



Report Identification Number: BU-18-003

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

Issue Date: May 25, 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: Male

Date of Death: 01/21/2018
Initial Date OCFS Notified: 01/21/2018

Presenting Information

An SCR report was received on 1/21/18, regarding the SC's death. The report alleged the SM placed the SC in a "pack n play" around 8:00PM on 1/20/18 and the MGF found the SC face down and deceased later that same morning at 10:30AM. The SC had pooled blood in his chest and lower extremities and appeared to have been deceased for a few hours before he was discovered. The MGM was also in the home overnight. None of the adults in the home checked on the SC from 8:00PM on 1/20/18 until 10:30AM on 1/21/18. The SC was an otherwise healthy child.

Executive Summary

This report concerns the death of the 1-year-old male SC. Niagara County Department of Social Services (NCDSS) received an SCR report regarding the fatality on 1/21/18. The SC was receiving treatment for an ear infection and was diagnosed with a viral respiratory illness in the weeks leading up to his death, but was an otherwise healthy child. There were concerns that the SM, MGM and MGF did not check on the SC throughout the evening on 1/20/18, after placing him in his portable crib. The SC was not discovered until the late morning on 1/21/18.

On the evening of 1/20/18 at around 11:00PM the SM placed the SC and SS to sleep in their bedroom, each in their own portable crib. The SC was described as a sound sleeper and regularly slept through the night. The SM and SS were awake at 7:30AM the morning of 1/21/18, while the SC continued to sleep. The MGF discovered the SC cold and lifeless in his portable crib at 10:30AM. The MGM and SM had both been in the bedroom earlier that morning and observed the SC laying on his stomach in portable crib. They did not touch the SC, because it was not uncommon for him to sleep later than the SS. EMS were called and responded. EMS was unable to resuscitate the SC and reported the SC's body was rigid when they arrived to the home. The Coroner transported the SC to the ME's office for an autopsy.

The ME had not yet prepared the autopsy report at the time this report was written. The cause and death were pending further investigation. The ME found no injuries to the SC and he appeared well cared for. The ME suggested the death was likely due to medical reasons.

LE concluded their investigation and found no criminal acts were committed in relation to the death of the SC.

NCDSS spoke with each first responder, the pediatrician and all adults named on the report. The BF was contacted and NCDSS learned he had not seen the SC or SS in 4 months. There was a history of DV with the SM and BF and they did not speak. The BF admitted to active drug use and had recently overdosed. The BF had no information to offer in regard to the fatal incident.

NCDSS promptly assessed the safety of the SS and determined she was happy, healthy and well cared for. The SM took the SS for a well child visit on 1/22/18 and the pediatrician reported no concerns. NCDSS did not complete a 7-day safety assessment, which is a requirement in all CPS investigations.

NCDSS appropriately unsubstantiated the allegations of DOA/Fatality and IG against the SM, MGM and MGF. There was no credible evidence that the actions or inactions of the SM, MGF and MGM caused or contributed to the death of the SC. The SC was taken for appropriate medical treatment in the time leading up to his death and his symptoms of illness were subsiding.



The BF was offered bereavement services in addition to substance abuse referrals. The SM, MGM, MGF and SM's friend (OA) were offered grief counseling and bereavement services. The SM was seeing a therapist at the time this report was written. NCDSS reviewed materials with the SM and MGM regarding how to help the SS deal with the death of the SC.

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 LDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, LDSS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Was the decision to close the case appropriate? Yes

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

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

Explain:

It was appropriate to conclude the investigation.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	NCDSS did not complete a 7-day safety assessment.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	Within seven days of receiving a report, NCDSS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in



immediate danger of serious harm. NCDSS will document the findings of their assessment in the safety assessment seven days into the investigation.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/21/2018

Time of Death: Unknown

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:

10:31 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

How long before incident was the child last seen by caretaker? 40 Minutes

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	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	56 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	67 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Father	No Role	Male	24 Year(s)



LDSS Response

On 1/21/18, NCDSS received a report regarding the death of the SC. NCDSS initiated their investigation within 24 hours, and coordinated efforts with LE. NCDSS completed a CPS history check, contacted the source and notified the DA of the fatality. The SS was promptly seen and assessed to be safe in the continued care of the SM.

The SM, MGF, MGM and OA were interviewed by both LE and NCDSS regarding the timeframe leading up to the SC's death. On 1/20/18 the SM and OA took the SC and SS to dinner and shopping before returning home at about 8:30PM. The SC had been sick in previous days and was finishing antibiotics for an ear infection. The SC was acting normal and appeared to be feeling better that evening. The SC and SS fell asleep in the car, but woke when they were taken into the house. After getting a bottle for the SC, the SM put him to sleep in a pack n play at about 9:00PM. The twin SS was given a drink and also put to sleep at the same time, in her own pack n play in the same room. The SM had to soothe the SS before she would settle in for sleep. When the SM went downstairs at about 9:30PM the SC was awake and talking to himself. After spending time with the OA, the SM went to bed about 11:30PM, and the SC was still awake and talking to himself. The SC sometimes spoke in his sleep. The SM did not check in on the SC and SS because she did not want to wake them.

