



**Report Identification Number: SY-17-013**

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

**Issue Date: Oct 02, 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

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children		
<b>Contacts</b>		
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-Cardiopulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 day(s)

**Jurisdiction:** Cortland  
**Gender:** Female

**Date of Death:** 04/10/2017  
**Initial Date OCFS Notified:** 04/11/2017

## Presenting Information

The SM had a long history of abusing heroin, methamphetamine and marijuana. The SM abused drugs throughout the pregnancy with the SC. On 4/6/2017 the SM overdosed while 29 weeks pregnant, and had to be treated with Narcan. The SC was delivered by a Cesarean Section because the SM's heartbeat stopped during the overdose. The SC suffered a bilateral brain bleed and a perforated bowl. The SC passed away on 4/10/2017 and was pronounced dead at 8:00 PM. The BF's role was unknown.

## Executive Summary

On 4/11/2017, Cortland County Department of Social Services (CCDSS) received a report alleging DOA/fatality, PD/AM and IG against the SM for the SC. This report was subsequent to an open CPS case that began on 4/6/2017. The SC was born premature with a bilateral brain bleed and perforated bowl. The SC lived for four days prior to passing away. It was alleged that the SM's on-going drug use and subsequent overdose led to the SC being born premature with multiple medical issues. In the first 24 hours of the investigation, CCDSS assessed the safety of the SS's. It was determined there were no other children in the custody of the SM and BF.

CCDSS initiated an immediate investigation which included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed. The SM had significant CPS history and both the SM and the BF had a known history of drug and alcohol misuse.

CCDSS contacted the DA's Office and LE and notified them of the fatality report and there was no further investigation into the death as there was no medical documentation to support the allegations and an autopsy was not completed. There was no arrest made.

The SM declined an autopsy and the attending physician did not refer the SC to ME's office. The cause and manner of death listed by the attending physician as prenatal and post natal asphyxiation. CCDSS appropriately UNF the report and Unsub the allegations of IG, PD/AM and DOA/fatality against the SM for the SC. There was no credible evidence to support the allegations that the SM's prenatal drug caused the SC death. The attending physician from the NICU credited complications during the delivery at first hospital for adding to the complications experienced by the SC. However, attending physician was unable after extensive review of all the medical records to confirm the SM's prenatal actions influenced the death of the SC. The SM refused to cooperate with CCDSS and there were no SS's in her custody. The case was closed.

## 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:**

The SM had no chn in her custody.

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

**Explain:**

The SM had no other chn in her care.

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities**

**Incident Information**

**Date of Death:** 04/10/2017

**Time of Death:** 08:00 PM

**County where fatality incident occurred:** Cortland

**Was 911 or local emergency number called?** Yes

**Time of Call:** Unknown

**Did EMS to respond to the scene?** Yes

**At time of incident leading to death, had child used alcohol or drugs?** No

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Born premature complications



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

**Is the caretaker listed in the Household Composition?** No

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	4 Day(s)
Deceased Child's Household	Father	No Role	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)

### LDSS Response

On 4/11/2017, CCDSS received an SCR report alleging DOA/Fatality, PD/AM and IG against the SM for the SC. It was learned the SC passed away at 8 pm on 4/10/2017. This report was subsequent to report that was made to the SCR on 4/6/2017. The SC was born premature at 29 weeks gestation on 4/6/2017, with multiple medical complications. The SC was delivered via a C-section, after the SM was rushed to the hospital for a possible drug overdose. The SM had been treated with Narcan at the hospital with positive results. The SC had to be delivered via emergency C-section, as the SC was in distress and stopped moving. The SC was then transferred to Upstate Medical Centers NICU and subsequently passed away.

CCDSS conducted a thorough 24-hour child fatality assessment and there were 5 SS's. The SM had significant CPS history and the SM did not have legal custody or unsupervised contact with any of the SS's. The SM had given the MGF custody of the two oldest SS's and those SS's had been in his legal custody under an article 6 custody petition since 2011. The SM had given one the SS's up for adoption at birth to her sister. The two youngest SS had been removed via an Article 10 neglect petition twice and the PU had been awarded full custody via an Article 6 custody petition. They had been in his care since 9/9/2014.

