



Report Identification Number: BU-17-028

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

Issue Date: Mar 20, 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 year(s)

Jurisdiction: Niagara
Gender: Female

Date of Death: 10/06/2017
Initial Date OCFS Notified: 10/09/2017

Presenting Information

An SCR report was received that alleged on 10/1/2017 SF was caring for 8 yo SS and 1 yo SC, as he had visitation with them. SC had medical issues as she had a gastrostomy tube (G-tube) since birth. SF left the 2 children home alone for an unknown amount of time. SS was not mature enough for the responsibility of caring for a younger sibling, especially one with special needs. At some point while the children were unsupervised, SS went to suction SC's G-tube and SC gurgled then went to sleep. SC was taken to the hospital and died on 10/6/17 of cardiac arrest. The roles of the BM and the 5 and 4 yo SS were unknown.

Executive Summary

On 10/7/2017, Niagara County Department of Social Services (NCDSS) received an SCR report regarding the death of the 1 yo SC. The fatality report was subsequent to an SCR report that was received on 10/3/2017, regarding the incident that led to SC's death.

SC was born premature and suffered from oxygen deprivation at birth, which caused developmental delays and ongoing medical concerns. SC received between 18 and 24 hours of nursing care daily in her home to assist with her medical needs from being G-tube dependent and having a tracheostomy (trach). SC also received occupational therapy (OT), physical therapy (PT), vision therapy and speech therapy.

On 10/1/2017, SF was caring for the children in his home. SF was home and supervising the children, which was contrary to what was alleged. SF fed SC through her G-tube then suctioned SC's nose, mouth and trach and turned off the pump. SC began making gurgling noises and was having trouble breathing so SF suctioned her trach again and SC's breathing became shallower. He used the manual resuscitator (Ambu bag), called 911 and did chest compressions until EMS arrived. SC was transported to the hospital where she was in cardiac arrest, although regained a pulse. SC remained in the hospital until 10/6/2017, when it was determined SC had no brain activity and she was removed from life support. She passed away at 5:27 PM. SF and BM declined an autopsy.

The death certificate listed the manner of death as "natural causes" and the cause of death was "brain death from profound non-traumatic anoxic CNS injury due to suspected dislodged tracheostomy or mucus plug due to or as a consequence of tracheostomy dependence".

NCDSS assessed the safety of the 8, 5, and 4 yo SS and interviewed them at school. NCDSS interviewed BM and SF and assessed BM's home for safety. The 8 yo SS never had contact with her BF. NCDSS added her BF to the case and mailed a Notice of Existence letter; he did not respond. NCDSS completed the 30-day Fatality Report 7 days late. NCDSS contacted several collaterals, including hospital staff, school staff, pediatrician and LE. LE did not pursue an investigation into the incident. There were no concerns shared by collaterals for the parents' care of the SC or SS. The investigation revealed ongoing concerns for BM's untreated MH. NCDSS referred the family to MH counseling, Behavioral Health services, and provided BM with information on crisis services. BM started attending MH counseling during the investigation and the SS began seeing a counselor at school. NCDSS provided the family with burial assistance and information on bereavement counseling.

NCDSS unsubstantiated the allegations of IG and LS against SF regarding 8 yo SS and SC, as well as DOA/Fatality against SF regarding SC due to a lack of credible evidence. It was determined SF followed all steps necessary to address



and assist SC during the medical emergency. It did not appear 8 yo SS was caring for SC at the time and that SF provided the children with proper supervision. The case was closed and the family was referred to community based services. NCDSS made the appropriate referrals for services and BM and SF declined any additional assistance or services from NCDSS.

