



Report Identification Number: SY-18-032

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

Issue Date: Jan 04, 2019

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: 3 month(s)

Jurisdiction: Broome
Gender: Male

Date of Death: 07/12/2018
Initial Date OCFS Notified: 07/13/2018

Presenting Information

The SCR report alleged that on 7/10/18, the 3-month-old male stopped breathing for a prolonged period of time. The child was in the care of his mother and father at the time of the incident. The child was placed on a ventilator at the hospital and showed signs of brain death. The family decided to take the child off of the ventilator and the child was pronounced dead on 7/12/18 at 7PM. The child was otherwise healthy and the parents did not have an explanation for the incident.

Executive Summary

An initial report was made to the SCR on 7/10/18 regarding concerns the 3-month-old child was found unconscious on that same date. The child was in the care of his mother and father at the time. This fatality report concerns the death of the child that occurred on 7/13/18, as a result of becoming unconscious on 7/10/18. There were two surviving siblings (ages 11 & 4) living in the home at the time of the incident.

Broome County Department of Social Services (BCDSS) coordinated efforts with LE upon receipt of the initial report. The family had no prior criminal history. An autopsy was performed; however, the results were not available at the time of this writing.

On 7/10/18, the mother fed the child at 2AM, burped him, then placed him in her bed on his back to sleep. The mother laid across the foot of the bed and unintentionally fell asleep. When she awoke at 5AM, she noticed the child was not breathing. The mother immediately called 911 and followed the operator's instructions until EMS arrived. The child was transported to a local hospital and later air lifted to another hospital. The child remained on life support and eventually suffered a brain death. The child was removed from life support and died on 7/13/18.

BCDSS gathered information about the child's death from the mother, father, EMS, law enforcement, fire fighters, hospital staff, and the medical examiner.

Several home visits were completed and collaterals were interviewed. Grief counseling information was provided to the family. The family engaged with local community resources. The family had extensive CPS history. BCDSS completed required reports and safety assessments accurately and on time and conducted a thorough investigation exhibiting best casework practice as outlined in the CPS manual. The case remained open pending the final autopsy results.

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? N/A

● 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

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:

BCDSS exhibited best casework practice.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/12/2018

Time of Death: 07:00 PM

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

07/10/2018

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

Unknown

County where fatality incident occurred:

Broome

Was 911 or local emergency number called?

Yes

Time of Call:

05:09 AM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

At time of incident supervisor was:



Child Fatality Report

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability

- Absent
- Asleep
- Impaired by illness
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)

LDSS Response

BCDSS initiated their investigation and coordinated efforts with LE upon receipt of the initial report, which was received on 7/10/18. There were two surviving siblings (ages 11 & 4) living in the home at the time of the incident and were assessed as safe. The CW spoke to the source of the report and completed a CPS history check. The family had extensive CPS history. On 7/13/18, BCDSS received the fatality report from the SCR.

On 7/13/18, the CW interviewed the SM who described the events of 7/10/18. She said she fed SC at 2AM, burped him, then laid him in her bed on his back. SM laid the child on the head of her bed that butted up to the wall. SM said there were no blankets in the bed and the child was wearing pajamas. SM said she laid across the foot of the bed and did not plan on falling asleep. She said she woke around 5AM and they were both in the same position. SM noticed the child was not breathing, picked him up, brought him to the kitchen and called 911. SM said she followed instructions from 911 and placed the child on a hard surface and he burped. She said EMS arrived, performed CPR and transported the child to a nearby hospital; he was later transported to a different hospital. The mother stated the child was acting normal the day of and in the preceding days of the incident. The parents were aware of safe sleep guidelines. The father was interviewed and gave the same account as the mother. The mother and father denied either were under the influence of drugs or alcohol and did not have any issues with such. They were interviewed separately and both denied any DV in the home. The mother stated she was on medication for depression and an autoimmune disease. Neither parent had a criminal history. The SS who lived in the home were interviewed on two occasions and denied anyone in the home hurt the SC. The SS did not have concerns about anyone in the home. Grief counseling resources were provided to the family.

BCDSS obtained the death certificate, preliminary forensic autopsy, law enforcement records, and medical records from the hospitals and pediatrician's office. The CW spoke to first responders and hospital staff; hospital staff noted there was no trauma to the child. The CW confirmed the family was involved with community based services.

The preliminary autopsy report listed the cause of death as SIDS. The final autopsy remained pending at the time of this writing and the case remained opened.

