



Report Identification Number: BU-17-022

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

Issue Date: Feb 15, 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: 7 year(s)

Jurisdiction: Niagara
Gender: Female

Date of Death: 08/18/2017
Initial Date OCFS Notified: 08/20/2017

Presenting Information

An 8/20/17 SCR report stated SC died on 8/18/17 due to unknown injuries she sustained during a fire in the home. SM, SF, 4 adult siblings, and an unrelated home member were all present in the home during this fire. The fire started as a result of an unattended stove. All the adults as well as 5 surviving siblings (ages 6-17), and 2 minor cousins (ages 3 and 2 months) were able to make it out of the home alive. It is unknown if any of the surviving children were injured as a result of the fire.

Executive Summary

This fatality report concerns the death of a 7yo female child (SC) that occurred on 8/18/17. The ME declared the manner of death was accidental and the cause was carbon monoxide intoxication. At the time of the child's death, her family had an open CPS case with Niagara County Department of Social Services (NCDSS). There was an open investigation due to a report made in June 2017 concerning an adult sibling's (AS4) inadequate guardianship of her newborn child (OC2). This allegation was unsubstantiated as NCDSS determined the adult sibling was providing adequate care for her child.

On 8/20/17, the SCR received a report stating SC died on 8/18/17 due to injuries sustained during a fire in her home. The surviving members of the family did not sustain any injuries as a result of the fire.

SM and SF would not allow the SS to be seen and assessed until 8/22/17. CWs interviewed everyone in the family, all SS appeared to be safe and free of injuries. The SM and SF were not home at the time the fire broke out, but arrived home shortly after. The family claimed the home had electrical problems and that no one was cooking at the time the fire started; however, the fire was declared an unattended cooking accident.

At the time of the fire, first responders, fire fighters and police officers, were told numerous times by the adults of the home that everyone was safely out of the home. Approximately 2 hours after the fire started, the fire department found SC deceased on the 2nd floor of the home. SM claimed SC and her 3yo cousin (OC1) were of similar size and appearance and the adults accidentally mistook OC1 for SC. There were no arrests made. The family had conflicting stories regarding electrical issues in the home. The family said the landlord was aware of the electrical issues, but the landlord denied any knowledge of electrical issues. Although none of the fire fighters interviewed noted any impediments to evacuation of the home, the NCDSS case record contained photographic documentation of impediments such as piles of clothing and numerous bags of garbage that may have hampered the child's efforts to get out.

NCDSS gathered information about the circumstances of child's death from the SS, the coroner, medical examiner, fire fighters, EMS, and law enforcement. CW also spoke with the NJ Department of Children and Families as a collateral contact.

This report was indicated against all of the adults except one, who was determined to not reside in the home or have child care responsibilities. The adults failed to exercise a minimum degree of care in supplying safe and adequate shelter. The case was closed on 11/14/17 as the family was living at a hotel and safe. CWs provided the family with information on community resources and grief counseling. All services were declined.

PIP Requirement



NCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) NCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, NCDSS will review the plan(s) and revise as needed to further address on-going 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:

Casework was commensurate with case circumstances.

Required Actions Related to the Fatality

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

Issue:	Confidentiality of CPS Information
Summary:	The case record reflected that while the caseworker completed a collateral contact with a neighbor, the existence of the CPS report was revealed to the neighbor.
Legal Reference:	SSL 422(4) and (5)
Action:	SCR reports and any other information obtained, reports written or photographs taken concerning such reports in the possession of the local departments shall be confidential.

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 08/18/2017

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:

11:49 PM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

Is the caretaker listed in the Household Composition? No

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	Adult Sibling	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Adult Sibling	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Adult Sibling	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Adult Sibling	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Adult Sibling	Alleged Perpetrator	Male	18 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	7 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	53 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	48 Year(s)
Deceased Child's Household	Other Child - OC2	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Other Child - OC1	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	15 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	17 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	Male	10 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Male	20 Year(s)



LDSS Response

On 8/20/17, NCDSS initiated the investigation by notifying the DA of SC's death and coordinating efforts with LE. CW learned the family had been staying at a local hotel since their home was no longer inhabitable due to the fire that took place on 8/18/17.