PIP Requirement

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

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

NCDSS accurately assessed safety of the SS. The decision to unfound and close the case 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:

Casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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



Issue:	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.
Summary:	The 30-day Fatality Report was due to be completed by 11/6/2017 and was not completed until 11/13/2017.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	NCDSS will complete the 30-day Fatality Report within 30 days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/06/2017

Time of Death: 05:27 PM

Date of fatal incident, if different than date of death:

10/01/2017

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:

Unknown

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)



Other Household 1	Father	Alleged Perpetrator	Male	29 Year(s)
Other Household 2	Other Adult - BF of 8 yo SS	No Role	Male	32 Year(s)

LDSS Response

NCDSS began their investigation into the incident that lead to SC’s death, after receipt of an SCR report on 10/3/2017. Through interviews conducted by NCDSS it was learned BM resided in the home with SC and three SS, ages 8, 5 and 4. SF did not reside in the home. He visited with the children regularly in his home, although typically visited the SC in BM's home. SC had documented health concerns related to her premature birth, which included G-tube dependence and a trach. SC had in-home nursing care for 18-24 hours per day and BM and SF were also trained to care for SC’s medical needs. SC had a cold at the time of the incident and was taking a prescribed antibiotic for an infection.

Regarding the incident on 10/1/2017, it was learned SF was caring for the children in his home. SF and the children were in the living room of his home. Around 11 PM, SF fed SC through her G-tube and as soon as she was done he noticed she had increased secretions. He suctioned SC’s nose, mouth and trach, then turned off the pump. SC began making gurgling noises and was having trouble breathing so SF suctioned her trach again and SC’s breathing became shallower. He used the Ambu bag, called 911 and did chest compressions until EMS arrived.

NCDSS assessed the safety of the SS and interviewed them at school. They reported SF went outside to his truck to get something, but also reported they were in the room with SF when he tried to suction SC and called 911. BM’ s home was assessed to meet minimal standards with adequate food and supplies for the children. BM was angry at SF for not staying at her home with the children or taking the breathing machine to his home. She said SF would never hurt the children or leave the children unsupervised. SF reported earlier in the day he went outside to get something from his truck and it only took him a few minutes. He was with SC and the SS in the living room when the incident happened. He did everything he was trained to do for SC and there was nothing else he could have done. It was not documented if SF’s home was assessed for safety. There was no information gathered to suggest SF was under the influence of drugs or alcohol at the time of the incident. BM had no contact with 8 yo SS’s BF and he had never visited with 8 yo SS. NCDSS appropriately added him to the case and sent him a Notice of Existence letter.

NCDSS referred the family for MH counseling, bereavement counseling, and Behavioral Health Services. NCDSS provided the family with burial assistance and provided BM with information on MH crisis services. The SS began seeing their school counselor and BM began seeing a MH counselor. BM and SF denied needing any other services.

NCDSS contacted the necessary collaterals and gathered sufficient documentation to determine the allegations. The death certificate listed the manner of death as “natural causes” and the cause of death was “brain death from profound non-traumatic anoxic CNS injury due to suspected dislodged tracheostomy or mucus plug due to or as a consequence of tracheostomy dependence”, which was consistent with the information contained in the SC’s hospital records. There were no concerns gathered regarding the parent’s care of the SC or SS. NCDSS appropriately unsubstantiated the allegations against SF, closed the case and referred the family to community based services.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality 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
044514 - Sibling, Female, 8 Year(s)	044517 - Father, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
044514 - Sibling, Female, 8 Year(s)	044517 - Father, Male, 29 Year(s)	Lack of Supervision	Unsubstantiated
044570 - Deceased Child, Female, 1 Year(s)	044517 - Father, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
044570 - Deceased Child, Female, 1 Year(s)	044517 - Father, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
044570 - Deceased Child, Female, 1 Year(s)	044517 - Father, Male, 29 Year(s)	Lack of Supervision	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>

Additional information:

LE decided not to investigate the incident. BF of 8 yo SS was added to the investigation and provided with the proper notification of the report, although he did not contact NCDSS.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



Child Fatality Report

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"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 provided the BM and SF with information on MH Counseling, Grief Counseling, and a Behavioral Health Clinician for the SS. The SS began receiving counseling from the school counselor.

