



Report Identification Number: BU-15-035

Prepared by: Buffalo Regional Office

Issue Date: 4/22/2016

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
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 3 year(s)

Jurisdiction: Chautauqua
Gender: Female

Date of Death: 09/25/2015
Initial Date OCFS Notified: 09/25/2015

Presenting Information

On 9/25/15, the SC, age 3, passed away for unknown reasons. The SC was unresponsive and presented with swelling on her brain. The SM and SF were responsible for the SC at the time of her death. The parent's explanation was not consistent with the injury. The SM stated that the SC fell onto the floor and must have hit her head on the nearby dresser. The SC was taken to Women and children's Hospital of Buffalo (WCHOB) where she was pronounced dead. The time of death was 5:30 PM. Both the SC and her sibling, age 6, were adopted by the parents in the state of Florida a few months before her death.

Executive Summary

An SCR report was made on 9/25/15 at 7:10 PM and transmitted to the LDSS at 8:35 PM with allegations of DOA/Fatality, Internal Injuries, SDS and IG against the SF and SM. The SM said she heard a thud and ran up the stairs to check on the SC who was taking a nap. The SC, age 3, was found in her bedroom by the SM laying on her back on the floor with blood coming out of her mouth. The SC's eyes were rolled back in her head and she was unresponsive. The SM called 911. EMS arrived and took the SC to the local ER and she was then transferred to WCHOB. The investigation was started immediately and a safety plan was developed with the parents. The PGM agreed to spend the night with the siblings and supervise the parents at all times. The parents agreed to sleep at the grandparents home until LDSS deemed it safe for the children to be unsupervised with the parents.

There was an autopsy performed which revealed two skull fractures, an old fracture to the arm and bruising to the buttocks. The ME indicated that the marks on the child's buttocks would have had to be inflicted due to the fatty makeup of the buttocks. The mother admitted to spanking the SC for smearing her feces. The ME reported that the child had two separate skull fractures. One fracture was in the early stages of healing. The second fracture was inflicted on or about the day of the child's death. There was no explanation from the parents as to how the fractures occurred. The ME noted that the fracture to the child's arm had healed normally and completely, suggesting that the child had good bone structure/healing capabilities. The ME stated that the skull fracture was caused by blunt trauma to the head and the other skull fracture was believed to have occurred within the last 6 months- 1 year. At the time of the writing of this report, the autopsy report had not yet been issued.

The SC and her sibling , age 6 were adopted by the SF and SM, who were their second cousins, in Fla on 8/20/15 three weeks before they moved to NYS. The family was in the process of getting settled when the SC died. On 10/30/15, the LDSS filed a severe abuse petition in Chautauqua County Family Court against the parents due to the unexplained previous skull fracture and the lack of explanation of the skull fracture that caused the SC's death. When the petition was filed the parents stopped cooperating with the investigation and refused to allow access to the home or the children. The CW continued to monitor the safety plan by seeing the children at school and talking to the PGM. On 11/23/15, the report was indicated against the SM and SF on all the above allegations in relation to the SC. The CW also indicated allegations of IG against the parents regarding the other children. The report was indicated and opened for services.

The CW interviewed all subjects and persons named on the report. All necessary collaterals were contacted and the



CW had ongoing communication with LE, DA and the ME. The progress notes were timely and of good quality. The CW tried to engage the parents throughout the investigation. There was ongoing consultation with the supervisor. The RO agrees with the findings of this report.

On 2/25/16, the Chautauqua County Family Court Judge ordered the parents to cooperate with DSS and enroll the children in counseling. At this time the safety plan is still in place. The parents enrolled the children in counseling and DSS asked the parents to undergo a psychiatric evaluation which to date they have refused. LE has not pressed charges as there is no concrete evidence that the parents had anything to do with the death of the SC.

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:

SM and SF were the adoptive parents of the SC. The medical examiner has stated that the marks on the child's buttocks would have had to be inflicted due to the fatty makeup of the buttocks. The ME reported that the SC had two separate skull fractures. One fracture was in the early stages of healing. The second fracture was inflicted on or about the day of the child's death and was unexplained.

