



Report Identification Number: SY-16-042

Prepared by: Syracuse Regional Office

Issue Date: Jun 09, 2017

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	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 11 month(s)

Jurisdiction: Broome
Gender: Male

Date of Death: 08/25/2016
Initial Date OCFS Notified: 08/26/2016

Presenting Information

The 11-month old male subject child (SC) died at a hospital on 8/25/16 of bacterial meningitis. The SC had fallen ill on 8/23/16 and his BM and BF sought medical treatment after home treatment failed to alleviate his symptoms. The death was reported to OCFS via telephone on 8/25/16 and via form OCFS-7065 on 8/26/16 as the SC was listed on a pending CPS investigation at the time of his death. No SCR report was registered as no abuse/maltreatment were suspected.

Executive Summary

This review concerns the 8/25/16 death of an 11-month old male child (SC) from bacterial meningitis. The SC resided with his BF, his BM, 1-year old female sibling, and two male half-siblings - ages 13 and 15. The SC was listed as an MA child on an open CPS report at the time of death due to allegations of PD/AM, IG, and CD/AM against both parents. There was an open CPS/Preventive ongoing case at the time of the fatality due to concerns regarding the two older half-siblings' mother's mental health, substance abuse issues and the parents' inability to control the half-siblings' behavior and appropriately supervise them. There were no safety concerns for the SC or 2-year old sibling at the time of the fatality.

BCDSS gathered information which indicated that the SC began to run a fever on the evening of 8/23/16. The BM and BF gave the SC over-the-counter fever reducer medication, which initially alleviated the SC's symptoms. The SC was reported to have been acting fine earlier that day. By 8:30-9:00am the following morning (8/24/16), the SC had developed purple spots on his arms and was cranky, although the fever had not returned. BM and BF brought the SC immediately to the emergency room, after which he was hospitalized and diagnosed with bacterial meningitis. The SC's condition deteriorated very rapidly and the SC was transported to another hospital via ambulance, during which time he experienced cardiac arrest several times and was revived. The SC passed away upon arrival to the second hospital at 1:49am.

BCDSS gathered sufficient information which indicated that the fatality was not a result of abuse/maltreatment by a caretaker, therefore no SCR report was required. The siblings were assessed as safe in their parents' care. BCDSS contacted health department personnel to assess the risk of illness to the family and determine appropriate preventative treatment. BCDSS discussed and offered bereavement counseling and other appropriate services to the family. The investigation was unfounded and closed on 5/11/17. The ongoing services case remains open at the time of this review.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Safety assessment due at the time of determination?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all** Yes, sufficient information was



allegations as well as any others identified in the course of the investigation?

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?

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:

Case was open for services at the time of the review.

Required Actions Related to the Fatality

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

Issue:	Timeliness of Determination
Summary:	The investigation in which the SC died was open beyond the regulatory timeframe of 60 days.
Legal Reference:	SSL 424(7);18 NYCRR 432.2(b)(3)(iv)
Action:	BCDSS has developed a policy that addresses the regulatory violation found during this review. No further action is required.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/25/2016

Time of Death: 01:49 AM

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

County where fatality incident occurred:

BROOME

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? Yes

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



At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	11 Month(s)
Deceased Child's Household	Father	No Role	Male	36 Year(s)
Deceased Child's Household	Mother	No Role	Female	20 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)

LDSS Response

LDSS was notified of the fatality by the BF on 8/25/16. The BF reported that the SC had passed away due to bacterial meningitis. LDSS made timely and appropriate notifications to OCFS via both a phone call within 24 hours and form OCFS-7065 within 72 hours.

