



**Report Identification Number: RO-17-037**

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

**Issue Date: Apr 16, 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:** 18 day(s)

**Jurisdiction:** Steuben  
**Gender:** Female

**Date of Death:** 10/13/2017  
**Initial Date OCFS Notified:** 10/15/2017

## Presenting Information

An SCR report was received which alleged on the morning of 10/13/17, the mother had been feeding the infant child in an adult bed, and fell asleep doing so. When the mother awoke, the infant was found unresponsive. The infant was transported to the hospital where she was pronounced deceased. The roles of the father and two surviving siblings were unknown.

## Executive Summary

This fatality report concerns the death of an 18-day-old female (SC) that occurred on 10/13/17. A report was made to the SCR on that same date, with allegations of DOA/Fatality and IG against the infant's mother (SM) and father (SF). Steuben County Department of Social Services (SCDSS) conducted an investigation into the infant's death. An autopsy was performed, but the results were not yet released at the time of this writing; however, hospital staff and the coroner attributed the infant's death to an unsafe sleep environment.

This fatality report was subsequent to an initial report received on 9/22/17, with concerns regarding SM and SF's drug use around the female 1yo surviving sibling (SS2). The infant was born on 9/25/17, and was exhibiting withdrawal symptoms from a medication, which was prescribed to the mother and monitored by a physician throughout the mother's pregnancy. The infant's toxicology at the time of her birth was negative for all substances; however, due to exhibiting symptoms of withdrawal, the infant was not discharged from the hospital until 10/11/17. At the time of discharge, the infant was deemed healthy with no ongoing medical concerns. The infant resided with her mother, father, and female sibling. There was also a 7yo male surviving sibling (SS1), whose parents shared custody with alternate weeks of visitation with each. SS1 was with his father at the time of the infant's death. The 1yo child's father resided out of state. It was discovered on the morning of 10/13/17, the infant had been co-sleeping in an adult bed with her sister, mother, and father. The mother reported she had been breastfeeding the infant and had fallen asleep while doing so. After the father left for work, the mother woke up and again began breastfeeding, and once again fell asleep while doing so. When she awoke several hours later, she found the infant unresponsive in the bed next to her. EMS was called and responded to the home, then transported the infant to a nearby hospital where she was pronounced deceased.

It was reported the infant would regularly bed share with other family members, and there was nothing documented in hospital records to show the parents were educated surrounding safe sleep practices prior to the infant's discharge on 10/11/17. SCDSS did educate the parents surrounding safe sleep during the CPS investigation that was open prior to the fatality, as well as during historical cases regarding the siblings. The parents had a "Pack 'n Play" available to them in the home, but it was not being used. From the time the investigation began to the time of its closure, SCDSS met with and interviewed all family members, assessed home environments, addressed concerns as they arose, followed up with numerous collateral sources, and offered appropriate services. The 30-Day Fatality Report was not completed within the required time frame. SCDSS substantiated the allegations in the report due to finding a causal link between the infant's death and her sleeping environment. The family had begun to engage in a voluntary preventive services case at the time of this writing.

### PIP Requirement

SCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) SCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, SCDSS 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:

Sufficient information was gathered to appropriately assess the safety of the SS, as well as determine the fatality investigation. The casework activity was commensurate with the case circumstances.

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

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

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

### Explain:

There were several documented case conferences between the CW and supervisors throughout the investigation. The investigation was appropriately determined and the case was opened for services.

## 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 due on 11/12/17, but not completed and approved until 1/19/18.
<b>Legal Reference:</b>	CPS Program Manual, VIII, B.2, p.4
<b>Action:</b>	The 30-day Fatality Report must be documented in a template in Connections within 30 days of the receipt of a report alleging the death of a child because of abuse or maltreatment.



## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 10/13/2017

**Time of Death:** 11:28 AM

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

Unknown

**County where fatality incident occurred:**

Steuben

**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?**

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?** 4 Hours

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

**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	18 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Other Adult - BF of 1 yo SS	No Role	Male	35 Year(s)
Other Household 2	Other Adult - BF of 7 yo SS	No Role	Male	24 Year(s)
Other Household 2	Sibling	No Role	Male	7 Year(s)

### LDSS Response

On 9/22/17, an SCR report was received with concerns SM and SF were engaging in drug use while caring for SS2. On 9/25/17, SC was born showing signs of withdrawal from a medication that had been prescribed to SM throughout her pregnancy. SC was hospitalized until 10/11/17, and then released into the care of SM and SF with no further concerns.



