



**Report Identification Number: SY-17-047**

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

**Issue Date: Mar 23, 2018**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<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	OA-Other Adult	
<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
CPS-Child Protective Services		
<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
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Broome  
**Gender:** Male

**Date of Death:** 10/09/2017  
**Initial Date OCFS Notified:** 10/09/2017

## Presenting Information

On 10/9/2017, 14yo SS was caring for the SC while the parents were at the Laundromat. The SC was on a mattress on his stomach. At some point the 14yo SS found the SC unresponsive and called over to the parents. The parents brought the SC to the Fire Department, which was located next to the residence. The SC was not able to be revived and was transported to the hospital. The SC was pronounced dead at the hospital. There was no explanation for the SC death. The home presented as a serious health concern. The home was extremely filthy and there were flies throughout the home. The toilet was overflowing with feces.

## Executive Summary

An SCR report and a duplicate report were received on 10/9/2017, an additional duplicate report was received on 10/19/2017, with the allegations of DOA/fatality and IG against the SF and the SM regarding the death of the 4-month-old SC. There was an additional allegation of IG for all the SS due to the unhealthy home conditions. Broome County Department of Social Services (BCDSS) initiated an immediate investigation that included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed. BCDSS questioned the SF and the SM about drug or alcohol misuse. The parents denied any substance abuse no credible evidence was to the contrary.

In the first 24 hours of the investigation BCDSS assessed the safety of all the children in the household. BCDSS interviewed all family members and observed the SS at the home of a friend of the SM. The SS were determined to be safe. The SM, the SF and the SS were staying with the friend for the night. BCDSS arranged for temporary housing for the family.

BCDSS assessed the home environment and the home failed to meet the housing authority guidelines and was deemed unsafe for the SS. BCDSS offered referrals for bereavement counseling and assistance with burial expenses.

It was learned through interviews with the SF, SM and the 14yo SS the family while they had been informed about safe sleep practice, the SC slept in an unsafe sleep environment on a regular basis. BCDSS appropriately discussed safe sleep with the parents. The SM stated she had received safe sleep information when the SC was born.

BCDSS interviewed all family members and LE about the events of that day. There were some minor discrepancies between what was told to LE and to BCDSS. LE viewed some video from outside the home and this cleared up some of the discrepancies. BCDSS could piece together the events of that day based on information provided from LE, the 14yo SS, the SM and the SF. The 14yo SS was caring for the baby and the SS while the SM and the SF were across the street from the residence at the laundromat. It is unclear exactly when the SF and the SM left the residence. The 14yo SS stated he woke up at 7 AM that morning and woke the SC who was sleeping on a mattress on the floor next to his bed. He fed the SC and brought him downstairs. The 14yo SS said he cleaned the SC up and placed the SC on his stomach on the bed in the living room where his parents sleep. The 2yo SS and the 1yo old SS were on that bed also. He reported everyone was watching tv. The 2yo SS and the 8yo SS were upstairs in their room. The 2yo SS and the 1yo SS fell asleep and at 12:00 pm the 14yo SS fed the SC a bottle and had changed him. At 12:40 he went to get the baby up and the baby was unresponsive. He went to get his parents outside. The SM went next door to the fire station and rang the bell. The SM told the fireman the baby was unresponsive. The fireman followed the SM back to the residence and the SF was holding the baby. The fireman took the baby back to the firehouse where he began CPR and called 911. The SC was transported to the hospital and was pronounced dead at 4:03PM.



The final autopsy report was pending at the time of the writing of this report. The preliminary report from the ME noted the cause and manner of death were still pending. There were no signs of abuse or neglect. The ME reported the SC was a little underweight and appeared dehydrated.

The INV remained undetermined at the time of the writing of this report. However, BCDSS had opened a Family Services case and was continuing to work with the family. BCDSS continued to gather information and to offer services to all family members. On 1/31/2018 a subsequent report was received from the SCR about the 14yo SS and this report was still under investigation at the time of the writing of this report.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? N/A
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

BCDSS had not made a determination about the INV, case remained open at the time of the writing of this report.

Was the decision to close the case appropriate? N/A

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

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

### Explain:

BCDSS had not yet made a determination about the INV but had completed an FSI and FSS and referred for services. BCDSS was waiting for the final autopsy at the time of the writing of this report.