LDSS responded to the fatality by meeting with the local health department to gather information regarding bacterial meningitis and to assess the risk to the family of contracting the illness. On 8/25/16 LDSS assessed the follow up healthcare that the family members would need. LDSS then conducted a joint home visit to the family with a representative from the health department. LDSS made face-to-face contact with the parents. Grief counseling and bereavement services were offered. LDSS discussed the follow up care that the family would need to be protected from contracting meningitis, which consisted of receiving a vaccine within 24 hours. LDSS gathered information surrounding the circumstances of the fatality (see Executive Summary). On 8/26/16 LDSS met with the BF and half-siblings at the health department. The half-siblings were assessed to be safe at that time and had received the necessary medical treatment. Funeral arrangements were offered and discussed at that time. LDSS conducted appropriate follow up contacts with the family. LDSS gathered appropriate medical documentation to verify that the SC died from bacterial meningitis. No SCR report was ever required as there was no reasonable cause to suspect that abuse or maltreatment had contributed to the SC's death.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review



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

Comments: Broome County CFRT reviews all Section 20 fatalities.

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Explain:



There was no suspicion nor evidence of abuse or maltreatment - the SC died of natural causes and no SCR report was generated. At the time of the fatality the surviving siblings were assessed as safe.

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 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? 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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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? No
- Was the child acutely ill during the two weeks before death? Yes

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)
03/30/2016	16204 - Sibling, Male, 15 Years	16202 - Mother, Female, 19 Years	Childs Drug / Alcohol Use	Unfounded	No
	16206 - Sibling, Female, 1 Years	16203 - Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16206 - Sibling, Female, 1 Years	16203 - Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	16204 - Sibling, Male, 15 Years	16203 - Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16204 - Sibling, Male, 15 Years	16202 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16205 - Sibling, Male, 12 Years	16202 - Mother, Female, 19 Years	Childs Drug / Alcohol Use	Unfounded	
	16205 - Sibling, Male, 12 Years	16202 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	
	16201 - Deceased Child, Male, 6 Months	16202 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	
	16201 - Deceased Child, Male, 6 Months	16202 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16206 - Sibling, Female, 1 Years	16202 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	
	16201 - Deceased Child, Male, 6 Months	16203 - Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	16204 - Sibling, Male, 15 Years	16203 - Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	16204 - Sibling, Male, 15 Years	16202 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	
	16205 - Sibling, Male, 12 Years	16203 - Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16205 - Sibling, Male, 12 Years	16202 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16206 - Sibling, Female, 1 Years	16202 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16205 - Sibling, Male, 12 Years	16203 - Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	16201 - Deceased Child, Male, 6 Months	16203 - Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

Report alleged that on a daily basis, BM was impaired by marijuana while responsible for the SC and siblings. BF was impaired by alcohol, heroin and crack while responsible for the children. BM allows the siblings to smoke marijuana with



her. BM has the older siblings babysit the younger ones and gives them marijuana to smoke while doing so. SC and one-year-old sibling were constantly in a car seat and high chair and only got fed bottles, no solid food. SC and sibling are hungry and underweight. BM and BF engage in DV in the presence of the children.

SC died while this investigation was still open.

Determination: Unfounded

Date of Determination: 05/11/2017

Basis for Determination:

BCDSS did not find credible evidence to support the allegations. There was no evidence that the parents were high on drugs while caring for the children. Both older half-siblings denied that BM or their BF gave them marijuana or allowed them to smoke marijuana on their own. The half-siblings also denied that there were any physical altercations between the BF and BM. During the investigation, SC did pass away due to bacterial meningitis. The parents did not appear to be at fault for SC passing. The parents did seek treatment for the other children. Case remained open for services.

OCFS Review Results:

OCFS review found that the investigation was conducted appropriately with regard to the fatality and other allegations. The case was open beyond the regulatory 60-day time period.