CW visited the hotel to speak with the family and SF declined to speak to CW. CW wrote a letter to the family requesting contact and the need to speak with them. CW made a phone call to SM and SM stated the family was put up in a hotel by the Red Cross and they were safe. SM promptly hung up on CW.

On 8/21/17, CW left a voicemail for SM about seeing the family. CW then called the fire chief who was at the scene of the fire on 8/18/17. The fire chief said it did not appear SC was unable to escape and that carbon monoxide can "mess with the mind." Based on evidence gathered by the fire department, the fire was declared an unattended cooking accident. CW spoke to 13 fire fighters who were on scene that day, but none reported the home to be overly cluttered or a fire hazard. CW took statements from EMS, several police officers, and CW received SF's statement to LE. SF claimed there were electrical issues in the house for the 3 months they had been living there. SM claimed they made complaints to the landlord; but the landlord said they had received calls about other issues in the home but no complaints of electrical issues.

On 8/22/17, SM and SF called CW and arranged a meeting with the family later that day. CWs met with SM, SF, all adult siblings living in the home, and all SS. The night of the fire, SM and SF left the home around 9PM and all other family members were home. Everyone in the home denied anyone was cooking that night. During an interview with a fire fighter, AS5 said he was cooking, then AS2 interrupted and said he was not cooking. AS5 then changed his story. AS5 said he heard crackling, then smelled smoke, and heard the fire alarm go off. AS5 ran upstairs to tell everyone there was a fire and when he got back downstairs the black smoke was extremely strong and he got everyone out. SC had been sleeping in a bedroom upstairs. SM and SF arrived home as everyone was exiting the home. It was believed everyone was outside the home and safe. Approximately 2 hours after firefighters arrived on scene, they discovered SC's body on the second floor; parents then realized SC was not with them. SM said SC and OC1 were the same size, had the same hairdo, and same color braids in their hair. The family said therefore they had miscounted the CHN during the chaos of the fire. SM and SF denied they or anyone in the home used drugs or alcohol. SS did not sustain any injuries from the fire.

CW provided the family with housing information from DSS and encouraged them to come to DSS for assistance. CW also provided resources of several programs in the community such as food pantries, local housing lists, MH resources, safe sleep information, grief support groups in the area, and a handout on grieving the loss of a child.

CW met with SF again on 9/12/17 and SF refused all services. CW received medical records from the family doctor and there were no concerns. On 9/18/17, CW spoke to SM and offered counseling. SM declined and said the family was set up with counseling through their church.

NCDSS indicated and closed the investigation. NCDSS indicated the case based on the adults failing to exercise a minimum degree of care in supplying safe and adequate shelter for the CHN. SM and SF have a history of unstable housing and living in unsanitary conditions. Fire fighters reported having difficulty bringing the hoses into the home due to the excessive amount of garbage bags filled with clothing cluttered about the home. SC was found deceased on the floor, having covered herself with bags of clothing. Allegations against the 20yo BF of the 2-month-old cousin were unsub as he lives in New Jersey and has no contact with the family.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause



Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
043514 - Deceased Child, Female, 7 Year(s)	043516 - Adult Sibling, Female, 27 Year(s)	DOA / Fatality	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043516 - Adult Sibling, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043520 - Unrelated Home Member, Male, 20 Year(s)	DOA / Fatality	Unsubstantiated
043514 - Deceased Child, Female, 7 Year(s)	043515 - Father, Male, 53 Year(s)	Inadequate Guardianship	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043521 - Adult Sibling, Male, 18 Year(s)	DOA / Fatality	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043521 - Adult Sibling, Male, 18 Year(s)	Inadequate Guardianship	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043517 - Adult Sibling, Male, 23 Year(s)	DOA / Fatality	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043517 - Adult Sibling, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043513 - Mother, Female, 48 Year(s)	DOA / Fatality	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043513 - Mother, Female, 48 Year(s)	Inadequate Guardianship	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043519 - Adult Sibling, Female, 20 Year(s)	DOA / Fatality	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043519 - Adult Sibling, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043518 - Adult Sibling, Female, 21 Year(s)	DOA / Fatality	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043520 - Unrelated Home Member, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
043514 - Deceased Child, Female, 7 Year(s)	043515 - Father, Male, 53 Year(s)	DOA / Fatality	Substantiated
043514 - Deceased Child, Female, 7 Year(s)	043518 - Adult Sibling, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
043522 - Sibling, Female, 17 Year(s)	043518 - Adult Sibling, Female, 21 Year(s)	Inadequate Guardianship	Substantiated