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

Explain:
 NCDSS provided the BM and SF with information on MH Counseling, Grief Counseling, and a Behavioral Health Clinician as well as burial assistance.

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? Yes

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)
10/03/2017	Sibling, Female, 8 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 4 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Female, 1 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 8 Years	Father, Male, 29 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Father, Male, 29 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 8 Years	Father, Male, 29 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 5 Years	Father, Male, 29 Years	Lack of Supervision	Unfounded	
	Deceased Child, Female, 1 Years	Father, Male, 29 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 5 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 5 Years	Father, Male, 29 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Female, 1 Years	Father, Male, 29 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Father, Male, 29 Years	Lack of Supervision	Unfounded	

Report Summary:

An SCR report alleged on 10/1/2017, SC and 4 and 8 yo SS were in the care of SF when he left them unsupervised for an unknown period of time. When the children were alone, SC had difficulty breathing and was making gargling noises after she was fed. The 8 yo SS tried to revive SC. When SF arrived home, he had to do chest compressions on SC and called 911. BM had MH issues and was hospitalized in the past. BM had a plan to harm herself or the SF and her MH had an impact on her ability to care for the children.

Determination: Unfounded

Date of Determination: 12/06/2017

Basis for Determination:

NCDSS unsubstantiated the allegations of IG and LS against SF regarding the children and the allegation of IG against BM regarding the children. There was no credible evidence to support the allegations. SF and the SS stated SF went outside to get something from his truck earlier in the day and denied that the children were left alone in the home for more than a few minutes. SC had trouble breathing at 11 PM after SF fed her. SF did what he was trained to do and when



he couldn't clear SC's airway, he called 911 and started to perform CPR. BM was not present for the incident and blamed herself and SF for the incident. BM addressed her MH issues and engaged in MH counseling.

OCFS Review Results:

SC passed away during the investigation, on 10/6/2017. A separate fatality report was received by NCDSS and investigated concurrently with this case. NCDSS interviewed BM, SF and the SS. The safety of the SS was assessed and the necessary collateral contacts were made. NCDSS provided the BM and SF with referrals for bereavement counseling, crisis services and MH counseling.

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)
04/17/2017	Sibling, Female, 7 Years	Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded	Yes
	Sibling, Female, 7 Years	Mother, Female, 29 Years	Other	Unfounded	
	Sibling, Female, 3 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 5 Years	Mother, Female, 29 Years	Other	Unfounded	
	Deceased Child, Female, 1 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 5 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 3 Years	Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 3 Years	Mother, Female, 29 Years	Other	Unfounded	
	Sibling, Female, 5 Years	Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 7 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Female, 1 Years	Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Deceased Child, Female, 1 Years	Mother, Female, 29 Years	Other	Unfounded	

Report Summary:

A Court Ordered Investigation (COI) was conducted due to a court proceeding in Integrated Domestic Violence (IDV) court with concerns that BM had MH concerns. A subsequent report was received on 5/25/2017 with allegations BM refused to seek treatment for her MH concerns, which impacted her ability care for the children and the BM did not have sufficient food or supplies for the children.

Determination: Unfounded

Date of Determination: 08/15/2017

Basis for Determination:

NCDSS unsubstantiated the allegations of IG, IF/C/S and Other against BM regarding the 4 children and the case remained open for Preventive Services. The children were well cared for, SC was receiving the proper medical care, and



there was plenty of food and supplies in the home for the children. BM was engaged in MH counseling and working with a parenting worker and receiving Preventive Services.

OCFS Review Results:

NCDSS interviewed BM and observed the children. NCDSS received records from the pediatrician and Early Intervention, as well as spoke to SC's in-home nurse, and there were no concerns for the children's care. SF and the children were not interviewed. NCDSS provided BM, SF and BF with Notice of Existence letters on 7/26/2017, 3 months past the required 7 day timeframe. SF was not listed as a secondary caretaker on the RAP, when it was known that SF had a regular caretaking role for the children.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

No secondary caretaker was identified when it was known that SF had a regular caretaking role for the children.