All appropriate collateral contacts were made and SCR history check was completed and it was noted that BF had no SCR history. CCDSS completed criminal background checks and found that the BF was on probation for drug related charges. CCDSS spoke with the BF's probation officer. CCDSS made multiple attempts to meet with the SM and the BF to conduct a face to face interview and officer services. The SM and the BF talked with CCDSS on the phone but refused to cooperate with CCDSS and the SM refused services. CCDSS attempted home visits during the investigation and did offer referrals for mental health, trauma services and assistance with burial costs. CCDSS had significant contacts with all medical providers throughout the investigation. It should also be noted that CCDSS prior to the birth of the SC, contacted and offered the SM services.

There was no autopsy completed, the SM declined and the attending physician did not refer to the ME's office. The SC cause and manner of death were determined to be prenatal and post natal asphyxiation. After extensive review of the medical records and multiple conversations with medical personnel CCDSS UNF the investigation and Unsub the allegations for DOA/fatality, PD/AM and IG against the SM for the SC. There was no credible evidence to support the allegations. The attending physician reviewed the medical records and was unable to confirm that the SM's prenatal



actions influenced the SC's death. The case was closed with no other services needed as the SM declined services for herself. The SM had no other children in her care.

### 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:** Hospital physician

### 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

**Comments:** Cortland County Department of Social Services does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
040715 - Deceased Child, Female, 4 Day(s)	040716 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
040715 - Deceased Child, Female, 4 Day(s)	040716 - Mother, Female, 32 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
040715 - Deceased Child, Female, 4 Day(s)	040716 - Mother, Female, 32 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Additional information:**  
The SC died in the hospital.

### 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"/>

### 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"/>



<b>Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	-------------------------------------	--------------------------	--------------------------

**Explain as necessary:**  
 There were no other SS's in the SM's custody at the time of the SC's passing. All for SS's were in the care/custody of relatives. The SM had given Article 6 custody of the two oldest SS's to the MGF and they had been in his custody since 2011 and the SM was not allowed to have unsupervised contact. The two younger SS's were placed in the PU's custody under an Article 10 petition on 9/9/214 and subsequently were granted full custody through Article 6 custody petition.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>

**Additional information, if necessary:**  
 The SC refused services and would not cooperate with CCDSS. The SM had no other children in her care.



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? N/A

**Explain:**

There were no SS's in the care of the SM and they never had any contact with the SC.

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

**Explain:**

Services were offered and referrals made. The SM and the SF refused services.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Had medical complications / infections                 | <input type="checkbox"/> Had heavy alcohol use         |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                    | <input type="checkbox"/> Smoked tobacco                |
| <input type="checkbox"/> Experienced domestic violence                                     | <input checked="" type="checkbox"/> Used illicit drugs |
| <input type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

**Infant was born:**

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record |   |

## 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)
04/06/2017	Deceased Child, Male, 4 Days	Mother, Female, 32 Years	Inadequate Guardianship	Indicated	No
	Deceased Child, Male, 4 Days	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

SCR report received alleging the SM gave birth to the SC on 4/6/2017. The SM was impaired by drugs at the time of the delivery and the SM had visible track marks on her arms and neck. The SM tested positive for marijuana and had a history of amphetamine use. The SC was in distress and an emergency C-section was performed. The SC was delivered



at 29 week's gestation. The SC was rushed to another hospital and was admitted to the NICU. The SC suffered a bilateral brain bleed and a perforated bowl. The BF was listed with no role.

**Determination:** Indicated

**Date of Determination:** 04/12/2017

**Basis for Determination:**

SCR report dated 4/6/2017 was IND and the allegations of IG and PD/AM against SM were Sub for the SC. There was credible evidence to support the allegations. The SM used illegal drugs throughout her pregnancy. The day of the SC birth the SC was rushed to the ER and NARCAN was administered. The SC was in distress and an emergency C-section was performed. The SC was delivered at 29 week's gestation. The SC suffered a bilateral brain bleed and a perforated bowl. Based on conversations with medical personnel and records obtained it is strongly believed the SM's drug use contributed to the SC premature birth and medical complications. This INV was closed. A separate DOA/fatality INV continued.

**OCFS Review Results:**

OCFS found that CCDSS made the appropriate determination based on the information gathered during the investigation.