## 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:** 10/09/2017

**Time of Death:** 04:03 PM

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

Unknown

**County where fatality incident occurred:**

Broome

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

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Yes

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

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**How long before incident was the child last seen by caretaker?** 45 Minutes

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1

**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		3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	8 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)

### LDSS Response

BCDSS conducted a joint investigation with LE. The SM, the SF, the 14yo SS were interviewed on 10/9/2017 about the events leading up to the SC death. The 14yo SS was caring for the SC and the SS while the SF and the SM were across the street at the laundromat. The SC was asleep in the 14yo SS room on a twin mattress placed next to the bed of the 14yo SS.



The 14yo SS stated he fed the SC at 7AM when he woke up and changed him. He then took the SC downstairs and placed the SC on his stomach on his parents' bed in the living room. The 2yo SS and the 1yo SS were also on the bed. They were watching TV and fell asleep. At 12:00 PM the 14yo stated he fed the SC a bottle and put him back down on his stomach on the bed and went to do dishes. The 2yo SS and 8yo SS were upstairs in their bedroom at the time. The 14yo old SS said he fed the baby again at 12:00 PM. The 14yo SS stated he went to get the SC up at 12:40 PM and the SC was unresponsive. He stated he went outside to get the parents and when they came back in the SM went next door to the fire station and rang the bell. A fireman came to the house and brought the baby back to fire station began CPR and called 911. There were discrepancies in the time line provided by family members. The medical records and interviews with first responders gave a more accurate time line as follows. The SC was transported to the hospital and was pronounced dead at 4:03 PM. LE shared with BCDSS that video cameras in the area showed the 14yo SS come out side to the laundromat to get parents. ER documentation obtained by BCDSS stated that the SC arrived at the hospital at 3:50PM and EMS had started CPR at 3:43PM and the SC was pronounced dead at 4:03 PM.

BCDSS appropriately assessed the safety of the SS in the first 24 hours of the investigation. The SM, the SF and the SS were staying at a friend's home as their apartment was not safe to return to. BCDSS followed up with the housing authority and the apartment did not pass their guidelines. BCDSS assisted the family in obtaining temporary housing. The SS were determined to be safe with the SM and the SF. The SM and the SF admitted that they had received information about safe sleep at the time the SC was born. The SM stated the SC had out grown the bassinet and she had planned on buying a pack-n-play when she got paid. BCDSS appropriately discussed safe sleep with the SM and supplied her with a pack-n-play for the 1yo SS. BCDSS offered bereavement referrals to all family members. BCDSS interviewed all appropriate collaterals, family members and obtained signed releases for records. BCDSS obtained and reviewed all records received. There were no noted concerns for the safety of the SS listed in the home. BCDSS opened a family services case to assist the family with housing, daycare and preventive services.

An Autopsy was done and the manner and cause of death were still pending at the time of the writing of this report. The ME reported there were no injuries or signs of abuse/maltreatment of the SC. No arrests were made. The allegations of DOA/fatality and IG for the SC and IG for the SS were pending and the case remained undetermined at the time of the writing of this report. On 1/31/2018, BCDSS received a subsequent report about the 14yo SS and that case remained under investigation at the time of the writing of this report.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
044343 - Deceased Child, , 3 Mons	044345 - Father, Male, 26 Year(s)	DOA / Fatality	Pending
044343 - Deceased Child, , 3 Mons	044345 - Father, Male, 26 Year(s)	Inadequate Guardianship	Pending
044343 - Deceased Child, , 3 Mons	044344 - Mother, Female, 31 Year(s)	DOA / Fatality	Pending
044343 - Deceased Child, , 3 Mons	044344 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Pending



# Child Fatality Report

044347 - Sibling, Male, 14 Year(s)	044345 - Father, Male, 26 Year(s)	Inadequate Guardianship	Pending
044348 - Sibling, Female, 8 Year(s)	044345 - Father, Male, 26 Year(s)	Inadequate Guardianship	Pending
044349 - Sibling, Female, 2 Year(s)	044345 - Father, Male, 26 Year(s)	Inadequate Guardianship	Pending
044350 - Sibling, Male, 2 Year(s)	044345 - Father, Male, 26 Year(s)	Inadequate Guardianship	Pending
044351 - Sibling, Male, 1 Year(s)	044345 - Father, Male, 26 Year(s)	Inadequate Guardianship	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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harm, were the safety interventions, including parent/caretaker actions adequate?				
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

**Explain:**  
BCDSS had not yet made a determination in this investigation at the time of the writing of the report. BCDSS had not completed the RAP.