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)
01/09/2016	16193 - Sibling, Male, 14 Years	16191 - Father, Male, 35 Years	Inadequate Guardianship	Unfounded	No
	16194 - Sibling, Male, 12 Years	16191 - Father, Male, 35 Years	Inadequate Guardianship	Unfounded	
	16194 - Sibling, Male, 12 Years	16191 - Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16193 - Sibling, Male, 14 Years	16192 - Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	16194 - Sibling, Male, 12 Years	16192 - Mother, Female, 20 Years	Childs Drug / Alcohol Use	Unfounded	
	16196 - Deceased Child, Male, 3 Months	16192 - Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	16195 - Sibling, Female, 1 Years	16192 - Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	16193 - Sibling, Male, 14 Years	16191 - Father, Male, 35 Years	Childs Drug / Alcohol Use	Unfounded	
	16194 - Sibling, Male, 12 Years	16191 - Father, Male, 35 Years	Childs Drug / Alcohol Use	Unfounded	
	16193 - Sibling, Male, 14 Years	16192 - Mother, Female, 20 Years	Childs Drug / Alcohol Use	Unfounded	
	16195 - Sibling, Female, 1 Years	16192 - Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	16196 - Deceased Child, Male, 3 Months	16192 - Mother, Female, 20 Years	Lack of Medical Care	Unfounded	
16193 - Sibling, Male, 14 Years	16191 - Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded		



16193 - Sibling, Male, 14 Years	16192 - Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded
16194 - Sibling, Male, 12 Years	16192 - Mother, Female, 20 Years	Inadequate Guardianship	Unfounded
16194 - Sibling, Male, 12 Years	16192 - Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded
16195 - Sibling, Female, 1 Years	16192 - Mother, Female, 20 Years	Lack of Medical Care	Unfounded
16195 - Sibling, Female, 1 Years	16192 - Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded
16196 - Deceased Child, Male, 3 Months	16192 - Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded
16196 - Deceased Child, Male, 3 Months	16191 - Father, Male, 35 Years	Inadequate Guardianship	Unfounded
16196 - Deceased Child, Male, 3 Months	16191 - Father, Male, 35 Years	Lack of Medical Care	Unfounded

Report Summary:

Report alleged that BM used crack, and smoked marijuana and speed on a daily basis, often several times a day while she is the only caretaker for the children. Often BM slept until afternoon and the children cried for hours because she was passed out and did not tend to them. SC's body was so filthy that his neck area was red and raw from poor hygiene. BM was not meeting the children's needs as well as not supervising them due to her drug use. Mother was high after holding a party at her home earlier in the night.

A subsequent consolidated report dated 2/14/16 alleged that the BM was not treating the SC's severe diaper rash and that the adults were giving the older half-siblings drugs.

Determination: Unfounded**Date of Determination:** 03/15/2016**Basis for Determination:**

There was not enough credible evidence to substantiate the allegations of the report. BCDSS interviewed all of the children and parents as well as collateral contacts. Drug screens were negative. The children were assessed as safe.

OCFS Review Results:

OCFS review found that casework activities were commensurate with case circumstances.

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)
10/21/2015	16183 - Deceased Child, Male, 1 Months	16181 - Mother, Female, 19 Years	Lack of Supervision	Unfounded	No
	16184 - Sibling, Female, 11 Months	16182 - Father, Male, 35 Years	Lack of Supervision	Unfounded	
	16183 - Deceased Child, Male, 1 Months	16181 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16184 - Sibling, Female, 11 Months	16181 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16183 - Deceased Child, Male, 1 Months	16182 - Father, Male, 35 Years	Lack of Supervision	Unfounded	



16184 - Sibling, Female, 11 Months	16182 - Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded
16184 - Sibling, Female, 11 Months	16181 - Mother, Female, 19 Years	Lack of Supervision	Unfounded
16183 - Deceased Child, Male, 1 Months	16182 - Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

Report alleged that the BF and BM abused prescription pills and heroin while being the sole caretakers to the SC and half-siblings. The adults became impaired and were not capable of caring for the children in the home. On an unknown date while the parents were impaired and not supervising the children, the 10-month old half-sibling fell on top of SC. No injuries reported for the children. The parents had also left the half-sibling and SC alone inside the home for unknown periods of time while they engaged in drug use outside of the home.

