the mother while she ran errands. SF and SC got into the above-ground pool around 1:00 PM. After an hour, they got out of the pool



and took off SC’s arm flotation devices. They sat on the deck on the side of the house while SC ate. When she was done, SF turned on cartoons for SC in the living room and he went back outside to the deck where he was texting and arguing with the mother. He had his back to the backyard and could not see the pool from where he sat.

SF said after about 30 minutes, he went inside and couldn’t find SC. He looked around the house and then went to the backyard, where he found SC unresponsive and floating face down in the pool. He pulled SC out of the pool, began performing CPR, and SC vomited water. SF tried to call 911, although he didn’t have cell service. He texted the mother a message to call 911 prior to his cell phone battery dying. He carried SC to the front yard and continued to perform CPR and yelled for help. A bystander pulled over and called 911.

SM said she and SF were texting and arguing around 3:30 PM and she later received a text message to call 911 and she tried calling SF back since she didn’t know why. EMT’s were working on SC when she arrived home and SF told her he took his eyes off SC for 5 minutes. SF believed SC went downstairs to the basement, through the laundry room, out the screen door that lead to the driveway, then into the backyard. The parents and grandfather reported SC had gotten out of the home on several other occasions when she wanted to ride her bike. They were unable to lock the door to the basement, as UHM needed access to the first floor from his basement apartment. They reported SC could open the gate to the pool if it was not closed properly and she could climb the pool ladder on her own. The home was assessed to be safe for the children and the pool was later taken down by the family.

SM’s friend reported on the day of the incident the mother was on the phone arguing with SF on and off from around 1:30 PM until around 3:55 PM when she got the text message telling her to call 911. The friend tried calling SF several times while the mother drove home, although the call kept going to voicemail.

The bystander reported seeing SF in the front yard performing CPR on SC so he stopped and called 911. First responders reported SF was performing CPR when they arrived and he stated he only turned his back for 5 minutes and he found SC in the pool. Hospital staff reported when SC arrived she was cyanotic and blue with no signs of trauma on her body. They continued CPR, although were unable to obtain a pulse. LE observed the autopsy and said it appeared the cause of death was drowning and their investigation remained open pending final autopsy results.

BCDSS obtained CPS and LE records from Ohio and New York State, and contacted numerous collaterals including, LE, EMS, hospital staff, pediatrician, SM’s MH counselor, friends and family members. The appropriate services were offered to the family and the children were determined to be safe. BCDSS stressed safe sleep guidelines throughout the investigation and assisted the family in obtaining a second portable crib, as one had recently been provided to the family during a previous case, and there continued to be concerns for the 5-month-old’s sleeping environment.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Other physician

### 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



# Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
048501 - Deceased Child, Female, 2 Yrs	048505 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Pending
048501 - Deceased Child, Female, 2 Yrs	048505 - Mother, Female, 31 Year(s)	DOA / Fatality	Pending
048501 - Deceased Child, Female, 2 Yrs	048504 - Father, Male, 38 Year(s)	Inadequate Guardianship	Pending
048501 - Deceased Child, Female, 2 Yrs	048504 - Father, Male, 38 Year(s)	DOA / Fatality	Pending
048501 - Deceased Child, Female, 2 Yrs	048504 - Father, Male, 38 Year(s)	Lack of Supervision	Pending
048506 - Sibling, Male, 5 Month(s)	048505 - Mother, Female, 31 Year(s)	Parents Drug / Alcohol Misuse	Pending
048506 - Sibling, Male, 5 Month(s)	048505 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 The RAP had not yet been completed, although BCDSS thoroughly assessed risk throughout the investigation. The need for MH services was identified for the family and SM and the 7yo SS engaged in counseling.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The 7yo SS engaged in MH counseling and SM was provided with a portable crib for the 5-month-old SS.

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

Explain:

SM went to inpatient MH treatment for 4 days and remained engaged in outpatient MH treatment.

## 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? No

Was the child acutely ill during the two weeks before death? No

### CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/02/2018	Sibling, Male, 5 Days	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 5 Days	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**  
 An SCR report alleged SM and the 5-month-old SS tested positive for marijuana at the time of delivery. SM received prenatal care and the baby was not showing any signs of withdrawal.

**Report Determination:** Unfounded **Date of Determination:** 04/04/2018

**Basis for Determination:**  
 BCDSS appropriately unsubstantiated the allegations. The baby's meconium tested positive for marijuana, although his urine screen was negative and SM tested negative. SM reported she smoked marijuana for a few months prior to finding out she was pregnant and stopped once she found out. SM denied smoking in the home or while caring for the children, and therefore, there was no impact on the children. SM completed a drug screen and tested negative for all substances.

**OCFS Review Results:**  
 BCDSS interviewed all household members and the 7yo SS's father, reviewed New York and Ohio CPS history, and provided Notice of Existence letters to all adults. The home was assessed for safety and BCDSS discussed safe sleep with SM and provided her with a portable crib. BCDSS appropriately referred SM for drug screening and contacted the necessary collaterals. The children were assessed to be safe and well cared for. No recent concerns for DV were reported and no services needs were identified for the family at case closure. SM had support from the MGF, was taking MH medication and was in the process of obtaining MH counseling.

**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 history more than 3 years prior to the fatality.

#### Known CPS History Outside of NYS

A referral was received by Franklin County, Ohio CPS on 5/30/17 that alleged neglect of the 7yo SS (then 5yo) and the SC (then 1yo) and physical abuse of the 7yo by SM. It was alleged the children were walking through cat urine and feces in the house on the floor, and SM backhanded the 7yo in the ear, causing it to bruise and bleed. The allegations were denied by all family members and the home was packed when CPS arrived, as the family had received an eviction notice. SM admitted to having an undiagnosed MH condition and claimed she was receiving treatment and taking medication. The investigation was terminated within 5 weeks because SF picked up SM and the children and moved them to New York State, due to reported DV concerns with the 7yo SS's BF. There was no disposition, indicated or unfounded, listed. The case was closed as SM was seen as protecting her children by leaving the DV situation.

A referral was received by Franklin County, Ohio CPS on 6/7/17, that alleged SM had an explosive temper and the 7yo SS (then 5yo) was the target of her anger. The 7yo had been left outside a month earlier by herself for at least 30 minutes. It was documented the referral was screened out because it was unknown where the parents were when the child was



allegedly left outside and there was no evidence she was in danger. There was no indication that the parents couldn't see her from an inside window and the service team was still investigating the prior case.

### 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

OCFS determined Broome, “contacted all necessary collaterals.” including LE, EMS, hospital staff, pediatrician, mother’s MH counselor, friends and family members. OCFS further determined supervisory consultation was detailed in the case record.

### 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