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:

The report was indicated and opened for services. Court fact finding is still pending as is the autopsy report.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities



NYS Office of Children and Family Services - Child Fatality Report

Incident Information

Date of Death: 09/25/2015

Time of Death: 05:30 PM

Time of fatal incident, if different than time of death: 01:20 PM

County where fatality incident occurred:

CHAUTAUQUA

Was 911 or local emergency number called?

Yes

Time of Call:

01:21 PM

Did EMS to 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: was put down for a nap

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		3 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	12 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)

LDSS Response

Upon receipt of the SCR report on 9/25/15 at 8:35 pm , the CW contacted the source of the report. The report listed three other children in the home , two 6 year olds and a 12 year old. The CW conferred with a supervisor and it was decided that a safety plan must be made for the other children in the home. The CW contacted LE and learned that the SC was believed to have had a seizure and was taken to the local hospital. A CT scan showed that the SC had a skull fracture and she was flown to WCHOB where she died. The CW contacted the SW at WCHOB who stated that the SM heard a thud after she put the SC down for a nap. The SM found the SC lying on the floor unresponsive. The CW contacted LE and a LE officer



accompanied the CW to the parent's home. LE informed the CW that the family had just moved to NYS from Fla. three weeks ago where the SF had family. The PA also had contact with the SC earlier in the day.

On 9/26/15 at 1:20 am, the CW interviewed the SM and SF separately in their home. The SM stated she was home with the SC after the PA dropped her off at 12:30pm. She put the SC down for nap. The SM went downstairs to get a drink for the SC and noticed that the two family dogs had gotten out of the fenced area of the house and were running around. It took the SM about 5 minutes to get the dogs corralled back into fenced in area. The SM stated she heard a crash from upstairs and went to see what happened. The SM found the SC lying on her back on the floor. The SC's eyes were rolling in the back of her head. The SM grabbed her phone and called 911. The SM used a wet washcloth to try reviving the SC hoping the cold water would stimulate the SC to wake up. At that time, the SC also noticed blood coming out of the SC's mouth. EMS arrived about 5 minutes after the 911 call. The EMT worked on the SC briefly then put her and the SM in the ambulance and taken to the hospital. A CT scan was done at the local hospital and then the SC was flown to WCHOB. The SM stated she was given very little information at the hospital. The SM stated that she was the only one at home at the time of the incident. The caseworker observed the bedroom where the incident happened. The SM believed the SC was climbing or jumping on the bed and hit her head on the dresser which was next to the bed. The SM's eyeglasses were laying on the floor next to the SC's toddler bed. The SM stated that the SC was "top heavy" and fell a lot. The CW also interviewed the SF who had nothing to add other than he was not at home at the time of the incident. The SF did not believe that the SM had hurt the SC in any way. Both parents denied the use of corporal punishment. The CW also observed all of the siblings asleep. A safety plan was made with the PGM that she would stay at the home with the siblings and that the parents would sleep at her house. During the day, the parents could not be left unsupervised with the siblings. On 9/26/15, the CW interviewed all the siblings. All the siblings denied corporal punishment by the parents and were not aware of what happened to the SC other than she did not wake up. None of the siblings saw the SC being disciplined inappropriately. The CW also spoke to the PGF, PA and the staff at the doctor's office who observed the SC with the PA on the day of her death. The Dr's office staff stated that the SC was dressed appropriately and acted fine. The CW contacted the ME who did the autopsy and the LE officer who observed it. The autopsy revealed two skull fractures; a recent one behind the right ear and a prior skull fracture that appeared old and healed. Bruises were also found on the SC buttocks.

On a subsequent interview with the siblings it was found that the parents did use corporal punishment. The SM admitted to spanking the SC's buttocks for smearing feces. All children were physically evaluated and found to be healthy. The CW had collateral contacts with the ER, WCHOB, Fla. CPS, LE and ME

Official Manner and Cause of Death

Official Manner: Pending
Primary Cause of Death: From an injury - external cause
Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No
Comments: CW and LE conducted the investigation together consulting with the DA and ME.