Legal Reference:

18 NYCRR 432.2(d)

Action:

NCDSS will accurately reflect the current caretakers of children in risk assessments, and accurately assess and document each respective risk element identified into the Risk Assessment Profile.

Issue:

Failure to provide notice of report

Summary:

NCDSS did not provide the subjects and parents with the Notice of Existence letters within the first 7 days of the receipt of the report.

Legal Reference:

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

Action:

NCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first 7 days following the receipt of the report.

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

NCDSS did not interview the SS or SF, who lived in the home and were listed on the report.

Legal Reference:

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

Action:

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/16/2017	Sibling, Female, 7 Years	Mother, Female, 29 Years	Lacerations / Bruises / Welts	Unfounded	Yes
	Sibling, Female, 3 Years	Father, Male, 29 Years	Inadequate Guardianship	Unfounded	



Sibling, Female, 7 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 5 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 3 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 11 Months	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 7 Years	Mother, Female, 29 Years	Educational Neglect	Unfounded

Report Summary:

An SCR report alleged 8 yo SS (then 7 yo) missed 19 days of school and was tardy 34 times. As a result, SS was failing and promotion in doubt. SM failed to address the concern. A subsequent report was received on 4/4/2017 which alleged BM cut 8 yo SS when she was a baby as well as tried to smother 4 yo SS when she was a baby in front of the SS. Also alleged was BF was fighting with BM during the alleged smothering incident.

Determination: Unfounded

Date of Determination: 07/31/2017

Basis for Determination:

NCDSS unsubstantiated the allegations of IG against BM regarding all 4 children, EdN and L/B/W against BM regarding 8 yo SS, and IG against SF regarding 4 yo SS and opened a Preventive Services case. BM was overwhelmed with the care of the children and had a difficult time getting them to school. This issue was resolved. No evidence was gathered that BM cut 8 yo SS or tried to smother 4 yo SS. SF denied any incidents of DV; he assisted with the care of the children. BM re-engaged in MH counseling and began working with a parenting worker and Preventive Services.

OCFS Review Results:

NCDSS interviewed BM, SF and spoke to the children. NCDSS obtained pediatrician records and spoke to SC's in-home nurse and there were no concerns for the children's care. NCDSS made a safety plan with SF that he would care for the children while BM was overwhelmed and having a difficult time meeting the children's needs. NCDSS offered Preventive Services and parenting help to BM and she accepted. BF of 8 yo SS was appropriately added to the case. NCDSS provided BM, SF and BF with Notice of Existence letters on 7/24/2017, 4 months past the required 7 day timeframe.

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

Issue:

Failure to provide notice of report

Summary:

NCDSS did not provide the subjects and parents with the Notice of Existence letters within the first 7 days of the receipt of the report.

Legal Reference:

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

Action:

NCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first 7 days following the receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/06/2017	Sibling, Female, 9 Months	Mother, Female, 28 Years	Other	Unfounded	Yes
	Sibling, Female, 5 Years	Father, Male, 29 Years	Other	Unfounded	
	Sibling, Female, 5 Years	Mother, Female, 28 Years	Other	Unfounded	



Sibling, Female, 7 Years	Father, Male, 29 Years	Other	Unfounded
Sibling, Female, 7 Years	Mother, Female, 28 Years	Other	Unfounded
Sibling, Female, 3 Years	Mother, Female, 28 Years	Other	Unfounded
Sibling, Female, 3 Years	Father, Male, 29 Years	Other	Unfounded
Sibling, Female, 9 Months	Father, Male, 29 Years	Other	Unfounded

Report Summary:

COI was conducted due to a court proceeding in IDV court. Concerns were BM had unaddressed MH issues and SC was medically fragile and there was supposed to be a nurse in the home to assist BM in caring for SC. It was unknown if BM was engaged with the nursing program.