Determination: Unfounded**Date of Determination:** 01/12/2016**Basis for Determination:**

BCDSS did not find credible evidence to substantiate the report. The children were assessed to be safe in their parents' care. Preventive Services remained open to work with the family.

OCFS Review Results:

OCFS review found that casework activities were commensurate with case circumstances.

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)
10/06/2015	16173 - Sibling, Male, 12 Years	16171 - Father, Male, 35 Years	Educational Neglect	Indicated	No
	16173 - Sibling, Male, 12 Years	16172 - Other Adult - Half-Sibling's mother, Female, 32 Years	Educational Neglect	Indicated	

Report Summary:

Report alleged that the half-sibling (12) had been absent 14 days that school year. As a result, he was academically behind. BF and half-sibling's mother were aware and fail to intervene.

Determination: Indicated**Date of Determination:** 10/22/2015**Basis for Determination:**

BCDSS found that the half-sibling was in need of a required immunization to attend school. Both of his parents failed to bring him to the doctors to receive his required shot. The half-sibling had been absent for 20/30 days of school. He was academically behind due to his parents failing to intervene. Preventive Services remained open.

OCFS Review Results:

OCFS review found that casework activities were commensurate with case circumstances.

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)
08/03/2015	16162 - Sibling, Male, 14 Years	16161 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	16163 - Sibling, Male, 12 Years	16161 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Guardianship	Indicated	
	16162 - Sibling,	16161 - Other Adult - Half-	Inadequate	Indicated	



Male, 14 Years	Sibling's mother, Female, 32 Years	Guardianship	
16163 - Sibling, Male, 12 Years	16161 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Indicated

Report Summary:

Report alleged that a few weeks prior, the half-siblings' mother kicked the half-sibling out of the home for reasons unknown. The mother failed to make any adequate plan of care for the child. The child had been roaming the streets with no place to go and no food or resources. As a result, the child had been burglarizing unknown people's property to survive. The child also had been known to drink alcohol, although underage.

Determination: Indicated**Date of Determination:** 10/27/2015**Basis for Determination:**

BCDSS found some credible evidence to indicate that the half-siblings' mother was not properly supervising the half-siblings. One child was bouncing around between his mother, BF and friends. The other was staying with his aunt because he was unable to locate his mother. The mother was unable to control the half-siblings Preventive Services were put in place.

OCFS Review Results:

OCFS found that casework activities were commensurate with case circumstances.

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)
07/10/2015	15312 - Sibling, Male, 16 Years	15311 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	15313 - Sibling, Male, 14 Years	15311 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	15312 - Sibling, Male, 16 Years	15311 - Other Adult - Half-Sibling's mother, Female, 32 Years	Childs Drug / Alcohol Use	Unfounded	
	15313 - Sibling, Male, 14 Years	15311 - Other Adult - Half-Sibling's mother, Female, 32 Years	Childs Drug / Alcohol Use	Unfounded	
	15313 - Sibling, Male, 14 Years	15311 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Guardianship	Indicated	
	15314 - Sibling, Male, 12 Years	15311 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Guardianship	Indicated	
	15314 - Sibling, Male, 12 Years	15311 - Other Adult - Half-Sibling's mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	
	15312 - Sibling, Male, 16 Years	15311 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Guardianship	Indicated	
	15312 - Sibling, Male, 16 Years	15311 - Other Adult - Half-Sibling's mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	
	15313 - Sibling, Male, 14 Years	15311 - Other Adult - Half-Sibling's mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	
	15314 - Sibling, Male, 12 Years	15311 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unfounded	

Report Summary:

Report alleged that the half-siblings' mother was drinking alcohol and using drugs to the point of intoxication in the presence of the half-siblings. Her roommate was smoking marijuana with the half-siblings. Mother failed to intervene.



The family runs out of food stamps and the children are forced to beg for food.

