



**Report Identification Number: BU-17-024**

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

**Issue Date: Feb 09, 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:** 1 month(s)

**Jurisdiction:** Niagara  
**Gender:** Female

**Date of Death:** 09/23/2017  
**Initial Date OCFS Notified:** 09/25/2017

## Presenting Information

On 9/23/2017, 1-month-old SC was found not breathing in the SM's bed. The SM as well as the SF and a SS were all in bed with the SC. At some point during the morning hours, the SM was alerted by one of the family members in the bed that the SC was unresponsive. The SM immediately notified 911. The SC was brought by EMS to the hospital, where she was pronounced dead at 8:57 AM. The cause of death was respiratory cardiac arrest. The SC was an otherwise healthy child. The SC was observed to be clean wearing a diaper and onesie pajamas. The SC had no visible injuries.

## Executive Summary

An SCR report and a duplicate report were received on 9/23/2017, with the allegations of DOA/fatality and IG against the SF and the SM regarding the death of the 1-month-old SC. Niagara County Department of Social Services (NCDSS) initiated an immediate investigation that included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed. NCDSS did question the SF and the SM about drug and alcohol misuse. There was no credible evidence of any current misuse and the parents denied any misuse of illicit substances.

Within first 24 hours, NCDSS assessed the safety of the SS in the household, ages 1 and 3, as well as the 13-month-old niece of the SC. However, upon further INV it was learned that the SF had a 14yo SS from a previous relationship and this 14yo did visit the household on a regular basis. Upon learning this information NCDSS did interview this child and assessed his home environment, no safety concerns were noted. NCDSS appropriately merged the PIDs of the SF.

NCDSS offered mental health and trauma services to all the family members. It was learned through interviews with the SF and the SM that they regularly co-slept with the SC and the 1yo SS in their king size bed. NCDSS appropriately discussed safe sleep with the parents. The SM stated she had received safe sleep information when the SC was born and from NCDSS when the 1yo was born in 2016. NCDSS went over safe sleep again with all the adults in the home.

The SM and the SF said that the SF woke up at 6:20 AM on 9/23/2017, he went out to get breakfast and came back at 8:30 AM. He woke the SM up and asked if the SC was okay. The SM looked at the SC, and observed that the SC's eyes and her mouth were open. The SF stated the SC's color seemed different. The SC was sleeping next to the SM facing inward and the SC's head was on the SM's arm. The SM grabbed the SC to get up and realized the SC was unresponsive. The parents immediately called 911. EMS arrived and transported the SC to the hospital. The SC was pronounced dead at 8:57 AM.

The final autopsy report stated the cause of death was asphyxia due to compression of airway as a consequence of bed sharing in soft bedding and the manner of death accidental. There were no signs of abuse or neglect. The SC was an otherwise healthy child.

NCDSS appropriately Sub the allegation of IG against the SM and the SF for the SC. The allegation of DOA/fatality was Unsub against the SM and the SF for the SC. The SM and the SF failed to provide a minimum degree of care by placing the SC in an unsafe sleep environment. Based on the ME's findings and the aggravating factors, there was some credible evidence to Sub the allegation of IG. The SS safety was assessed and there were no noted concerns for the SS safety. The case was IND and closed, no further services required.

## PIP Requirement



The OCFS review of the fatality and the history resulted in a casework practice citations. LDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) the LDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, LDSS will review the plan(s) and revise as needed to further 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:

NCDSS had gathered enough information to make a determination.

**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 appropriately Sub for IG against based on the information gathered during the course of the INV.

## Required Actions Related to the Fatality

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

<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 24 days late.
<b>Legal Reference:</b>	CPS Program Manual, VIII, B.2, p.4
<b>Action:</b>	NCDSS will complete 30 day child fatality summary reports within the required time frame.



## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 09/23/2017

**Time of Death:** 08:57 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?**

Yes

**Time of Call:**

08:19 AM

**Did EMS respond to the scene?**

Yes

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

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1

**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	Adult Sibling	No Role	Female	20 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	41 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Other Child - niece	No Role	Female	15 Month(s)
Deceased Child's Household	Sibling	No Role	Female	20 Month(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Other Adult - father of niece	No Role	Male	20 Year(s)



## LDSS Response

NCDSS conducted a joint investigation with LE. The SM and the SF were interviewed about the events on the morning of 9/23/2017. That morning the SF, SM, 1yo SS and the SC were all asleep in the king-size bed together. Both the SM and the SF stated that the SF woke up at 6:20 AM and went out to get breakfast. The SF arrived back home at 8:30 AM and went into the bedroom to wake the SM. The SF observed the SC's color to be different even though the room was not well lit. The SF asked the SM if the SC was okay. The SM turned to look at the SC and her eyes were slightly open and her mouth was open. The SF and the SM stated the SC was sleeping next to the SM facing inward toward the SM and the SC's head was on the SM's arm. The SM and the SF father reported the SM then grabbed the SC and upon picking the SC up realized the SC was unresponsive. The parents called 911 and EMS arrived and transported the SC to the hospital where the SC was pronounced dead at 8:57 AM.

The SM and the SF reported that at three days old the SC had stopped breathing while being bottle fed. The MGF performed CPR and the SC was transported to the hospital. Testing was done on the SC at that time and nothing was found to be wrong with the SC. The SM became very over protective of the SC and kept SC with her at all times. The SM and the SF admitted to receiving safe sleep information at the hospital when the SC was born. The SM also stated she had received safe sleep from NCDSS in 2016 after the birth of the 1year old SS.