On 10/13/17, SCDSS received a subsequent report regarding the death of SC. SCDSS initiated the fatality investigation within 24 hours, and coordinated their efforts with LE. The safety of the two SS was assessed, and SCDSS worked with the SM, SF, MA, and the BF of SS1 to implement an appropriate safety plan while SC's death was investigated: SS1 would remain in the care of his BF, and SS2 would stay with MA until further notice, as SS2's BF lived out of state and was not an appropriate resource.

SCDSS observed the home environments of the MA and SS1's BF. All adults residing in the homes were interviewed. There were no immediate safety concerns regarding either residence, and the SS were deemed safe in their relatives' care. On 10/13/17, SCDSS interviewed SS1 and learned he resided with his BF and BF's girlfriend. SS1 had no knowledge of SC's death at the time, and no information to provide. SS1 expressed no concerns regarding his safety when with SM or BF.

SCDSS interviewed SM, SF, and other family members, and obtained copies of depositions from LE. The investigation revealed on 10/13/17, at approximately 2AM, SM breastfed SC in a queen-size bed, and fell asleep while doing so; SS2 and SF were also asleep in the bed. SM reported she awoke around 6AM when SF got up for work, and SC appeared fine. SF left for work, and SM began breastfeeding SC once again; SC was laying on her side facing SM, and SS2 was on the opposite side of SM sleeping. At approximately 10AM, SM awoke again, and found SC lying next to her unresponsive, in the same position. MGM coincidentally arrived at the home around this same time, and began CPR on SC while SM called 911. EMS arrived at the home and transported SC to the hospital, where she was pronounced deceased at 11:28AM.

In previous CPS investigations, SCDSS had educated SM and SF surrounding safe sleep practices; however, there is no record the hospital educated the parents prior to SC's discharge. Despite having a Pack and Play in the home, SM reported SC would normally sleep in her infant chair, infant swing, or in bed with SM, SF, and SS2. It was also discovered SS2 would sleep in bed with SM and SF regularly.

SCDSS observed SC's home environment and found no safety hazards. LE reported finding a candy container with several controlled substance pills inside of a pillow case on the parents' bed, but LE did not make any arrests or explore this further. SCDSS did speak with SM and SF regarding this, and both denied knowing where the pills came from or whose they were. SM and SF were drug tested multiple times throughout this investigation and were negative for illicit substances.

The hospital physician and coroner were consulted, and although the final autopsy results had not yet been released, both attributed SC's death to an unsafe sleep environment. Several other collaterals were spoken with, including medical staff, SS1's school, neighbors, and other providers. Services were offered to the family and accepted, and they had begun to engage in preventive services at the time of this writing. By the close of the investigation, the safety plan was revised and SS2 returned home with SM and SF. SCDSS educated the parents surrounding safe sleep practices. At the close of the investigation, the SS were deemed as safe, and no criminal charges were brought against either parent. SCDSS found evidence to substantiate the allegations in the fatality report, and indicated the investigation prior to opening for services.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Coroner

### Multidisciplinary Investigation/Review

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

**Comments:** This fatality investigation was conducted by the Steuben County Multidisciplinary Team.



**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** Steuben County does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
044801 - Deceased Child, Female, 18 Days	044802 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
044801 - Deceased Child, Female, 18 Days	044803 - Father, Male, 33 Year(s)	DOA / Fatality	Substantiated
044801 - Deceased Child, Female, 18 Days	044803 - Father, Male, 33 Year(s)	Inadequate Guardianship	Substantiated
044801 - Deceased Child, Female, 18 Days	044802 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated

### 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"/>

**Additional information:**

SCDSS spoke with numerous collateral contacts, as well as all individuals named on the report. Progress notes were entered contemporaneously.

### 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"/>



# Child Fatality Report

<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 No SS needed to be removed as a result of this fatality or for reasons unrelated.

### Legal Activity Related to the Fatality



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

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Prevention Services

**Additional information, if necessary:**

SCDSS referred the family to multiple services, which were accepted. At the time of this writing, the family had begun to engage in a preventive services case to address the ongoing needs of the parents and SS.

**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:**  
SCDSS provided referrals to the family for grief counseling. A preventive services case was opened in response to the fatality, and the 7yo SS began attending MH counseling as well as receiving services through his school. Early Intervention was put into place for the 1yo SS.

