



Report Identification Number: SY-14-012

Prepared by: Syracuse Regional Office

Issue Date: 8/6/2015

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 | MN-Medical Neglect | 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



Report Type: Child Deceased
Age: 9 month(s)

Jurisdiction: Broome
Gender: Male

Date of Death: 05/11/2014
Initial Date OCFS Notified: 05/12/2014

Presenting Information

On 5/11/14, subject child (9 months) was found unresponsive by the maternal grandmother. The subject child was taken to the hospital where he was pronounced deceased. Exact time of death was unknown. The child was at a family member's home and died of positional asphyxia. In the past, subject child had been found sleeping with blankets over his head. The maternal grandmother was made aware of safe sleeping arrangements, but failed to adhere to the recommendations, and as a result, subject child died. It is unknown where the father or 2 year old sibling were at the time of the incident. The mother's role is unknown.

Executive Summary

On 5/11/14 BCDSS received an SCR report which alleged that the subject child was found unresponsive by his maternal grandmother and was later pronounced dead at the hospital. Report further stated that in the past subject child had been found sleeping with blankets over his head and that the maternal grandmother had failed to adhere to safe sleeping recommendations.

A subsequent report also received on 5/11/14 alleged that the subject child's putative father brought the children to a relative's house, and while there was outside mowing the lawn for an hour, leaving an older sibling to care for her 3 younger siblings with no other adults. Putative father came back into the house to find subject child under a bed with nothing on top of him and not breathing, and subsequently drove subject child 30 minutes to a hospital. The subject child presented in the hospital not breathing, hypothermic and cold. Hospital staff tried to resuscitate the child but had no spontaneous respirations and was pronounced dead on arrival. Putative father's delay in medical treatment placed the child at risk of harm and the child died.

BCDSS investigation revealed that the subject child was in an Article 10 placement ordered by the Broome County Family Court with the maternal grandmother due to the biological mother's substance abuse issues, with an active order that the mother would only have visits with subject child that were "supervised by the grandmother, Department or its designee". The subject child was on a visit with his siblings and putative father at the home of putative father's father in Chenango County at the time of the incident that led to his death. During the visit, the biological mother came to the home. Neither the putative father nor putative father's father were approved to supervise visitation. During the visit, the putative father left the mother alone with subject child and she placed him on a queen-size mattress to sleep in deplorable conditions. Approximately one hour later the putative father found the subject child wedged in between the bed and a crib filled with garbage, facedown in a pile of dirty clothing with a sheet wrapped around his head. It was later discovered that during visitation at the home, the putative father regularly slept with the male children, including the subject child. The mother had received Safe Sleep information at the hospital at the time of the child's birth, however failed to adhere to the recommendations. Subject child died of positional asphyxia related to unsafe sleep.

The surviving siblings were returned to the maternal grandmother/legal custodian's care following the fatality. They were assessed as safe in her care.



BCDSS appropriately substantiated allegations of DOA/Fatality, Inadequate Guardianship, Inadequate Food, Clothing, Shelter, and Lack of Supervision against the mother, putative father and putative father's father related to the subject child. An allegation of DOA/Fatality against the maternal grandmother was unsubstantiated as she was not aware of the conditions of the home the children were visiting nor that the mother would be there. The case remained open for ongoing Services with the maternal grandmother and surviving siblings.

OCFS reviewed the records in this case and found that the BCDSS investigation was thorough and appropriately conducted. Safety and risk were adequately assessed throughout the investigation.

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:

No additional comments.

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:

No additional comments

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information



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Date of Death: 05/11/2014

Time of Death:

County where fatality incident occurred:

CHENANGO

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

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? No - but needed

At time of incident supervisor was: Unknown if they were impaired.

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 | Aunt/Uncle | No Role | Male | 8 Year(s) |
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 9 Month(s) |
| Deceased Child's Household | Grandparent | Alleged Perpetrator | Female | 49 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 2 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 12 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 15 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 7 Year(s) |
| Other Household 1 | Other Adult | Alleged Perpetrator | Male | 54 Year(s) |
| Other Household 1 | Other Adult | Alleged Perpetrator | Male | 34 Year(s) |
| Other Household 2 | Mother | Alleged Perpetrator | Female | 32 Year(s) |

LDSS Response

The BCDSS investigation determined that on 5/11/14 the subject child's putative father had taken subject child from his maternal grandmother's home to visit the home of the putative father's father. While at that residence, the biological mother came to the home. According to a Family Court order, the maternal grandmother was granted Article 10 placement of child as child was born with positive toxicology for opiates and heroin and the mother had untreated substance abuse issues. The mother was to only have visits with subject child that were "supervised by the grandmother, Department or its designee". Neither the putative father nor the putative father's father were approved to supervise visitation. During the



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visit, the putative father left the mother alone with subject child and she placed him on a queen-size mattress to sleep. Putative father and mother then left the home and returned approximately one hour later to find subject child unresponsive. Subject child was taken to the hospital by his putative father and pronounced dead at 7:08pm.