043522 - Sibling, Female, 17 Year(s)	043519 - Adult Sibling, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
043522 - Sibling, Female, 17 Year(s)	043516 - Adult Sibling, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
043522 - Sibling, Female, 17 Year(s)	043515 - Father, Male, 53 Year(s)	Inadequate Guardianship	Substantiated
043522 - Sibling, Female, 17 Year(s)	043521 - Adult Sibling, Male, 18 Year(s)	Inadequate Guardianship	Substantiated
043522 - Sibling, Female, 17 Year(s)	043520 - Unrelated Home Member, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
043522 - Sibling, Female, 17 Year(s)	043517 - Adult Sibling, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
043522 - Sibling, Female, 17 Year(s)	043513 - Mother, Female, 48 Year(s)	Inadequate Guardianship	Substantiated
043523 - Sibling, Female, 15 Year(s)	043513 - Mother, Female, 48 Year(s)	Inadequate Guardianship	Substantiated
043523 - Sibling, Female, 15 Year(s)	043515 - Father, Male, 53 Year(s)	Inadequate Guardianship	Substantiated
043523 - Sibling, Female, 15 Year(s)	043518 - Adult Sibling, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
043523 - Sibling, Female, 15 Year(s)	043519 - Adult Sibling, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
043523 - Sibling, Female, 15 Year(s)	043516 - Adult Sibling, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
043523 - Sibling, Female, 15 Year(s)	043520 - Unrelated Home Member, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
043523 - Sibling, Female, 15 Year(s)	043517 - Adult Sibling, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
043523 - Sibling, Female, 15 Year(s)	043521 - Adult Sibling, Male, 18 Year(s)	Inadequate Guardianship	Substantiated
043524 - Sibling, Male, 12 Year(s)	043519 - Adult Sibling, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
043524 - Sibling, Male, 12 Year(s)	043513 - Mother, Female, 48 Year(s)	Inadequate Guardianship	Substantiated
043524 - Sibling, Male, 12 Year(s)	043520 - Unrelated Home Member, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
043524 - Sibling, Male, 12 Year(s)	043515 - Father, Male, 53 Year(s)	Inadequate Guardianship	Substantiated
043524 - Sibling, Male, 12 Year(s)	043517 - Adult Sibling, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
043524 - Sibling, Male, 12 Year(s)	043516 - Adult Sibling, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
043524 - Sibling, Male, 12 Year(s)	043518 - Adult Sibling, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
043524 - Sibling, Male, 12 Year(s)	043521 - Adult Sibling, Male, 18 Year(s)	Inadequate Guardianship	Substantiated



043525 - Sibling, Male, 10 Year(s)	043515 - Father, Male, 53 Year(s)	Inadequate Guardianship	Substantiated
043525 - Sibling, Male, 10 Year(s)	043517 - Adult Sibling, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
043525 - Sibling, Male, 10 Year(s)	043520 - Unrelated Home Member, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
043525 - Sibling, Male, 10 Year(s)	043518 - Adult Sibling, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
043525 - Sibling, Male, 10 Year(s)	043519 - Adult Sibling, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
043525 - Sibling, Male, 10 Year(s)	043513 - Mother, Female, 48 Year(s)	Inadequate Guardianship	Substantiated
043525 - Sibling, Male, 10 Year(s)	043521 - Adult Sibling, Male, 18 Year(s)	Inadequate Guardianship	Substantiated
043525 - Sibling, Male, 10 Year(s)	043516 - Adult Sibling, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
043526 - Sibling, Male, 6 Year(s)	043520 - Unrelated Home Member, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
043526 - Sibling, Male, 6 Year(s)	043518 - Adult Sibling, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
043526 - Sibling, Male, 6 Year(s)	043513 - Mother, Female, 48 Year(s)	Inadequate Guardianship	Substantiated
043526 - Sibling, Male, 6 Year(s)	043517 - Adult Sibling, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
043526 - Sibling, Male, 6 Year(s)	043519 - Adult Sibling, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
043526 - Sibling, Male, 6 Year(s)	043515 - Father, Male, 53 Year(s)	Inadequate Guardianship	Substantiated
043526 - Sibling, Male, 6 Year(s)	043521 - Adult Sibling, Male, 18 Year(s)	Inadequate Guardianship	Substantiated
043526 - Sibling, Male, 6 Year(s)	043516 - Adult Sibling, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
043537 - Other Child - OC1, Female, 3 Year(s)	043520 - Unrelated Home Member, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
043537 - Other Child - OC1, Female, 3 Year(s)	043518 - Adult Sibling, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
043537 - Other Child - OC1, Female, 3 Year(s)	043517 - Adult Sibling, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
043537 - Other Child - OC1, Female, 3 Year(s)	043519 - Adult Sibling, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
043537 - Other Child - OC1, Female, 3 Year(s)	043515 - Father, Male, 53 Year(s)	Inadequate Guardianship	Substantiated
043537 - Other Child - OC1, Female, 3 Year(s)	043521 - Adult Sibling, Male, 18 Year(s)	Inadequate Guardianship	Substantiated
043537 - Other Child - OC1, Female, 3 Year(s)	043516 - Adult Sibling, Female, 27 Year(s)	Inadequate Guardianship	Substantiated