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

**Explain:**



# Child Fatality Report

The parents of SC and the SS were referred to grief counseling and MH. Additional services were offered and accepted, including MH and substance abuse counseling. A preventive services case was opened in response to the fatality.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

#### During pregnancy, mother:

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

#### Infant was born:

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/22/2017	Sibling, Male, 7 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	Sibling, Female, 1 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Other Adult - SS2's BF, Male, 35 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 7 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 7 Years	Other Adult - SS2's BF, Male, 35 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unfounded	



# Child Fatality Report

**Report Summary:**

This report was received with concerns SM had a history of drug abuse, and she and SM were abusing prescription drugs while caring for SS2. There were further concerns SM was violent and assaulted others in the presence of SS2.

**Determination:** Unfounded

**Date of Determination:** 02/06/2018

**Basis for Determination:**

SCDSS interviewed family members, collaterals, and conducted safety assessments thoroughly and timely. It was learned SM and SF were in treatment for drug abuse and were compliant. During this investigation, SC was born and died. SCDSS appropriately determined the allegations and closed this investigation.

**OCFS Review Results:**

This investigation met all statutory requirements.

**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)
03/12/2017	Sibling, Male, 6 Years	Mother, Female, 23 Years	Lacerations / Bruises / Welts	Unfounded	Yes
	Sibling, Male, 6 Years	Other Adult - SM's Friend, Female, 18 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 6 Years	Mother, Female, 23 Years	Emotional Neglect	Unfounded	
	Sibling, Male, 6 Years	Other Adult - SM's Friend, Female, 18 Years	Lacerations / Bruises / Welts	Unfounded	
	Sibling, Male, 6 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

This report was received with concerns an adult family friend pinched SS1 on the back of the neck, which resulted in bruising and broken blood vessels. The report further stated SM was aware of this, and did not intervene. There were additional concerns that SM would call SS1 derogatory names, and due to this, SS1 was exhibiting aggressive behaviors.

**Determination:** Unfounded

**Date of Determination:** 06/08/2017

**Basis for Determination:**

SCDSS interviewed family members, collaterals, and adequately addressed concerns as they arose. SCDSS assisted the family with engaging in community based services. SCDSS found no evidence to support the allegations in the report, and therefore unfounded and closed.

**OCFS Review Results:**

SCDSS did not mail/deliver Notice of Existence letters to the family friend (named as a subject) or SS1's BF's girlfriend (also named on the report) within the required time frames. SCDSS did not make any attempts to locate and interview the family friend. SCDSS did not make any attempts to interview SS2's BF.

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

**Issue:**

Failure to provide notice of report

**Summary:**

All Notice of Existence letters were not mailed/delivered within the required time frame.

**Legal Reference:**

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

**Action:**



SCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

SCDSS did not make any attempts to locate and interview the family friend that was named as a subject on the report.

**Legal Reference:**

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

**Action:**

The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report.

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

SCDSS did not make any attempts to interview SS2's BF.

**Legal Reference:**

432.1 (o)

**Action:**

SCDSS will make efforts to interview all persons named in a report, face to face, who may have been present during what was alleged in the report, and/or may have information pertinent to the safety and well-being of children that reside in the home, including absent biological parents.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/07/2016	Sibling, Male, 5 Years	Other Adult - BF of SS2, Male, 34 Years	Inadequate Guardianship	Unfounded	Yes

**Report Summary:**

This report was received with concerns SS2's BF was out of control and violent toward SM in the presence of SS1. It was alleged BF threw SM into a bathtub, and SM and SS1 then had to hide in a room with the door shut to keep BF out. SS1's BF had no role.

**Determination:** Unfounded

**Date of Determination:** 02/23/2017

**Basis for Determination:**

SCDSS interviewed SM and the BF's of the two SS. SCDSS also interviewed SS1 numerous times. Safety was assessed for both CHN throughout the investigation. SCDSS addressed concerns as they arose, spoke with collateral contacts and referred the family to community-based services. SCDSS unfounded and closed the case.

**OCFS Review Results:**

The RAP was inaccurate regarding SM's drug use. Many progress notes were entered two months or later after their event dates. SCDSS did not interview all persons named on the report (paternal grandparents, SS1's BF's girlfriend). SM expressed feeling cravings to use drugs again, and reported she was engaging in MH and substance abuse services, but SCDSS learned SM never made appointments or began engaging. SCDSS did not follow up with SM regarding this concern.