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:** 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
048523 - Deceased Child, Male, 3 Month(s)	048521 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Pending
048523 - Deceased Child, Male, 3 Month(s)	048522 - Father, Male, 33 Year(s)	Inadequate Guardianship	Pending
048523 - Deceased Child, Male, 3 Month(s)	048522 - Father, Male, 33 Year(s)	DOA / Fatality	Pending
048523 - Deceased Child, Male, 3 Month(s)	048521 - Mother, Female, 33 Year(s)	DOA / Fatality	Pending

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



Child Fatality Report

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

Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality



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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input 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? Yes

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)	Allegation Outcome	Compliance Issue(s)
07/10/2018	Deceased Child, Male, 3 Months	Father, Male, 33 Years	Fractures	Pending	No
	Deceased Child, Male, 3 Months	Father, Male, 33 Years	Inadequate Guardianship	Pending	
	Deceased Child, Male, 3 Months	Mother, Female, 33 Years	Choking / Twisting / Shaking	Pending	
	Deceased Child, Male, 3 Months	Mother, Female, 33 Years	Fractures	Pending	
	Deceased Child, Male, 3 Months	Mother, Female, 33 Years	Inadequate Guardianship	Pending	
	Deceased Child, Male, 3 Months	Mother, Female, 33 Years	Lacerations / Bruises / Welts	Pending	

Report Summary:

An SCR report alleged that on 7/10/18, SC was found unconscious and unresponsive in his crib just prior to 5:09AM. SC presented with bruising on the back left side of his head. SC regained a pulse sometime after 6:01AM. SM provided no explanation for the loss of consciousness and bruise and it is therefore suspicious in nature. SM was the caretaker for SC at the time the injury was sustained and was named the alleged subject.

Report Determination: Undetermined

OCFS Review Results:

CPS history was reviewed, collaterals were contacted within 24 hours, and the mother was interviewed. It was originally reported there was bruising to the child's head which turned out to be not true. Medical collaterals verified the child's head exhibited many veins. Investigation remained ongoing at the time of this writing.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/19/2018	Sibling, Male, 10 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 10 Years	Mother, Female, 33 Years	Lack of Medical Care	Substantiated	



Deceased Child, Male, 7 Days	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
------------------------------	--------------------------	-------------------------------	-----------------

Report Summary:

SS1 had an extensive mental health history with multiple diagnoses and had been in residential care on and off for years. SS1 was discharged from residential treatment on 3/15/18 to SM's care. SS1 was prescribed medication which required weekly lab work and frequent monitoring by the psychiatrist. SM failed to show with SS1 for at least 2 appointments since 3/15/18. The medication could have been fatal to a child if the levels were not monitored weekly. The SF was not caring for the child at this time.

Report Determination: Indicated**Date of Determination:** 09/18/2018**Basis for Determination:**

The child's doctor confirmed the SM had not administered the child's medication properly and that she failed to bring the child in for appointments. As a result of the child not adequately receiving his medication, his behavioral issues were exacerbated and the child was sent home from school.

OCFS Review Results:

BCDSS interviewed all parties and appropriate collaterals, conducted a thorough investigation and made an appropriate determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/17/2017	Sibling, Male, 10 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 10 Years	Mother, Female, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

An SCR report alleged that over the weekend, SS1 sustained bruises to his right upper thigh while in the care of SM. It was unknown how the bruises were sustained. In the past, SS1 sustained suspicious bruises inconsistent with the explanation provided. SS1 had multiple mental health diagnoses.

Report Determination: Unfounded**Date of Determination:** 01/29/2018**Basis for Determination:**

No credible evidence was obtained to substantiate the allegations. Multiple collaterals confirmed they had never known SM to use corporal punishment on her children. SM denied the allegations and showed worker pictures of bruises SS1 had sustained while in care. Services workers were in SM's home every week and denied having any concerns of SM hitting her children. SS1 never disclosed SM caused his bruises or hit him.

OCFS Review Results:

BCDSS completed a thorough investigation, interviewed all appropriate parties and collaterals, and made an appropriate determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/30/2017	Sibling, Male, 9 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 9 Years	Mother, Female, 32 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 32 Years	Lack of Supervision	Unsubstantiated	



Report Summary:

An SCR report alleged that over the weekend of 3/25/17, SM left SS1 & SS2 unsupervised while they were staying at a hotel. While the SM was sleeping, the children went swimming in the pool with no supervision. SS1 had extreme behavioral problems with multiple diagnoses. SS1 needed adult supervision at all times.