Determination: Indicated **Date of Determination:** 07/31/2015

Basis for Determination:
Some credible evidence was found to indicate that the half-siblings' mother allowed the half-siblings to use marijuana in her home. The mother was unable to set appropriate boundaries and properly care for the children. Case remained open to Services.

OCFS Review Results:
OCFS review found no compliance issues. Casework activities were commensurate with case circumstances.

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)
05/19/2015	15294 - Sibling, Male, 14 Years	15292 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	15295 - Sibling, Male, 12 Years	15292 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	15295 - Sibling, Male, 12 Years	15292 - Other Adult - Half-Sibling's mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	
	15293 - Sibling, Male, 16 Years	15292 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Guardianship	Indicated	
	15293 - Sibling, Male, 16 Years	15292 - Other Adult - Half-Sibling's mother, Female, 32 Years	Childs Drug / Alcohol Use	Indicated	
	15294 - Sibling, Male, 14 Years	15291 - Father, Male, 35 Years	Educational Neglect	Indicated	
	15294 - Sibling, Male, 14 Years	15291 - Father, Male, 35 Years	Inadequate Guardianship	Indicated	
	15294 - Sibling, Male, 14 Years	15291 - Father, Male, 35 Years	Lack of Supervision	Indicated	
	15294 - Sibling, Male, 14 Years	15292 - Other Adult - Half-Sibling's mother, Female, 32 Years	Childs Drug / Alcohol Use	Unfounded	
	15294 - Sibling, Male, 14 Years	15292 - Other Adult - Half-Sibling's mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	
	15294 - Sibling, Male, 14 Years	15292 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Guardianship	Indicated	
	15295 - Sibling, Male, 12 Years	15292 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Guardianship	Indicated	
	15293 - Sibling, Male, 16 Years	15292 - Other Adult - Half-Sibling's mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	15293 - Sibling, Male, 16 Years	15292 - Other Adult - Half-Sibling's mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:
Report alleged that BF was not following through with the 14-year-old half-sibling's academic needs. BF was not supervising the child properly as the child was roaming the streets rather than attending school. Allegations arose during the course of the investigation that the half-siblings' mother allowed the 16-year-old half-sibling to smoke marijuana in her home.



Determination: Indicated	Date of Determination: 07/31/2015
Basis for Determination: BCDSS found some credible evidence to substantiate the allegations. The case was opened for ongoing Family Services.	
OCFS Review Results: OCFS review found no compliance issues. Casework activities were commensurate with case circumstances.	
Are there Required Actions related to the compliance issue(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/20/2014	16144 - Sibling, Male, 11 Years	16141 - Other Adult - Half-Sibling's mother, Female, 31 Years	Inadequate Guardianship	Indicated	No
	16143 - Sibling, Male, 13 Years	16142 - Father, Male, 34 Years	Inadequate Guardianship	Indicated	
	16143 - Sibling, Male, 13 Years	16141 - Other Adult - Half-Sibling's mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	16143 - Sibling, Male, 13 Years	16141 - Other Adult - Half-Sibling's mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	16144 - Sibling, Male, 11 Years	16141 - Other Adult - Half-Sibling's mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	16144 - Sibling, Male, 11 Years	16142 - Father, Male, 34 Years	Inadequate Guardianship	Indicated	

Report Summary:
Report alleged that the half-siblings' mother failed to intervene on a regular basis when her boyfriend was physically aggressive toward the 11-year old half-sibling. The most recent incident had occurred on the date of intake, in which the boyfriend became irate, violent, and forcefully punched the half-sibling in the face, causing the child to fall to the ground.