BCDSS investigation and collateral contacts with law enforcement revealed that the home of the putative father's father was observed to be in deplorable condition upon initial response. Subject child had a crib that was not being used as it was filled with garbage, and the subject child was found in between the bed and the crib, facedown in a pile of dirty clothing with a sheet wrapped around his head. The mattress the child was sleeping on had paths dug throughout it by mice and was filled with mice feces. The mother, putative father and putative father's father were each subsequently charged with Endangering the Welfare of a Child due to this. The subject child's siblings were in the home at the time and stated that they regularly visited the home, but did not indicate that they were unsafe during the visits. They were assessed as safe in the maternal grandmother's care once returned to her and remained in her custody following the fatality.

The autopsy report attributed the subject child's death to Positional Asphyxia, along with Compromised Sleep Position. Toxicology testing revealed the presence of ethanol (alcohol) in the subject child's blood, however multiple medical collateral sources could not agree on whether or not this test was valid vs. laboratory error and further, or whether it would have contributed to the subject child's death.

BCDSS substantiated allegations of DOA/Fatality, Inadequate Guardianship, Inadequate Food, Clothing, Shelter, and Lack of Supervision against the mother, putative father and putative father's father. An allegation of DOA/Fatality against the maternal grandmother was unsubstantiated as she was not aware of the conditions of the home the children were visiting nor that the mother would be present there. The case remained open for ongoing Services with the maternal grandmother and surviving siblings.

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: Coroner

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?No

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---------------------------------------|---|---------------------|--------------------|
| 013541 - Deceased Child, Male, 9 Mons | 019203 - Other Adult - Putative Father's Father, Male, 54 Year(s) | DOA / Fatality | Substantiated |
| 013541 - Deceased Child, Male, 9 Mons | 019204 - Other Adult - Putative Father, Male, 34 Year(s) | Lack of Supervision | Substantiated |



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| | | | |
|---------------------------------------|---|--------------------------------------|-----------------|
| 013541 - Deceased Child, Male, 9 Mons | 019204 - Other Adult - Putative Father, Male, 34 Year(s) | Inadequate Guardianship | Substantiated |
| 013541 - Deceased Child, Male, 9 Mons | 019204 - Other Adult - Putative Father, Male, 34 Year(s) | Lack of Medical Care | Unsubstantiated |
| 013541 - Deceased Child, Male, 9 Mons | 019203 - Other Adult - Putative Father's Father, Male, 54 Year(s) | Lack of Supervision | Substantiated |
| 013541 - Deceased Child, Male, 9 Mons | 019203 - Other Adult - Putative Father's Father, Male, 54 Year(s) | Inadequate Guardianship | Substantiated |
| 013541 - Deceased Child, Male, 9 Mons | 019203 - Other Adult - Putative Father's Father, Male, 54 Year(s) | Inadequate Food / Clothing / Shelter | Substantiated |
| 013541 - Deceased Child, Male, 9 Mons | 019204 - Other Adult - Putative Father, Male, 34 Year(s) | Inadequate Food / Clothing / Shelter | Substantiated |
| 013541 - Deceased Child, Male, 9 Mons | 013770 - Mother, Female, 32 Year(s) | Inadequate Guardianship | Substantiated |
| 013541 - Deceased Child, Male, 9 Mons | 013770 - Mother, Female, 32 Year(s) | Inadequate Food / Clothing / Shelter | Substantiated |
| 013541 - Deceased Child, Male, 9 Mons | 013770 - Mother, Female, 32 Year(s) | DOA / Fatality | Substantiated |
| 013541 - Deceased Child, Male, 9 Mons | 013770 - Mother, Female, 32 Year(s) | Lack of Supervision | Substantiated |
| 013541 - Deceased Child, Male, 9 Mons | 019204 - Other Adult - Putative Father, Male, 34 Year(s) | DOA / Fatality | Substantiated |
| 013541 - Deceased Child, Male, 9 Mons | 013761 - Grandparent, Female, 49 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 013541 - Deceased Child, Male, 9 Mons | 013761 - Grandparent, Female, 49 Year(s) | DOA / Fatality | Unsubstantiated |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| All children observed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed? | <input 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"/> |



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

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"/> |



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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 and 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"/> |