Child Fatality Report

043537 - Other Child - OC1, Female, 3 Year(s)	043513 - Mother, Female, 48 Year(s)	Inadequate Guardianship	Substantiated
043538 - Other Child - OC2, Male, 2 Month(s)	043518 - Adult Sibling, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
043538 - Other Child - OC2, Male, 2 Month(s)	043516 - Adult Sibling, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
043538 - Other Child - OC2, Male, 2 Month(s)	043517 - Adult Sibling, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
043538 - Other Child - OC2, Male, 2 Month(s)	043520 - Unrelated Home Member, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
043538 - Other Child - OC2, Male, 2 Month(s)	043513 - Mother, Female, 48 Year(s)	Inadequate Guardianship	Substantiated
043538 - Other Child - OC2, Male, 2 Month(s)	043519 - Adult Sibling, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
043538 - Other Child - OC2, Male, 2 Month(s)	043521 - Adult Sibling, Male, 18 Year(s)	Inadequate Guardianship	Substantiated
043538 - Other Child - OC2, Male, 2 Month(s)	043515 - Father, Male, 53 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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"/>

Legal Activity Related to the Fatality

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



Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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"/>

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

CPS - Investigative History Three Years Prior to the Fatality



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/04/2017	Other Child - OC2, Male, 1 Days	Adult Sibling, Female, 20 Years	Inadequate Guardianship	Unfounded	No

Report Summary:
 AS4 delivered a baby boy (OC2) on 6/3/17. AS4 was unable to follow basic directions of how to feed her newborn and care for him. AS4 was not able to provide a minimum degree of care for her newborn.

Determination: Unfounded **Date of Determination:** 08/21/2017

Basis for Determination:
 AS4 attended well visits for her child and there were no concerns from the pediatrician. AS4 was feeding her child appropriate amounts and appropriate intervals and there were no safety concerns in the home for the child.

OCFS Review Results:
 CW did not find CPS history for AS4 and her other child (OC1). CW went over safe sleep with AS4 and provided her with safe sleep materials. CW verified AS4 had enough supplies for both CHN, and saw where OC2 slept. CW contacted hospital staff and the pediatrician as collaterals. There were no concerns for OC2 at the time of case closing. The record did not reflect OC2's BF was notified of this report; however, CW did make diligent efforts to obtain his contact information and was unsuccessful.

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

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

- 9/29/10-12/13/10 UNF allegations of IG & XCP against SF for SS2.
- 5/6/11-8/16/11 UNF allegations of IF/C/S against SF, SM, AS1 for SC, SS1, SS2, SS3, SS4, SS5, AS2, AS3, AS4, and AS5.
- 11/15/11-1/18/12 UNF Allegation of IG against AS1 for SC and SS2
- 1/26/12-3/20/12 UNF Allegation of IG against SM for AS5. Allegation of IG against SF for AS4 & SS4. Allegation of L/B/W against SF for AS4.
- 10/22/13-1/6/14 UNF allegation of OTH/COI against SF and SM for AS5 and SS2.

Known CPS History Outside of NYS

The family had a CPS case in New Jersey. CW obtained records from the Department of Children and Families in New Jersey. The family rented a home that turned out to be condemned. The family then moved to Niagara Falls, NY.

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