Determination: Indicated	Date of Determination: 10/28/2014
Basis for Determination: The initial report allegations were unsubstantiated as the half-sibling later recanted and admitted to lying about the assault. A subsequent consolidated report dated 7/30/14 was indicated against the half-siblings' mother for IG and PDAM. Through the course of the investigation, it was learned the children have an awareness of drug use by their mother and had witnessed their mother abusing prescription. BCDSS also found credible evidence that the children had been exposed to DV between their mother and her boyfriend. Another consolidated subsequent report dated 9/4/14 alleging IG against BF was unfounded. The half-siblings were safe in BF's custody at the closure of the investigation.	
OCFS Review Results: OCFS review found that casework activities were commensurate with case circumstances. Safety and risk were adequately assessed and the case determination was appropriate.	
Are there Required Actions related to the compliance issue(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/15/2014	16131 - Sibling, Male, 13 Years	16112 - Other Adult - Half-Sibling's mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	No
	16132 - Sibling, Male, 11 Years	16112 - Other Adult - Half-Sibling's mother, Female, 31 Years	Inadequate Guardianship	Indicated	



16132 - Sibling, Male, 11 Years	16112 - Other Adult - Half-Sibling's mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated
16132 - Sibling, Male, 11 Years	16112 - Other Adult - Half-Sibling's mother, Female, 31 Years	Childs Drug / Alcohol Use	Unfounded
16131 - Sibling, Male, 13 Years	16112 - Other Adult - Half-Sibling's mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Indicated
16131 - Sibling, Male, 13 Years	16112 - Other Adult - Half-Sibling's mother, Female, 31 Years	Inadequate Guardianship	Indicated
16132 - Sibling, Male, 11 Years	16112 - Other Adult - Half-Sibling's mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Indicated
16131 - Sibling, Male, 13 Years	16112 - Other Adult - Half-Sibling's mother, Female, 31 Years	Childs Drug / Alcohol Use	Unfounded

Report Summary:

Report alleged that the half-siblings' mother abused drugs. She becomes impaired to the extent that she is slurring her speech, is unable to walk straight and passes out while caring for the half-siblings. Half-siblings' mother bought drugs in the presence of the children and left the drugs crushed on the table accessible to them. She has provided the half-siblings with pills and alcohol to the point that they became impaired. She would become physically violent towards the half-siblings when high and left marks and bruises as a result. Report also alleged that the half-siblings were often going without meals and losing weight.

Determination: Indicated**Date of Determination:** 07/15/2014**Basis for Determination:**

BCDSS found credible evidence to substantiate the allegations regarding the half-siblings' mother's drug use. Their mother was failing to supervise them adequately and there was minimal food in the home.

At the closure of the investigation, BF had filed for custody of the children and appeared to be an appropriate resource. The children made no other disclosures of abuse/maltreatment.

OCFS Review Results:

OCFS review found that casework activities were commensurate with case circumstances. Safety and risk were adequately assessed and the case determination 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)
03/08/2014	16103 - Sibling, Male, 13 Years	16102 - Other Adult - Half-Sibling's mother, Female, 31 Years	Inadequate Guardianship	Indicated	No
	16104 - Sibling, Male, 10 Years	16102 - Other Adult - Half-Sibling's mother, Female, 31 Years	Educational Neglect	Indicated	
	16104 - Sibling, Male, 10 Years	16102 - Other Adult - Half-Sibling's mother, Female, 31 Years	Lack of Supervision		
	16103 - Sibling, Male, 13 Years	16102 - Other Adult - Half-Sibling's mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Indicated	
	16103 - Sibling, Male, 13 Years	16102 - Other Adult - Half-Sibling's mother, Female, 31 Years	Lack of Supervision		
	16103 - Sibling, Male, 13 Years	16101 - Father, Male, 33 Years	Inadequate Guardianship	Indicated	
	16103 - Sibling, Male, 13 Years	16102 - Other Adult - Half-	Educational Neglect	Indicated	



Male, 13 Years	Sibling's mother, Female, 31 Years		
16103 - Sibling, Male, 13 Years	16102 - Other Adult - Half-Sibling's mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated
16104 - Sibling, Male, 10 Years	16102 - Other Adult - Half-Sibling's mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Indicated
16104 - Sibling, Male, 10 Years	16102 - Other Adult - Half-Sibling's mother, Female, 31 Years	Inadequate Guardianship	Indicated
16104 - Sibling, Male, 10 Years	16102 - Other Adult - Half-Sibling's mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated
16104 - Sibling, Male, 10 Years	16101 - Father, Male, 33 Years	Inadequate Guardianship	Indicated