Legal Activity Related to the Fatality

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

Family Court

Criminal Court

Order of Protection

Criminal Charge: Endangering the welfare of a child **Degree:** NA

| Date Charges Filed: | Against Whom? | Date of Disposition: | Disposition: |
|---|---------------|----------------------|--------------|
| Unknown | Mother | Unknown | Unknown |
| Comments: Mother was charged with Endangering the Welfare of a Child as a result of the deplorable condition of the home in which the child passed away. | | | |

Criminal Charge: Endangering the welfare of a child **Degree:** NA

| Date Charges Filed: | Against Whom? | Date of Disposition: | Disposition: |
|--|-----------------|----------------------|--------------|
| Unknown | Putative father | Unknown | Unknown |
| Comments: Putative father was charged with Endangering the Welfare of a Child as a result of the deplorable condition of the home in which the child passed away. | | | |

Criminal Charge: Endangering the welfare of a child **Degree:** NA

| Date Charges Filed: | Against Whom? | Date of Disposition: | Disposition: |
|---|--------------------------|----------------------|--------------|
| Unknown | Putative father's father | Unknown | Unknown |
| Comments: Putative father's father was charged with Endangering the Welfare of a Child as a result of the deplorable condition of the home in which the child passed away. | | | |



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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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

Counseling and other services were offered to address the family's immediate needs.

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

Explain:

Counseling and other services were offered to address the family's immediate needs.

History Prior to the Fatality



Child Information

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

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|-------------------------------|------------------------------|-------------------------------|----------------|---------------------|
| 11/08/2011 | 1163-Sibling,Female, 12 Years | 1161-Mother,Female, 30 Years | Educational Neglect | Indicated | No |
| | 1163-Sibling,Female, 12 Years | 1161-Mother,Female, 30 Years | Inadequate Guardianship | Indicated | |
| | 1163-Sibling,Female, 12 Years | 1161-Mother,Female, 30 Years | Parents Drug / Alcohol Misuse | Indicated | |
| | 1164-Sibling,Female, 9 Years | 1161-Mother,Female, 30 Years | Educational Neglect | Indicated | |
| | 1164-Sibling,Female, 9 Years | 1161-Mother,Female, 30 Years | Inadequate Guardianship | Indicated | |
| | 1164-Sibling,Female, 9 Years | 1161-Mother,Female, 30 Years | Parents Drug / Alcohol Misuse | Indicated | |
| | 1163-Sibling,Female, 12 Years | 1167-Father,Male, 32 Years | Educational Neglect | Unfounded | |
| | 1163-Sibling,Female, 12 Years | 1167-Father,Male, 32 Years | Inadequate Guardianship | Unfounded | |

| | | | |
|------------------------------|------------------------------|-------------------------------|-----------|
| 1164-Sibling,Female, 9 Years | 1167-Father,Male, 32 Years | Educational Neglect | Unfounded |
| 1164-Sibling,Female, 9 Years | 1167-Father,Male, 32 Years | Inadequate Guardianship | Unfounded |
| 1165-Sibling,Female, 4 Years | 1161-Mother,Female, 30 Years | Inadequate Guardianship | Indicated |
| 1165-Sibling,Female, 4 Years | 1161-Mother,Female, 30 Years | Parents Drug / Alcohol Misuse | Indicated |
| 1166-Sibling,Male, 0 Years | 1161-Mother,Female, 30 Years | Inadequate Guardianship | Indicated |
| 1166-Sibling,Male, 0 Years | 1161-Mother,Female, 30 Years | Parents Drug / Alcohol Misuse | Indicated |

Report Summary:

On 11/8/11 Chenango County DSS received an SCR report alleging Educational Neglect and Inadequate Guardianship by subject child's mother and putative father regarding the then- twelve and nine year old siblings. On 12/11/11 Broome County DSS received a Subsequent SCR report (as family had moved during investigation) with allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse by subject child's mother regarding the then-newborn sibling. The investigation was substantiated on 1/30/12 against mother for Educational Neglect, Parent Drug Misuse and Inadequate Guardianship and a Preventive Services case was opened.

Determination: Indicated

Date of Determination: 01/30/2012

Basis for Determination:

Credible evidence was found which indicated that the mother's use of drugs negatively impacted her ability to parent her children, to include insuring they attended school appropriately and giving birth to a child with positive toxicology who subsequently suffered withdrawal symptoms.

OCFS Review Results:

Sufficient information was gathered to make appropriate safety and risk decisions. The decision to substantiate the report and open Preventive Services was appropriate.