Determination: Unfounded

Date of Determination: 02/28/2017

Basis for Determination:

NCDSS unsubstantiated the allegation of Other against BM and SF regarding the 4 children. It was determined BM had the appropriate nursing care set up for SC in her home as well as PT, OT, speech and vision therapy. SF was assisting with the care of the children. BM was no longer attending MH counseling, although denied the need for counseling at that time. The children appeared well cared for and there were no concerns for their safety.

OCFS Review Results:

NCDSS interviewed BM and SF and spoke to the children and nursing staff in the home. NCDSS assessed the home to be safe for the children. NCDSS did not add 8 yo SS's BF to the case or provide him with a Notice of Existence letter. SF was not listed as a secondary caretaker on the RAP, when it was known that SF had a regular caretaking role for the children.

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

Issue:

Failure to provide notice of report

Summary:

NCDSS did not add 8 yo SS's BF to the case or provide him with a Notice of Existence letter.

Legal Reference:

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

Action:

NCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first 7 days following the receipt of the report.

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

No secondary caretaker was identified when it was known that SF had a regular caretaking role for the children.

Legal Reference:

18 NYCRR 432.2(d)

Action:

NCDSS will accurately reflect the current caretakers of children in risk assessments, and accurately assess and document each respective risk element identified into the Risk Assessment Profile.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/15/2016	Sibling, Female, 3 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 7 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unfounded	



Sibling, Female, 4 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 5 Months	Mother, Female, 28 Years	Inadequate Guardianship	Unfounded

Report Summary:

An SCR report alleged SM's MH issues were impairing her ability to parent all the children. SM was symptomatic, displaying erratic behaviors and aggression toward the SS.

Determination: Unfounded

Date of Determination: 12/15/2016

Basis for Determination:

NCDSS unsubstantiated the allegation of IG against BM regarding the children. BM was disciplining the SS while visiting SC in the hospital and was not excessive. The SS expressed no fear of BM and were found to be safe. BM was meeting the needs of SC, who had a trach and required a high level of care. Nurses were assisting with SC's care in the home when she was released from the hospital. BM sought out MH counseling to assist her with the stress of having a medically fragile child and SC's twin being stillborn.

OCFS Review Results:

NCDSS interviewed BM, the SS, and attempted to interview SF. NCDSS spoke to LE to verify the OP against SF was expired and spoke to hospital staff to assess the safety of SC. NCDSS ensured BM's home was safe for SC's discharge from the hospital and offered Preventive Services to BM, although she declined. NCDSS did not add 8 yo SS's BF to the case or provide him with a Notice of Existence letter. SF was not listed as a secondary caretaker on the RAP, when it was known that SF had a regular caretaking role for the children.

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

Issue:

Failure to provide notice of report

Summary:

NCDSS did not add 8 yo SS's BF to the case or provide him with a Notice of Existence letter.

Legal Reference:

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

Action:

NCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first 7 days following the receipt of the report.

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

No secondary caretaker was identified when it was known that SF had a regular caretaking role for the children.

Legal Reference:

18 NYCRR 432.2(d)

Action:

NCDSS will accurately reflect the current caretakers of children in risk assessments, and accurately assess and document each respective risk element identified into the Risk Assessment Profile.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/12/2016	Sibling, Female, 6 Years	Mother, Female, 28 Years	Other	Unfounded	Yes
	Deceased Child, Female, 14 Days	Mother, Female, 28 Years	Other	Unfounded	



Deceased Child, Female, 14 Days	Father, Male, 28 Years	Other	Unfounded
Sibling, Female, 4 Years	Mother, Female, 28 Years	Other	Unfounded
Sibling, Female, 2 Years	Mother, Female, 28 Years	Other	Unfounded
Sibling, Female, 6 Years	Father, Male, 28 Years	Other	Unfounded
Sibling, Female, 4 Years	Father, Male, 28 Years	Other	Unfounded
Sibling, Female, 2 Years	Father, Male, 28 Years	Other	Unfounded
Deceased Child, Female, 14 Days	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