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

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**



The paternal grandparents and SS1's BF's girlfriend were named on the report as having No Role; however, SCDSS did not make any attempts to interview them.

**Legal Reference:**

432.1 (o)

**Action:**

SCDSS will make efforts to interview all persons named in a report, who may have been present during what was alleged in the report, and/or may have information pertinent to the safety and well-being of children that reside in the home.

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The question regarding SM's substance abuse was answered "no", when it should have been "yes", as SM had been indicated for using drugs while caring for SS2 in 9/2014, and was also expressing cravings to use drugs during the 9/2016 investigation.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

SCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

SM informed SCDSS she was having cravings to abuse substances and had begun to engage in treatment again as a response. SCDSS found out SM was not engaged in treatment, but did not follow up with SM regarding this concern prior to closing the case.

**Legal Reference:**

18 NYCRR 432.2 (b)(3)(iii)(b)

**Action:**

Prior to making a determination, SCDSS shall include an assessment of the current safety and the risk of future abuse and maltreatment to the child(ren) in the home and documenting such assessment.

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Many progress notes were not entered until two months or later after event dates.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

SCDSS will enter notes into the case record contemporaneously as events occur.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/26/2015	Sibling, Male, 4 Years	Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Male, 4 Years	Other Adult - BF of SS1, Male, 22 Years	Inadequate Guardianship	Unfounded	



Sibling, Male, 4 Years	Other Adult - BF of SS1, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 4 Years	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 4 Years	Mother, Female, 21 Years	Lack of Supervision	Unfounded
Sibling, Male, 4 Years	Other Adult - BF of SS1, Male, 22 Years	Lack of Supervision	Unfounded

**Report Summary:**

This report was received with concerns SS1 was wandering around outside unsupervised on a regular basis. The report stated on 6/25/15, SS1 was outside unsupervised while SM and BF were using drugs; SS1 was dirty and smelled like urine.

**Determination:** Unfounded

**Date of Determination:** 08/20/2015

**Basis for Determination:**

SCDSS interviewed family and household members and assessed the BF's home, where SS1 resided. There were no safety concerns noted regarding SS1. SCDSS found no evidence the parents were using drugs or not supervising SS1 properly. Therefore, SCDSS appropriately unsubstantiated the allegations and closed the case.

**OCFS Review Results:**

The RAP was inaccurate regarding SM's drug use. Some progress notes were entered one month or later after their event dates. Notices of Existence were not mailed/delivered within the required time frame. SCDSS did not make any attempts to interview SM face to face, or assess her home, where SS1 would visit, for safety.

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

**Issue:**

Failure to provide notice of report

**Summary:**

Notices of Existence were not mailed/delivered until three days past the required time frame.

**Legal Reference:**

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

**Action:**

SCDSS will mail/deliver Notices of Existence within the required 7-Day time frame.

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Some progress notes were entered into the case record one month or later after their event dates.

**Legal Reference:**

18 NYCRR 428.5(a) and (c)

**Action:**

SCDSS will enter notes into the case record contemporaneously as events occur.

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The questions regarding SM's drug use was answered "no", but should have been answered "yes", as SM had a recent history of drug abuse and treatment.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**



SCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

SM was listed as a subject on the report; however, SCDSS did not make any attempts to interview SM face to face.

**Legal Reference:**

432.1 (o)

**Action:**

SCDSS will make efforts to interview all persons named in a report, who may have been present during what was alleged in the report, and/or may have information pertinent to the safety and well-being of children that reside in the home.

**Issue:**

Pre-Determination/Home Visit

**Summary:**

Although SS1 frequented SM's home, SCDSS did not complete a home visit to assess the safety of the environment.

**Legal Reference:**

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

**Action:**

Prior to making a determination, LDSS will conduct one home visit with one face-to-face contact with the subject(s) and other person(s) named in the report so as to evaluate the environment of the child named in the report as well as other children in the same home.

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

1/2012: IND for IG and PD/AM against SF regarding his girlfriend's CH; unrelated to SC and SS.

3/2014: UNF for IG and SA against SM and SS1's BF regarding SS1.

9/2014: IND for IG, PD/AM, and Other against SM regarding SS1; UNF for Other against SS1's BF regarding SS1.

### Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

### Casework Contacts

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



## Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

## Recommended Action(s)

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Are there any recommended prevention activities resulting from the review?**  Yes  No