Report Summary:

Report alleged that there was no food in the home for the half-siblings to eat and as a result, the children were hungry. The half-siblings' mother was always drunk and not able to parent the children. The half-siblings' mother used the family money to support her alcohol habit. She left for days at a time, leaving the children alone with no adult supervision. The children were not mature enough to be left alone. The children got into fights with other children and threw rocks at parked cars.

Determination: Indicated**Date of Determination:** 04/14/2014**Basis for Determination:**

BCDSS found that the half-siblings had missed an excessive amount of school and were failing subjects. The children were enrolled in school and are attending regularly by the end of the investigation. There was not enough credible evidence to support the other allegations. The CW made multiple unannounced home visits and neither parent ever appeared impaired. The children denied drug usage in the homes. There were no suspicious marks or bruises on the children. Both homes were appropriate and children denied ever being hungry.

OCFS Review Results:

OCFS review found that casework activities were commensurate with case circumstances. Safety and risk were adequately assessed and the case determination 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)
09/09/2013	16093 - Sibling, Male, 12 Years	16092 - Other Adult - Half-Sibling's mother, Female, 30 Years	Inadequate Guardianship	Unfounded	No
	16093 - Sibling, Male, 12 Years	16092 - Other Adult - Half-Sibling's mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16093 - Sibling, Male, 12 Years	16091 - Father, Male, 33 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The father decided he no longer wanted to care for the half-siblings. As a result the father left one half-sibling in the paternal grandmother's care and the other is in his mother's care. The half-siblings' mother was not a suitable caregiver because she slept all day and drank alcohol all night. The mother also had a substance abuse issue. The mother crushed and snorted pills and was abusing crack to the point of impairment. The mother didn't want to care for the half-sibling and she couldn't control his behavioral problems.

Determination: Unfounded**Date of Determination:** 10/29/2013**Basis for Determination:**



There was not enough credible evidence to substantiate the allegations of the report. The half-siblings' mother denied any current drug use and was cooperative with taking a drug screen. Both children denied any knowledge of their mother using any pills. The children also denied any knowledge of the BF using any drugs/alcohol. BF continued to have full custody of the children. The children remained in BF's care and continued to have regular visitation with their mother.

OCFS Review Results:

OCFS review found that casework activities were commensurate with case circumstances. Safety and risk were adequately assessed and the case determination 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

- 4/10/13-7/31/13 - IND for EN against half-sibling's mother regarding half-sibling.
- 2/8/13-4/9/13 - UNF for IG, LSUP, PDAM, EN against BF regarding half-siblings.
- 12/5/11-2/1/12 - IND for IG, PDAM against BF and half-siblings' mother regarding half-siblings.
- 7/21/11-11/2/11 - IND for IG, LSUP against half-sibling's mother regarding half-sibling.
- 4/14/10-6/28/10 - UNF for IG, LSUP against a relative regarding half-siblings.
- 1/22/09-5/19/09 - UNF for IG, LSUP against a relative regarding half-sibling.
- 2/16/06-5/8/06 - IND for LSUP against BF and half-siblings' mother regarding half-siblings.

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 preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 07/16/2015

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: 07/16/2015

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



danger or increased their risk of harm?				
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Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to 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"/>

Provider



	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
N/A

Required Action(s)

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

Yes No

Preventive Services History

7/16/15 - Protective/Preventive case opened to address the issues of the half-siblings' mother's mental and substance abuse, as well as her and BF's inability to control the half-siblings' behaviors and supervise them appropriately. SC was born and died during this case. Case remains open as of this review.

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"/>

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? There was no legal activity

Additional Local District Comments



N/A

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