### Placement Activities in Response to the Fatality Investigation

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

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other, specify: Preventive services and a pack-n-play							

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

Explain:

BCDSS offered bereavement, burial and preventive services to the family.

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

Explain:

Bereavement and burial services were provided to the family

### 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? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? No

#### Infants Under One Year Old

During pregnancy, mother:

Had medical complications / infections

Had heavy alcohol use



- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- 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)
02/10/2017	Sibling, Female, 4 Years	Mother, Female, 31 Years	Other	Unfounded	No
	Sibling, Female, 4 Years	Aunt/Uncle, Female, 43 Years	Other	Unfounded	

**Report Summary:**

This was a COI for Broome County Family with allegation of "other" refers to Court Ordered Investigation.

**Determination:** Unfounded**Date of Determination:** 04/12/2017**Basis for Determination:**

This allegation of other was Unsub against the SM and MA for a SS who had been living with the MA since birth. It was an informal arrangement made between the SM and the MA. However, now that the SS was getting ready to go to school the MA went to Family Court to file for official custody of the SS. All family members were interviewed and the INV was Unf and closed with no services required.

**OCFS Review Results:**

OCFS found that Broome County Department of Social Services 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)
08/12/2016	Sibling, Male, 12 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Male, 4 Months	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 12 Years	Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 7 Years	Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 1 Years	Father, Male, 25 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 4 Months	Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 12 Years	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	



Sibling, Female, 7 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 7 Years	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 1 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 1 Years	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 4 Months	Mother, Female, 30 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 4 Months	Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 1 Years	Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 12 Years	Father, Male, 25 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 7 Years	Father, Male, 25 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

SCR report received on 8/12/2016 and a duplicate received on 9/15/2016, alleging that the SM and the SF drank alcohol to the point of impairment while caring for the five children. The SM smelled of alcohol and had an unsteady gait. The unrelated home was listed with unknown role.

**Determination:** Unfounded

**Date of Determination:** 05/11/2016

**Basis for Determination:**

The allegations for IG and PD/AM were Unsub against the SM and the SF. There was no credible evidence to support the allegation. Based on interviews with all family members and CDSS home visits and observations there was no evidence that the SM and the SF were impaired to the point they were not able to care for the SS. Collaterals were contacted and the SM was receiving in home services with HFNY and there were no noted concerns for the SS. The family moved to Broome County prior to case closing. The INV was Unf and closed-referred to community based services.

**OCFS Review Results:**

OCFS found that Dutchess County Community and Family Services 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)
01/19/2016	Sibling, Male, 14 Years	Mother, Female, 30 Years	Educational Neglect	Unfounded	No

**Report Summary:**

SCR report received alleging that the 13yo SS now age 15 had missed 11 days of school and was late 11 days. The SM took the SS out of school and had not registered the SS in a new school.

**Determination:** Unfounded

**Date of Determination:** 03/17/2016

**Basis for Determination:**

Dutchess County Community and Family Services learned that the family recently moved from Broome County and in fact had registered the 13yo SS in school and the SS was attending school. The allegation of EdN was Unsub against the SM for the 13yo old SS and the investigation was closed with no further services needed.

**OCFS Review Results:**

OCFS review determined that the DCCFS gathered sufficient information to make a determination in this 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)
04/06/2015	Sibling, Male, 2 Days	Mother, Female, 28 Years	Inadequate Guardianship	Indicated	No
	Sibling, Male, 2 Days	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

The SM had a positive toxicology for marijuana. The SM admitted to using marijuana during her pregnancy. The SM had a history of depression and anxiety. The fathers of SS were listed with no role.

**Determination:** Indicated

**Date of Determination:** 05/29/2015

**Basis for Determination:**

The newborn SS toxicology was negative. Both parents admitted to marijuana use but agreed to no longer use illicit drugs. The parents were referred for evaluations. The SM tested negative for any illicit drug use and was not recommended for services at the time. The SF did not complete the evaluation process. WCDSS, through home visits and contact with collaterals, had no evidence of ongoing drug misuse. The SM had WIC for the SS and was in counseling with her the 12yo SS and the 5yo. The SS were interviewed and observed and there were no noted safety concerns. The allegations against the SM of IG and PD/AM for the newborn SS Sub. The INV was closed-referred to community based services.