A COI was conducted by NCDSS due to a court proceeding in IDV Court. Concerns were for BM's failure to comply with MH treatment, the SC was born and was in the Neonatal Intensive Care Unit and the BM and SF were violating an OP issued in IDV Court by staying together. A subsequent report was received 4/28/2016 with allegations SC was born on 3/29/2016 and was suffering from Fetal Alcohol Syndrome due to BM drinking during pregnancy.

Determination: Unfounded**Date of Determination:** 07/15/2016**Basis for Determination:**

NCDSS unsubstantiated the allegations of PD/AM against BM regarding SC and Other against BM and SF regarding all 4 children. BM denied using alcohol during her pregnancy and SC was examined and determined not to have Fetal Alcohol Syndrome. The home met minimal standards and there were no concerns for the children's care. Referrals were made for BM to obtain MH counseling, and for daycare and summer camp assistance. The OP was reduced to no offensive conduct, so the parents were not violating the OP. SF was assisting with the care of the children.

OCFS Review Results:

NCDSS made referrals and assisted BM in obtaining daycare services and summer camp, MH counseling and bereavement services regarding the loss of SC's twin. NCDSS interviewed BM, attempted to interview BF and contacted multiple collaterals. NCDSS did not interview the SS, although they lived in the home and were alleged maltreated children on the report. NCDSS did not add 8 yo SS's BF to the case or provide him with a Notice of Existence letter. SF was not listed as a secondary caretaker on the RAP, when it was known that SF had a regular caretaking role for the children.

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

Issue:

Failure to provide notice of report

Summary:

NCDSS did not add 8 yo SS's BF to the case or provide him with a Notice of Existence letter.

Legal Reference:

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

Action:

NCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first 7 days following the receipt of the report.

Issue:

Face-to-Face Interview (Subject/Family)

Summary:



NCDSS did not interview the SS, who lived in the home and were maltreated children on the report.

Legal Reference:

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

Action:

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

No secondary caretaker was identified when it was known that SF had a regular caretaking role for the children.

Legal Reference:

18 NYCRR 432.2(d)

Action:

NCDSS will accurately reflect the current caretakers of children in risk assessments, and accurately assess and document each respective risk element identified into the Risk Assessment Profile.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/19/2015	Sibling, Female, 4 Years	Father, Male, 28 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 2 Years	Father, Male, 28 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 2 Years	Mother, Female, 27 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 6 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 2 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Mother, Female, 27 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 6 Years	Father, Male, 28 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 6 Years	Mother, Female, 27 Years	Lack of Supervision	Unfounded	

Report Summary:

An SCR report alleged BM and SF exposed the SS to DV. Sometime in August, 2015 SF choked BM in front of the SS until she had difficulty breathing. BM allegedly left the SS home alone, had MH issues, was overwhelmed, erratic and employed poor judgment when caring for the SS.

Determination: Unfounded

Date of Determination: 01/06/2016

Basis for Determination:

NCDSS unsubstantiated the allegations of IG and LS against BM and SF regarding the SS due to a lack of credible evidence. BM, SF and 8 yo SS were interviewed. All denied BM left the SS home alone. SF and BM both stated SF was arrested and there was an active OP in place prohibiting contact. BM disclosed a DV incident, although denied it was in front of the SS. SF denied any DV at all. BM admitted to MH concerns and had just begun MH counseling. The SS appeared well cared for and the home met minimal standards.

OCFS Review Results:

NCDSS interviewed 8 yo SS and, although she disclosed DV between BM and SF, NCDSS did not ask any follow up questions to gather more information and to assess if any incidents occurred in the presence of the children. NCDSS spoke to the school, pediatrician, BM's MH counselor, and probation as collaterals. NCDSS did not ask SF why he was arrested or seek out any additional information from other sources regarding SF's arrest and the active OP barring contact



between BM and SF. NCDSS did not contact LE to see if there were any incident reports involving DV. NCDSS did not add 8 yo SS's BF to the case or provide him with a Notice of Existence letter.