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|----------------------------------|------------------------------|-------------------------------|----------------|---------------------|
| 07/25/2013 | 1169-Deceased Child,Male, 1 Days | 1168-Mother,Female, 31 Years | Inadequate Guardianship | Indicated | No |
| | 1169-Deceased Child,Male, 1 Days | 1168-Mother,Female, 31 Years | Parents Drug / Alcohol Misuse | Indicated | |

Report Summary:

Broome County DSS received an SCR report with allegations of Parent Drug/Alcohol Misuse and Inadequate Guardianship by subject child's mother regarding the subject child. The report alleged that mother had a history of opiate use and tested positive for opiates and methadone at the time of the delivery of subject child, and that subject child also tested positive for opiates. Mother allegedly had not engaged in a methadone treatment program and had four other children who were not in her care due to abuse and/or maltreatment concerns with no imminent plan for their return to her.

Determination: Indicated

Date of Determination: 09/10/2013

Basis for Determination:



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Credible evidence was found to support that that mother's use of drugs negatively impacted subject child, as he was born with positive toxicology and suffered withdrawal symptoms. A Family Services case was opened.

OCFS Review Results:

The decision to substantiate the case and open CPS Services was appropriate.

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

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

In 2006, Broome County DSS received two SCR reports (an initial and a subsequent) with allegations of Inadequate Guardianship and Parent Drug Misuse against the subject child's maternal grandmother and her adult daughter regarding the nine year old uncle (grandmother's child) and one child who is not listed in the current fatality report. All allegations were unsubstantiated.

In 2008, Broome County DSS received an SCR report with allegations of Lack of Supervision against subject child's maternal grandmother regarding the nine year old uncle (grandmother's child) and one child who is not listed in the current fatality report. Allegations were unsubstantiated.

In 2010, Chenango County DSS received two SCR reports with allegations of Educational Neglect – the first in 2/10 against subject child's mother and putative father regarding the sixteen and thirteen year old siblings which was unsubstantiated. The second report was in 10/10 with allegations against mother only regarding sixteen year old sibling. That report was substantiated.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 09/09/2014

Evaluative Review of Services that were Open at the Time of the Fatality

| | Yes | No | N/A | Unable to Determine |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Family Assessment and Service Plan (FASP)

| | Yes | No | N/A | Unable to |
|--|-----|----|-----|-----------|
|--|-----|----|-----|-----------|



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| | | | | Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the most recent FASP approved on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the FASP consistent with the case circumstances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Closing

| | Yes | No | N/A | Unable to Determine |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Was the decision to close the Services case appropriate? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Required Action(s)

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

Yes No

| | |
|-------------------------|--|
| Issue: | Adequacy of face-to-face contacts with the child and/or child's parents or guardians |
| Summary: | Between the Case Initiation Date of 9/9/13 and the time of the subject child's death on 5/11/14, documentation states that subject child was seen five times. Due to the Protective Program choice on the ongoing case, requirement is twice per month. |
| Legal Reference: | 432.1 (o) |
| Action: | There is no action required. BCDSS had identified this issue prior to review and provided documentation of a proactive multi-level process by which cases are monitored for compliance and staff are trained in the regulatory requirements. Case-specific issues are addressed with involved staff directly. Information gathered does not indicate that the missed contacts contributed to the death. |

Preventive Services History

A court-ordered Preventive Services case was open from 2/27/07 to 4/8/08 that involved maternal grandmother/custodian of deceased child. Grandmother's adult daughter (maternal aunt of deceased child) and paramour were unable to care for their child and grandmother was awarded physical custody of child with DSS supervision for one year. Case was closed as child remained safely in grandmother's care and she retained custody of child.

A Preventive Services Case was open 1/6/12 – 5/21/12 that involved deceased child's mother, siblings and maternal grandmother. Case opened based on an Indicated CPS report against the mother for Educational Neglect of two oldest siblings, as well as positive toxicology to then-newborn sibling. Maternal grandmother already had custody of oldest three siblings and had also obtained custody of then-newborn sibling. Case was closed with no safety concerns as children remained in grandmother's care.



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Family Assessment Service Planning (FASP)

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the most recent required FASP approved on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement 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.

Legal History Within Three Years Prior to the Fatality

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

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

| Date Filed: | Fact Finding Description: | Disposition Description: |
|--------------------|--|--|
| 08/21/2013 | Adjudicated Neglected | Direct Custody Transferred to Continued with Relative (Article 10) |
| Respondent: | 013770 Mother Female 32 Year(s) | |
| Comments: | Permanency Plan at Disposition was Return to Parent. Subject child passed away prior to reunification being successfully achieved. | |

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)

| Date Filed: | Fact Finding Description: | Disposition Description: |
|--------------------|--|---|
| 12/15/2011 | There was not a fact finding | Custody/Guardianship assigned to relative or non-relative (Article 6 non-foster care) |
| Respondent: | None | |
| Comments: | Maternal grandmother petitioned for and was awarded custody of subject child's older siblings. This occurred prior to subject child's birth. | |



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