Report Determination: Unfounded

Date of Determination: 06/20/2017

Basis for Determination:

There was no credible evidence the children went swimming at a hotel. SS1 had behavioral issues and was known to tell stories that were untrue. SS1 was in residential treatment and staff said SM seems to be appropriate with the children and did not have concerns for the care she provided.

OCFS Review Results:

BCDSS completed a thorough investigation and interviewed the children, SM, and collaterals. The correct determination was made and the case was closed.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/07/2016	Sibling, Male, 4 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

An SCR report alleged SS3 had a visit with SM over the weekend of 11/5/16. SM was angry that the child was crying and put liquid soap in his mouth multiple times. This caused pain to the child and he had trouble breathing as a result of the soap in his mouth.

Report Determination: Unfounded

Date of Determination: 03/07/2017

Basis for Determination:

There was no credible evidence to support that soap was squirted in the child's mouth. The child did not disclose that this happened when interviewed. The grandparents were interviewed and stated they had never known the SM to do this as a form of discipline.

OCFS Review Results:

BCDSS contacted multiple collaterals, interviewed the child, the SM, and the grandparents. Home visits and a history check were completed. Multiple progress notes were entered 1-3 months after the event date.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Multiple progress notes were entered 1-3 months after the event date.

Legal Reference:

18 NYCRR 428.5

Action:

Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/26/2016	Sibling, Male, 9 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 9 Years	Mother, Female, 31 Years	Lack of Supervision	Unsubstantiated	



Sibling, Male, 16 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 16 Years	Mother, Female, 31 Years	Lack of Supervision	Unsubstantiated

Report Summary:

An SCR report alleged SS1 required a higher level of supervision as he was a danger to himself and others. SS4 also required a higher level of supervision. Over the weekend, SM left the two boys alone and unsupervised for unknown amounts of time.

Report Determination: Unfounded

Date of Determination: 11/04/2016

Basis for Determination:

SS1 is known to tell stories that are not true. SS1 admitted to lying and that he made up the story. There was no credible evidence the children went to a bar. SS4 denied he and his brother went to a bar and said they did not leave the hotel the whole visit.

OCFS Review Results:

A thorough review of the family's CPS history was completed, all appropriate parties and collaterals were interviewed and denied any such incident took place. Safety assessments and progress notes were completed adequately and on time. BCDSS conducted a thorough investigation and made the appropriate determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/19/2016	Sibling, Male, 4 Years	Grandparent, Male, 59 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 4 Years	Grandparent, Male, 59 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

An SCR report alleged the maternal grandfather (MGF) cut SS3 (4yo) with a knife on his right arm and legs because he did not like him and wanted him dead. SS3 also had bruises on his arms and legs that were caused by the MGF.

Report Determination: Unfounded

Date of Determination: 11/16/2016

Basis for Determination:

The child was not consistent during interviews. Collaterals were contacted and had no concerns for the child in MGF's care. The marks on the child did not appear consistent with marks from a knife. The child had behavioral issues which were observed during interviews with the child at school. The MGF denied cutting the child and said he never told the child he wanted him dead.

OCFS Review Results:

Notifications were provided to appropriate parties, collaterals were interviewed, and the family's CPS history was reviewed. BCDSS conducted a thorough investigation, exhibited best casework practice and made an appropriate determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/20/2016	Sibling, Male, 16 Years	Other Adult - SS4's Father, Male, 34 Years	Educational Neglect	Substantiated	No
	Sibling, Male, 16 Years	Mother, Female, 31 Years	Educational Neglect	Substantiated	

**Report Summary:**

SM and SS4's father were aware SS4 had missed an excessive amount of school and failed to intervene.

Report Determination: Indicated

Date of Determination: 05/26/2016

Basis for Determination:

The child disclosed he had not been attending school. SS4's father and SM were aware the child was not attending school and failed to intervene. The parents were not taking appropriate actions to get the child to school or in an alternate program.

OCFS Review Results:

BCDSS interviewed all parties and collaterals and it was confirmed the child had not been in school that year. CW reviewed the family's CPS history, completed safety assessments and progress notes accurately and on time. BCDSS conducted a thorough investigation and made the appropriate determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/09/2016	Sibling, Male, 16 Years	Mother, Female, 31 Years	Educational Neglect	Unsubstantiated	No
	Sibling, Male, 16 Years	Other Adult - SS4's Father, Male, 34 Years	Educational Neglect	Unsubstantiated	

Report Summary:

Since the end of September 2015, SS4 had not attended school and was failing as a result of the excessive absences. Father and SM failed to enroll the child in school.