NCDSS appropriately assessed the safety of the 3yo SS and the 1 1/2 yo SS and the 13-month-old OC in the first 24 hours of the investigation. The BM of the 13-month-old OC admitted to regularly co-sleeping with her child as well. NCDSS appropriately discussed safe sleep with all adults in the home and made regular follow up visits during the INV and observed that the SS and niece had a safe sleep environment. NCDSS took photos of the home and had noted no immediate safety concerns regarding the SSs and the OC. NCDSS offered bereavement referrals to all family members. NCDSS interviewed all appropriate collaterals, family members, BF of the OC and obtained releases for records. NCDSS obtained and reviewed this records. There were no reported concerns for the safety of the SSs and the OC listed in the home.

However, later in the INV it came to NCDSS attention that the SF had another child from a previous relationship. That 14yo SS resided with his BM and had regularly visited the SC's household. NCDSS did interview the 14yo SS and the BM and assessed the safety of that child. There were no noted safety concerns. During the interview the 14yo SS told NCDSS he was very upset about the loss of the SC. NCDSS appropriately offered the 14yo SS and the BM referrals for bereavement counseling. NCDSS merged the SF's PIDs.

The final autopsy listed that the cause of death was, "asphyxia due to compression of airway as a consequence of bed sharing in soft bedding" and the manner of death was accidental. The ME reported there were no injuries or signs of abuse/maltreatment of the SC. No arrests were made. NCDSS appropriately Sub the allegation of IG against the SM and the SF for the SC and Unsub the DOA/Fatality allegation. The SS safety was assessed and the were no noted safety concerns for the SS. The case was IND and closed no further services required.

## 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:** 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
043041 - Deceased Child, Female, 1 Mons	043104 - Mother, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
043041 - Deceased Child, Female, 1 Mons	043105 - Father, Male, 41 Year(s)	Inadequate Guardianship	Substantiated
043041 - Deceased Child, Female, 1 Mons	043104 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Substantiated
043041 - Deceased Child, Female, 1 Mons	043105 - Father, Male, 41 Year(s)	DOA / Fatality	Unsubstantiated

### 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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
The 30 day safety assessment was 24 days late.

### 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"/>

**Explain as necessary:**  
Removal of the SSs and the OC was not necessary.

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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:

NCDSS offered bereavement referrals to all family members.

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

Explain:

NCDSS offered bereavement referrals through out the INV to the family but family refused.

## 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

## Infants Under One Year Old

## During pregnancy, mother:

- Had medical complications / infections  Had heavy alcohol use  
 Misused over-the-counter or prescription drugs  Smoked tobacco  
 Experienced domestic violence  Used illicit drugs  
 Was not noted in the case record to have any of the issues listed

## Infant was born:

- Drug exposed  With fetal alcohol effects or syndrome  
 With neither of the issues listed noted in case record

## 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)
01/23/2017	Sibling, Male, 14 Years	Mother, Female, 39 Years	Educational Neglect	Unfounded	No
	Sibling, Male, 14 Years	Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	

## Report Summary:

SCR report received alleging EdN against the BM for SS age 14(different house). The SM and the SF were listed with no role. The SS was failing the school year due to excessive absences and lateness. Report stated the BM of the 14yo SS was not doing anything to get the child to school on time on a regular basis.

Determination: Unfounded

Date of Determination: 04/12/2017

## Basis for Determination:

The allegations of EdN against the BM were Unsub, based on interviews and documentation received. The BM was doing everything to ensure the 14yo SS was getting to school on time. The 14yo SS grades improved and understood he needed to get to school on time. There was no credible evidence to substantiate the allegations. There were no noted safety concerns and the case was UNF and closed. The SF was listed with no role and was notified of the report.

## OCFS Review Results:

OCFS found that NCDSS made the appropriate determination based on the information gathered during the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/10/2016	Sibling, Female, 22 Months	Mother, Female, 36 Years	Inadequate Guardianship	Far-Closed	Yes
	Sibling, Female, 22 Months	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Far-Closed	

## Report Summary:

SCR report received alleging PD/AM and IG. The report alleged that the SM used cocaine, opiates and alcohol to the point of impairment while being the sole caretaker of the SS. The SM gave birth to the SC on 2/9/16 and was impaired on



an unknown substance and was refusing to care for the SC. The case was determined to be eligible for FAR. It was learned that the SM and the newborn SC did not test positive for any illicit substances. The family had no previous CPS history. The SM, SC and SS lived with her parents at the time of the report. NCDSS made several home visits and found no safety concerns for the SS and the SC. However, NCDSS failed to notify the SF.

**OCFS Review Results:**

OCFS review results determined that the SF of the SS and the SC was never notified about the report. The SF should have received notice per FAR regulations.

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

**Issue:**

FAR-Failure to Provide Notice of Report

**Summary:**

NCDSS failed to notify the BF even though it had been determined in the progress notes that the BF had regular visitation with the SS.

**Legal Reference:**

18 NYCRR 432.13 (e)(2)(i)(a)-(d)

**Action:**

NCDSS will notify all absent parents per FAR regulation.

**PIP Requirement:**

The OCFS review of the fatality and the history resulted in a casework practice citations. LDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) the LDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, LDSS will review and revise as needed.

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

SCR report dated 3/12/2007, with allegations of LS and IG against the SF and the BM for a SS, now age 14(different household). The allegations were substantiated and the case was IND and closed.

**Known CPS History Outside of NYS**

There is no known history outside of NYS.

**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