The MGM reported the children were both in bed at 11:00PM and the SC was talking to himself. The MGM stayed awake setting up an application on a new phone she had purchased, in order to see the the CHN through the security cameras in the home. The MGM saw the SC sit up and then the phone froze; when the phone refreshed, he was lying back down. At 5:00AM on 1/21/18 the MGM woke up for work and checked on the SS, and found she was soundly sleeping. The MGM did not check on the SC; she took a shower and went to work. The SM woke at 7:30 and after showering she went and picked up the SS. The SC was still sleeping and positioned on his stomach. The SM laid down on the toddler bed that was in the CHN's bedroom and played on her cell phone, while the SS played with her toys on the floor. The SM and SS went downstairs at about 8:15AM, when the MGF arrived home from work. The OA woke at 9:00AM and found the SC still asleep in his room. The MGF checked on the SC at around 10:15AM and found him cold to the touch and blue in color. The SM and OA ran upstairs after hearing the MGF scream. The SM called 911 and handed the phone to OA, while she picked up the SC. The SM thought the SC was getting his color back and placed him on his back so the MGF could perform CPR.

NCDSS contacted all first responders and documented interviews. EMS responded and the SC had no cardiac response. The SC was not taken to the ER because there were no signs of life. The coroner arrived and the SC was taken for an autopsy.

LE reviewed video from the family's security system. The video verified what the SM, OA, MGF and MGM had reported. On 1/21/18 at 12:10AM the SC sat up in his pack n play and looked around the room. The SC laid down and began to convulse. The SC was heard taking deep breaths. LE saw no further movement at 12:15AM. LE deemed the death to have been caused by medical reasons and closed their investigation.

The ME was awaiting toxicology results to complete the autopsy report, but had no concerns of neglect or abuse. The ME stated it appeared the SC had a seizure. The SC had a viral illness that could have caused a seizure and there was a history of seizure disorders in the SM's family. The ME shared information with the seizure group of NY University, as they will continue to investigate the fatal event.

The SC and SS were taken for regular medical care and no concerns regarding the care they received were noted. There were pillows and blankets in both the SC and SS's pack n plays and NCDSS reviewed safe sleep with the family.

Official Manner and Cause of Death



Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
045821 - Deceased Child, Male, 1 Yrs	045824 - Grandparent, Female, 56 Year(s)	Inadequate Guardianship	Unsubstantiated
045821 - Deceased Child, Male, 1 Yrs	045825 - Mother, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated
045821 - Deceased Child, Male, 1 Yrs	045824 - Grandparent, Female, 56 Year(s)	DOA / Fatality	Unsubstantiated
045821 - Deceased Child, Male, 1 Yrs	045823 - Grandparent, Male, 67 Year(s)	DOA / Fatality	Unsubstantiated
045821 - Deceased Child, Male, 1 Yrs	045823 - Grandparent, Male, 67 Year(s)	Inadequate Guardianship	Unsubstantiated
045821 - Deceased Child, Male, 1 Yrs	045825 - Mother, Female, 22 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



Child Fatality Report

Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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:
The SM consulted with a doctor regarding how to address the death of the SC with the SS, given her young age.

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



fatality? Yes

Explain:

Bereavement counseling was offered and accepted by the SM, MGF and MGM. The BF refused these services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was there an open CPS case with this child at the time of death?** 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)	Status/Outcome	Compliance Issue(s)
12/12/2016	Deceased Child, Male, 2 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 2 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	

Report Summary:

An SCR report was received that alleged the SM suffered from MH issues. The report alleged the SM had been hospitalized as the result of trying to harm herself and that she was out of control and grabbed the SS. The SM was not taking medications prescribed to help her MH issues and continued to have violent outbursts. During an outburst the SM threw the SC and SS into the bassinet while they were crying and then assaulted the BF. The SM was the sole caretaker for the SC and SS, despite being directed not to be alone with the CHN.

Determination: Unfounded

Date of Determination: 01/10/2017

Basis for Determination:

NCDSS contacted the state where the SM, SC and SS had moved from regarding the reported history and learned there were no restrictions on the SM being alone with the SS or SC. NCDSS discovered when the SM was discharged from the hospital the plan was for her, the SC and SS to move to New York State and live with the MGM and MGF, in order to flee abuse from the BF of the CHN. The SM was engaged in counseling and MH treatment, obtained an OP against the BF and had received temporary custody of the SC and SS. There was no evidence that the SM was not appropriately caring for the SC and SS.

OCFS Review Results:

NCDSS contacted the source, and interviewed the SM, MGM and MGF, as well as saw the SC and SS. The SM denied the allegations and reported the BF of the CHN was physically abusive toward her. The SM disclosed her previous hospitalization and NCDSS found she was compliant with all recommended treatment. All case notes were entered timely and the safety and risk assessments completed. NCDSS spoke with the CPS agency involved with the family in the state where they were previously residing, but did not document checking CPS history in New York State.

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

Issue:



Review of CPS History

Summary:

There was no documentation in the case record that a CPS history check in New York State was conducted.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, NCDSS must review all SCR records of prior reports, including legally sealed reports, involving the subject of the report, the allegedly abused or maltreated child, or the child's sibling, and, for indicated reports, must also review prior reports pertaining to other children in the household or other persons named in the report, and document such.

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

There is no known CPS History in New York State 3 years prior to the fatality.

Known CPS History Outside of NYS

The SM and BF had involvement with Children's Services in the state of Tennessee in late 2016, before the SM, SC and SS moved to New York State. NCDSS received information that the allegations would not be substantiated as the Tennessee agency was working with the family as an "assessment", which NCDSS understood to be similar to the Family Assessment Response in NYS. The Tennessee agency stated the allegations were surrounding domestic violence against the SM by the BF in front of the CHN.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Have any Orders of Protection been issued? Yes

From: Unknown **To:** 04/04/2017

Explain:
There was an OP in place against the BF regarding the SM, due to domestic violence. The starting date of the order is not known.

Additional Local District Comments

"It was intended the second safety assessment completed was to be the 7 day safety assessment. The wrong drop down box was chosen by accident. The inclusion of prior report history which detailed the timeliness of a history check had no relevance to the fatality report and was unnecessary for inclusion in the report."

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