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

SCR Fatality Report Summary



NYS Office of Children and Family Services - Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
027081 - Deceased Child, , 3 Yrs	027083 - Father, Male, 36 Year(s)	Internal Injuries	Substantiated
027081 - Deceased Child, , 3 Yrs	027082 - Mother, Female, 33 Year(s)	Internal Injuries	Substantiated
027081 - Deceased Child, , 3 Yrs	027082 - Mother, Female, 33 Year(s)	Swelling / Dislocations / Sprains	Substantiated
027081 - Deceased Child, , 3 Yrs	027082 - Mother, Female, 33 Year(s)	DOA / Fatality	Substantiated
027081 - Deceased Child, , 3 Yrs	027083 - Father, Male, 36 Year(s)	Swelling / Dislocations / Sprains	Substantiated
027081 - Deceased Child, , 3 Yrs	027082 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
027081 - Deceased Child, , 3 Yrs	027083 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
027081 - Deceased Child, , 3 Yrs	027083 - Father, Male, 36 Year(s)	DOA / Fatality	Substantiated
027084 - Sibling, Male, 12 Year(s)	027082 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
027084 - Sibling, Male, 12 Year(s)	027083 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
027085 - Sibling, Female, 6 Year(s)	027082 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
027085 - Sibling, Female, 6 Year(s)	027083 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
027086 - Sibling, Male, 6 Year(s)	027083 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
027086 - Sibling, Male, 6 Year(s)	027082 - Mother, Female, 33 Year(s)	Inadequate Guardianship	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?				
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:

All documentation was completed in a timely manner and of good quality.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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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 checked="" type="checkbox"/>	<input 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The safety plan was put into place and approved by the Family Court Judge that the PGM would supervise the parent's during the day and that the parent's would stay at the grandparent's home at night.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

- Family Court
 Criminal Court
 Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
10/30/2015	Adjudicated Neglected	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	027082 Mother Female 33 Year(s)	
Comments:	On 2/25/16 the Family Court Judge ordered the parents to cooperate with DSS and have the sibling enrolled in counseling. On 4/11/16 the parents agreed to the neglect without an admission. They were given a 12 month ACD with supervision.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
10/30/2015	Adjudicated Neglected	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	027083 Father Male 36 Year(s)	
Comments:	On 2/25/16 the Family Court Judge ordered the parents to cooperate with DSS and have the sibling enrolled in counseling. On 4/11/16 the parents agreed to the neglect without an admission. They were given a 12 month ACD with supervision.	



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Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

no additional info.

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:

A safety plan was developed by the parents and approved by the Local DSS. Several home visits and interviews with the siblings were made to ensure the safety plan was being followed.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The parents were offered grief counseling and casework counseling. A neglect petition was filed after the parents refused assess to the home and to the children.



History Prior to the Fatality

Child Information

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

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

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

none in NYS

Known CPS History Outside of NYS

There were 11 CPS reports received in Okaloosa County, Fla. from 2009 to 2013. All the reports contained allegations of DV and Drug Misuse by the bio-parents. Eight of these reports were indicated for DV and Drug Misuse. The SC and her sibling were removed from the BM's care twice due to lack of supervision and drug use. The children witnessed the DV between the BM and BF. The BF was arrested and placed in jail for continued DV of the BM. The BM was often unable to care for the children due to her drug use. All the CPS records from Fla. were found in the case record.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

[] Yes [x] No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.



Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

The SC and her sibling, age 6, were placed in foster care in Fla. on 3/13/13 due to parental substance misuse and domestic violence. The children were reunified with their BM on 9/23/13. On 4/23/14, the SC and her sibling were placed back into foster care due to IG and substance misuse of illicit drugs. The parents rights were terminated and the children were placed in the adoptive home of the SM and SF in 8/19/14. The adoption was finalized on 7/20/15 and the family moved to NYS three weeks before the SC death.

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