Report Determination: Unfounded

Date of Determination: 05/26/2016

Basis for Determination:

There was a miscommunication between the school district and the parents. The parents were under the impression the child had been expelled from school. The child's father was trying to get the child enrolled in a GED program.

OCFS Review Results:

BCDSS encouraged the father to call about home schooling or getting the child into the GED program. CPS history was reviewed, all parties and collaterals were interviewed and the appropriate determination was made. BCDSS contacted the school to make sure enrollment was being pursued.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/20/2015	Sibling, Female, 1 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 1 Years	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged on an ongoing basis, SM was abusing pain medication and SF was abusing synthetic marijuana.



SM and SF were using the drugs to the point they were falling asleep while they were the sole caretakers for SS2. SM and SF were not able to adequately care for SS2 while impaired on drugs. SM and SF left their pills and synthetic marijuana on the table or in a box on the floor accessible to the child.

Report Determination: Unfounded

Date of Determination: 12/28/2015

Basis for Determination:

BCDSS did not at any time witness either parent to be under the influence of any substances while caring for the child. SM had been involved with a methadone clinic for over 3 years and the clinic had no concerns SM was abusing drugs.

OCFS Review Results:

BCDSS contacted collaterals, completed several home visits, and never witnessed the parents to be under the influence of substances while caring for their child. BCDSS conducted a thorough investigation and made the appropriate determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/09/2015	Sibling, Female, 1 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 1 Years	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 30 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 30 Years	Sexual Abuse	Unsubstantiated	

Report Summary:

An SCR report alleged SS1 had mental health issues and behavioral diagnoses. SS1 had begun acting out in a sexual manner, touching himself, humping objects and exposing himself. There were concerns regarding incidents at his home where SM showed the child her private parts, as well as allowed SS1 to breast feed on her.

Report Determination: Indicated

Date of Determination: 11/03/2015

Basis for Determination:

Extensive interviews were done with SM, SS1, and SS1's father. There was no credible evidence SM showed SS1 her private parts or breastfed him. SS1's father said SS1 often made inappropriate statements. SS1 was in group care at the time and had behavioral issues.

OCFS Review Results:

CW made several home visits, had random drug tests administered to the adults in the home, and contacted multiple collaterals. BCDSS conducted a thorough investigation and made the appropriate determination.

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

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



From 2003-2015, the SM, SF, and father of SS4 were involved in 14 CPS investigations with common allegations of IG, PD/AM, LS, IF/C/S, LMC, and L/B/W; 8 of the cases were indicated against SM & SF, and 2 were indicated against the father of SS4.

Known CPS History Outside of NYS

SF had a CPS case against him in South Carolina regarding SS2. The case was opened on 4/10/18 and closed on 5/8/18. There were allegations the SF and his girlfriend at the time caused bruising to the child's body. The out of state workers felt the girlfriend injured the child but the SF knew or should have known and failed to intervene. The SM went to get the child and brought her back to NY. There were no charges filed and the case was closed.

Preventive Services History

There was a Preventive Services case opened on 9/27/10 as the result of an indicated case due to SM's drug use. SM was ordered to complete a mental health assessment, parenting class, and a drug and alcohol assessment. SS4 was removed from SM's care due to her drug use and placed with his MGM. The case was closed on 3/10/11 because permanency was established.

A Preventive Services case was opened on 6/6/12 because the MGM was in need of assistance as she was being treated for a terminal illness while caring for her two grandsons (SS4 & SS1). SM continued to use drugs and gave birth to a premature 3lb baby with a positive toxicology. The SM was noncompliant with drug treatment and SS4 & SS1 remained in the care of their MGM. Services were provided to the grandmother to assist with the grandchildren. MH counseling was obtained for SS1, SS4 was transferred to BOCES and got into an afterschool program, and a Family First worker assisted the family in getting to appointments. The case was closed on 12/11/15 as services were no longer needed.

Foster Care Placement History

Services were provided to the SM beginning on 2/27/14 as she continued to use drugs and gave birth to a premature 3lb baby (SS2) with a positive toxicology for methadone. The SM did not follow the plan from the hospital to care for SS2. An Article 10 neglect petition was filed and SS2 was placed in foster care on 3/11/14 because the grandparent who had custody of the older children was overwhelmed and could not care for SS2. SM wanted a services case so she could work to regain custody of all her children. SS2 was eventually returned to SM's care as she was compliant with her substance abuse treatment program and her parenting program. SM was planning to move out of state and agreed to continue services to assist her until she moved.

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