**OCFS Review Results:**

OCFS found that Westchester County Department of Social Services 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)
03/18/2015	Sibling, Male, 12 Years	Mother, Female, 28 Years	Lack of Medical Care	Unfounded	No
	Sibling, Male, 12 Years	Stepfather, Male, 23 Years	Lack of Medical Care	Unfounded	
	Sibling, Male, 12 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 12 Years	Stepfather, Male, 23 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 5 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

SCR report received on 3/18/2015 and a duplicate received on 3/31/2015, alleged that SS now age 15yo had poor hygiene. The SS had witnessed his BF shoot the SM and PS in June of 2014. The SS had suffered from nightmares and when he attended school he could barely stay awake. The SM had been contacted several times but made excuses and had not followed through with treatment for the SS.

**Determination:** Unfounded

**Date of Determination:** 05/08/2015

**Basis for Determination:**

The allegations for IG and LMC were Unsub against the SM and the SF (parent sub in this case) for the SS. There was no credible evidence to support the allegation. The SM had been cooperating with treatment for the SS. The SS takes a



shower every day and had his own deodorant he used both home and at school. The SM and the PS came up with a plan for the SS and was fully cooperating with the school. The INV was Unf and closed-referred to community based services.

**OCFS Review Results:**

OCFS found that Westchester County Department of Social Services 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)
12/03/2014	Sibling, Male, 12 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Male, 12 Years	Stepfather, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 12 Years	Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 12 Years	Stepfather, Male, 23 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

SCR report received on 12/03/2015, alleging that SS now age 15yo had poor hygiene and wore the same dirty clothes. The SS was reported to be unwashed and with a strong smell.

**Determination:** Unfounded

**Date of Determination:** 01/10/2015

**Basis for Determination:**

The allegations for IG and IF/C/S were Unsub against the SM and the SF (parent sub in this case) for the SS. Based on interviews with all family members and contact with all appropriate collaterals, there was no credible evidence to support the allegation. The SM had a washing machine and was observed washing the chn's clothes. The SS hygiene improved. The SM with the assistance of WCDSS obtained counseling for the SS, who had witnessed a crime against the SM by his BF and was depressed. The case was Unf and closed-referred to community based services.

**OCFS Review Results:**

OCFS found that Westchester County Department of Social Services 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**

SCR report dated 7/29/2003, for of IG and IF/C/S against the SM for a 1yo SS, now age 14. The allegations of IG was SUB and the allegation of IF/C/S was Unsub. The case was IND and closed for voluntary services.

SCR report dated 6/27/2007 and dup 7/30/2007, for of IG and LS against the SM and PS for the 4yo SS. The allegations were Sub against the SM and the PS case was IND and closed-referred to community based services.

7/29/2007 Add Info-closed.

SCR report dated 9/26/2007, for of XCP, L/B/W, IG against the SM for the 4yo SS. The allegations were Unsub. The case was Unf and closed.

SCR report dated 3/25/2009 and a dup 5/8/2009 with allegations of IG, LS, PD/AM against the SM for the SS. Allegations were Sub and the case was IND and opened-CPS required.

6/8/2009 FSS opened.

SCR report dated 3/10/2010 allegation of other against the SM for SS. Case UNF-opened for services.

SCR report dated 7/28/10, COI the SM had a child(SS) and gave full custody to a relative.



SCR report dated 3/25/11, for IG and LS against the SM for SS. Case was Unf-case already open services.

SCR report dated 1/12/2013, for IG for SS against SM. Case was UNF and closed.

SCR report dated 7/25/2013, for IG and LS for SS against SM. Case was UNF and closed.

9/23/2013 FSI opened and closed.

SCR report dated 4/3/2014, for IG and XCP against SM. Case was UNF and closed.

SCR report dated 6/6/2014, for IG against SS"s BF. The case was IND and closed against BF-the SM no role.

SCR report dated 8/7/2014, SM no role.

### Known CPS History Outside of NYS

There was no CPS history outside of NYS.

### Preventive Services History

A BCDSS family services case was open from 6/09 to 12/11 for the SM and the two older SS. The SM arranged for her children to stay with a friend. The friend was granted temporary custody under an article 6 custody petition from Broome County Family Court. The SM had a finding of neglect on 11/17/09 in Broome County Family Court. The SM was mandated by the Court to undergo a mental health evaluation and a drug/alcohol evaluation. The SM completed both evaluations and there was no recommendation for further treatment. The SM cooperated with BCDSS and was involved in preventive services and participated and completed parenting classes. The Family Court Judge granted the SM custody of SS on 3/23/10 with court ordered services. The court ordered services ended on 6/30/2010. The Family services case was not closed until 12/11.

### 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