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

Issue:
Overall Completeness and Adequacy of Investigation

Summary:
NCDSS did not fully explore the allegation of DV. They did not contact LE as a collateral or follow up to gather more information about SF's recent arrest and the active OP. NCDSS did not ask follow up questions when the 8 yo SS disclosed DV during her interview.

Legal Reference:
SSL 424(6); 18 NYCRR 432.2(b)(3)

Action:
NCDSS will conduct a thorough investigation into the allegations contained in the report. NCDSS will contact the necessary collaterals to accurately determine the allegations.

Issue:
Failure to provide notice of report

Summary:
NCDSS did not add 8 yo SS's BF to the case or provide him with a Notice of Existence letter.

Legal Reference:
18 NYCRR 432.2(b)(3)(ii)(f)

Action:
NCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first 7 days following the receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/06/2015	Sibling, Female, 5 Years	Father, Male, 27 Years	Inadequate Guardianship	Unfounded	Yes

Report Summary:
An SCR report alleged on 3/5/2015, a verbal altercation between BM and SF escalated when SF shoved BM into a wall, slammed a glass on the floor causing it to break, and then pulled a knife and threatened to kill BM. This occurred in the presence of the 8 yo SS.

Determination: Unfounded **Date of Determination:** 05/21/2015

Basis for Determination:
NCDSS unsubstantiated the allegation of IG against SF regarding 8 yo SS. No evidence was gathered of DV between the parents. BM and SF denied there was DV between them and BM said there was no police involvement. The CHN appeared well cared for and there were no safety concerns for the SS.

OCFS Review Results:
NCDSS did not conduct comprehensive interviews with BM or SF; the interviews were allegation specific. NCDSS did not interview the SS, despite being 5 yo at the time and developmentally able to be interviewed. NCDSS did not attempt to interview SF at his home, and instead scheduled and met with SF at BM's home, despite alleged DV between the parents. NCDSS did not contact LE to assess if there were any calls to the home or incident reports involving DV. The BF of the 8 yo SS was not added to the report or provided with a Notice of Existence letter.

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

Issue:
Overall Completeness and Adequacy of Investigation

**Summary:**

NCDSS did not conduct comprehensive interviews with BM or SF, conducted SF's interview at SM's home despite DV concerns and did not interview the SS. NCDSS did not contact LE as a collateral to investigate if there were incident reports involving DV.

Legal Reference:

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

Action:

NCDSS will conduct a thorough investigation, to include face-to-face contacts with subjects, others named and children named in the report and will obtain information from the necessary collateral contacts to accurately determine the allegations.

Issue:

Failure to provide notice of report

Summary:

NCDSS did not add 8 yo SS's BF to the case or provide him with a Notice of Existence letter.

Legal Reference:

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

Action:

NCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first 7 days following the receipt of the report.

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

SCR report 11/7/2011 unsubstantiated for IG and SA against SF regarding 8 yo SS. No disclosures and no credible evidence of abuse.

SCR report 7/25/2012 unsubstantiated for IG and C/T/S against a child care worker regarding 5 yo SS.

Known CPS History Outside of NYS

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

Preventive Services History

NCDSS opened a Preventive Services case on 3/28/2017 to assist BM with parenting and MH counseling for herself and 8 yo SS. BM made progress on her service plan goals by enrolling 4 yo SS in pre-school, made improvements on getting the 8 and 5 yo SS to school on time, scheduled a MH evaluation for 8 yo SS, and began MH counseling for herself. SF was visiting the children regularly and in-home nursing services were assisting with the care of SC. The 6 month Preventive Services Agreement ended and the case closed on 9/29/2017.

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?

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