**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)
05/22/2015	Other Child - cousin to SS, Female, 16 Years	Aunt/Uncle, Female, 44 Years	Inadequate Guardianship	Unfounded	No
	Other Child - cousin to SS, Female, 13 Years	Aunt/Uncle, Female, 44 Years	Inadequate Guardianship	Unfounded	
	Other Child - cousin to SS, Female, 13 Years	Aunt/Uncle, Female, 44 Years	Lacerations / Bruises / Welts	Unfounded	
	Sibling, Male, 6 Years	Aunt/Uncle, Female, 44 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Aunt/Uncle, Female, 44 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Aunt/Uncle, Female, 44 Years	Lacerations / Bruises / Welts	Unfounded	
	Other Child - cousin to SS, Female, 16 Years	Aunt/Uncle, Female, 44 Years	Lacerations / Bruises / Welts	Unfounded	
	Sibling, Male, 6 Years	Aunt/Uncle, Female, 44 Years	Lacerations / Bruises / Welts	Unfounded	

**Report Summary:**

SCR report received alleging PA of the SS's, and the SS's cousins age 16 and age 12 all lived together. The cousin age 16 had behavioral issues and the PA was unable to control and govern the cousin. On multiple occasions the PA and the cousin got into verbal and physical altercations in the presence of the cousin age 12 and the SS's. PA had a history of being physically abusive to all four chn. On more than one occasion the PA had hit and bruised the chn. PU and the SM of the SS's were listed as no role.

**Determination:** Unfounded

**Date of Determination:** 07/20/2015

**Basis for Determination:**

SCR report dated 5/22/15 was UNF and the allegations of IG and L/B/W against PA were Unsub for the SS's and the Cousin's. There was no credible evidence to support the allegations. The Cousin age 16 had on-going behavior issues as the result of a brain injury sustained during surgery for seizures. All family members, as well as appropriate collaterals were contacted and interviewed. The chn deny being hit by the PA and collateral contacts confirm the cousin's behavioral issues. The cousin does act out physically towards her mother(PA) and the PA responds appropriately.



CCDSS provided PA with referrals for community based services and closed the investigation with no other services needed.

**OCFS Review Results:**

OCFS found that CCDSS made the appropriate determination based on the information gathered during the investigation.

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)
08/04/2014	Sibling, Male, 4 Years	Mother, Female, 29 Years	Inadequate Guardianship	Indicated	No
	Sibling, Male, 4 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 2 Years	Mother, Female, 29 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 2 Years	Father, Male, 32 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 2 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 4 Years	Father, Male, 32 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

SCR report received alleging SM and an unrelated home member who parties with her and frequents the home had been using heroin for three days while caring for the SS's. The report alleged the SM was not adequately caring for the SS's while high on heroin. The BF's role was unknown.

**Determination:** Indicated

**Date of Determination:** 10/09/2014

**Basis for Determination:**

SCR report dated 8/04/14 was IND and the allegations of IG and PD/AM against SM for the SS's were Sub. The allegation of IG against the BF was Sub for the SS's. There was some credible evidence to support the allegations. The BF was arrested for drug related charges and was in jail. The BF was facing 4 to 18 years in prison as a repeat offender. Both the SM and the BF were in violation of the Family Court order of Supervision and the SS's were removed on 9/8/2014. Both parents failed to provide a minimum degree of care for the SS's; as they had a pattern of using illegal drugs that negatively impacted their ability to make decisions, supervise, protect and care for their chn.

**OCFS Review Results:**

OCFS found that CCDSS made the appropriate determination based on the information gathered during the investigation.

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)
04/30/2014	Sibling, Male, 4 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Male, 4 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 4 Years	Father, Male, 38 Years	Inadequate Guardianship	Unfounded	



Sibling, Male, 2 Years	Father, Male, 38 Years	Lack of Supervision	Unfounded
Sibling, Male, 4 Years	Mother, Female, 29 Years	Lack of Supervision	Unfounded
Sibling, Male, 2 Years	Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded
Sibling, Male, 2 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 2 Years	Mother, Female, 29 Years	Lack of Supervision	Unfounded
Sibling, Male, 2 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 4 Years	Father, Male, 38 Years	Lack of Supervision	Unfounded
Sibling, Male, 2 Years	Father, Male, 38 Years	Inadequate Food / Clothing / Shelter	Unfounded
Sibling, Male, 4 Years	Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded
Sibling, Male, 4 Years	Father, Male, 38 Years	Inadequate Food / Clothing / Shelter	Unfounded
Sibling, Male, 4 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 2 Years	Father, Male, 38 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 2 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Unfounded

**Report Summary:**

SCR report received alleging SM and the BF were overwhelmed with the care of SS's now age 8 and 5; and repeatedly ask others to come and take care of them. The SM recently barricaded herself in the bedroom leaving the chn without supervision. The SM sells her food stamps so she can purchase drugs resulting in there being no food for the chn. The SM uses illegal drugs to the point of impairment while caring for the chn. The SM was performing sexual acts with random men in exchange for drugs.

**Determination:** Unfounded

**Date of Determination:** 07/15/2014

**Basis for Determination:**

SCR report dated 4/30/14 was unfounded and the allegations of IG, LS, IF/C/S and PD/AM against SM and the BF are Unsub for the SS's. There is no credible evidence to support the allegations. The SM and the BF were under a Family Court order of supervision and knew that anyone being asked to watch their chn must be approved by DSS. The SM and the BF deny that the SM barricaded herself in the bedroom. The BF was the primary caretaker of the chn and both parents state the chn were never left alone. CCDSS observed there was plenty of food in the home. The BF tested clean and continued to test clean for drugs. SM did test positive on 5/2/14 but the chn were not in her care.

**OCFS Review Results:**

OCFS found that CCDSS made the appropriate determination based on the information gathered during the investigation.

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

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



FSI opened 10/6/09 and closed on 10/30/09 at the SM's request.

10/21/10-Allegations of PD/AM and IG were Unsub against the BF and the SM for the SS's.

6/21/2011-Allegations of PD/AM, IF/C/S, LMC and IG against the BF and the SM were Unsub for the SS's.

10/5/2011-Allegations of IF/C/S, LMC and IG against the PGF were Unsub for the SS's. The SM was listed with no role.

10/27/11-Allegations of Other/COI against the BF and the SM were Unsub for the SS's.

5/10/12-Allegations of PD/AM and IG against the SM and the BF were Unsub for the SS's.

10/17/12-Allegations of IF/C/S, PD/AM and IG against the SM and the BF were Sub for the SS's.

04/10/13-Allegations of L/B/W and IG against the PA were Unsub for the SS's. The SM was listed with no role.

1/18/14-Allegations of L/B/W and IG against the SA were Unsub for the SS's. The SM was listed with no role.

### Known CPS History Outside of NYS

There was no known history outside of NYS.

### Required Action(s)

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

Yes  No

### Preventive Services History

On 2/13/2014 the SS's now age 8 and 5 were returned to SM and BF care after being in non-DSS custody/Relative placement from 11/20/12 to 2/13/2014. A preventive case was opened on 2/13/2014 with PPG's of Protective, Preventive Mandated and Prevent Return to Placement. A Family Court Order of Supervision was in effect until 11/1/2014. The following services were being provided to both the SM and the BF, parent training, case management and drug counseling/treatment. The SM was also receiving MH treatment.

On 9/8/2014 the SS's were removed and placed with the PU and PA and a violation of the order was filed in Family Court. On 9/9/2014 the Judge ordered the SS's remain in the care of the PU and the PA. The Pu and the PA filed for and were granted custody under an Article 6 custody petition. The BF was in jail and the SM was no longer cooperating with services. On 11/11/2014 the case was closed as it was determined that the SS's achieved permanency through an Article 6 with their PU and services were offered to the PU and he declined. The preventive services case was closed.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<input type="checkbox"/>	<input checked="" 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



On 10/19/2012 SS's now age 8 and SS 5 were removed via an Article 10 petition and placed in care. At the time of the SS's placement the BF of the SS's was incarcerated. On 11/20/2012 the SS's were placed in non-DSS custody/relative placement with the Paternal Uncle and Aunt with a PPG of return to parent. The SS's were placed in care due to on-going drug use and unstable housing. The SM had left the SS's with a friend and never returned to get the them. When the BF was released from jail an article 10 petition was filed against him as well. The SM and the BF worked closely with CCDSS and the SS's were returned to their care on 2/13/2014 with PPG's of Protective, Preventive Mandated and Prevent Return to Placement. A Family Court Order of Supervision was in effect until 11/1/2014. On 9/8/2014 the SS's were removed and placed with the PU and PA and a violation of the order was filed in Family Court. On 9/9/2014 the Judge ordered the SS's remain in the care of the PU and the PA. The Pu and the PA were granted custody under an Article 6 custody petition. 11/11/2014 the case was closed as it was determined that the SS's achieved permanency through an Article 6 with their PU. LCDSS met all NYS foster care regulations and requirements pertaining to casework contacts, frequency of visits for the SM and the BF and providing services to the family.

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

**Recommended Action(s)**

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Are there any recommended prevention activities resulting from the review?**  Yes  No