



## Report Identification Number: SY-22-008

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

Issue Date: Jul 25, 2022

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 year(s)

**Jurisdiction:** Onondaga  
**Gender:** Male

**Date of Death:** 02/11/2022  
**Initial Date OCFS Notified:** 02/11/2022

## Presenting Information

A 7065 Reporting Form was submitted which stated the one-year-old subject child died due to complications of Menkes Disease. The disease was genetic and the child's death was expected.

## Executive Summary

This fatality report concerns the death of a one-year-old male subject child that occurred on 2/11/22. The child died during an ongoing mandated services case that was initiated by Onondaga County Department of Social Services (OCDSS) on 7/28/21. This services case was opened in response to an indicated Child Protective Services investigation that resulted in concerns of domestic violence and the mother's ability to successfully care for her children. A completed 7065 Reporting Form regarding the child's death was sent to OCFS on 2/14/22. An autopsy was not completed; however, the death certificate noted the cause of death as "Menkes Disease." A manner of death was not listed.

At the time of the child's death, he resided with his mother. The child's father was homeless, and due to physical and verbal abuse toward the mother, an order of protection was in place preventing the father from contact with the mother and the subject child. There were two surviving siblings, ages seven and nine years old, who resided with their biological father (BF2) at his residence. Information gathered by OCDSS surrounding the child's death revealed that the subject child was born with a genetic condition called Menkes Disease. This disease caused the subject child's nervous system to deteriorate, as well as significant developmental delays, seizures, and an inability to gain weight. The disease was generally fatal and the subject child's prognosis was poor. At the time of OCDSS' involvement, the subject child was receiving hospice services and palliative care in his home, which included visiting nurses, a social worker, and a family psychiatrist. Throughout the services case, the subject child's condition progressively deteriorated, and end-of-life care began on 2/7/22. The child succumbed to the disease on 2/11/22 and was pronounced deceased at 2:54AM.

When OCDSS learned of the subject child's death, they promptly assessed the safety of the surviving siblings and provided grief and bereavement service referrals to the family. There was no criminality found on behalf of any of the caregivers, nor was there a reasonable cause to suspect the mother's actions or inaction led to the fatality. OCDSS gathered all available information surrounding the incident, and the services case remained open an ongoing to further address additional needs within the family.

### PIP Requirement

This review resulted in a citation related to casework practice. In response, OCDSS will submit a PIP to the Regional Office within 30 days of receipt of this report. The PIP will identify what action(s) the OCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, OCDSS will review the plan(s) and revise as needed.

## 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? N/A

**Determination:**

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

This was not an SCR reported fatality.

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:**

The case record reflected supervisory consultations throughout the case. The level of casework activity was commensurate with the case circumstances.

**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: 02/11/2022

Time of Death: 02:54 AM

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

County where fatality incident occurred: Onondaga

Was 911 or local emergency number called? No

Did EMS 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

At time of incident was supervisor impaired? Not impaired.



**At time of incident supervisor was:**

- Distracted
- Asleep

- Absent
- Other:

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

**Children ages 0-18: 1**

**Adults: 0**

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	1 Year(s)
Deceased Child's Household	Mother	No Role	Female	32 Year(s)
Other Household 1	Other Adult - BF of SSs	No Role	Male	32 Year(s)
Other Household 1	Sibling	No Role	Female	9 Year(s)
Other Household 1	Sibling	No Role	Female	7 Year(s)
Other Household 2	Father	No Role	Male	37 Year(s)

**LDSS Response**

On 2/14/22, OCDSS submitted a completed 7065 Reporting Form to OCFS regarding the death of SC, which occurred on 2/11/22. OCDSS had been involved with the family since 7/28/21, after a mandated preventive services case was opened to assist BM with navigating the plethora of service agencies involved in the care of SC. Additionally, the case addressed previous domestic violence in the household, due to BF physically and verbally abusing BM in the presence of the CHN.

OCDSS was aware SC suffered from a congenital disease that caused the deterioration of his nervous system, seizures, and developmental delays. Medical providers noted the disease was also associated with SC's previous diagnoses of failure to thrive. SC was considered medically fragile and required a feeding tube. Medical documentation noted that most children diagnosed with the disease do not live past age 3, and OCDSS and the family were aware of SC's poor prognosis. SC received services from several providers, which included occupational therapy, physical therapy, speech therapy, hospice nurses, a hospice social worker, and additional palliative care staff.

The case record reflected SC's health began declining significantly in November 2021, after he contracted a virus. On 2/7/22, OCDSS spoke with the hospice social worker who explained SC's condition was "very poor" and his death was "imminent." On that same date, BM informed OCDSS that SC's feeding tube was removed, and he began receiving pain medication every few hours to ensure his comfort.

On 2/11/22, OCDSS received a phone call from the hospice social worker who advised SC had died that morning at 2:54AM. The social worker explained BM was present, and she allowed BF to say his goodbyes when the time of death neared.

On 2/12/22, OCDSS completed a home visit to BM's residence to assess the safety of the SSs. BM reported the SSs were at her home visiting and were grieving, therefore, did not want to interact with OCDSS. OCDSS was able to observe the SSs and noted no visible safety concerns for them or the home environment.

Throughout the services case, OCDSS maintained regular contact with all providers involved with SC's treatment. There were no concerns noted surrounding BM's care of SC or the other CHN, and the providers reported she worked



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cooperatively and followed all recommendations to the best of her abilities. OCDSS received the death certificate, which noted SC's cause of death as "Menkes Syndrome." Information gathered noted SC's death was due to his genetic condition, and there was no reasonable cause to suspect any abuse or maltreatment occurred. OCDSS offered the family referrals for grief and bereavement services following the fatality. The services case remained open and ongoing at the time this report was issued.

### 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:** Other physician

### Multidisciplinary Investigation/Review

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

**Comments:** This fatality was submitted for review by the Onondaga Child Fatality Review Team.

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

OCDSS interviewed the family and appropriate collateral sources surrounding the fatality. The majority of progress notes were entered more than one month past event dates.

### 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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**  
This was not an SCR reported fatality, therefore, safety assessments were not required.

**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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**  
This was not an SCR reported fatality and a RAP was not required.

**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"/>

**Explain as necessary:**  
The surviving siblings did not need to be removed as a result of this fatality.

**Legal Activity Related to the Fatality**



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

Have any Orders of Protection been issued? No

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Other, specify: Preventive Services

**Additional information, if necessary:**

OCDSS provided the family with bereavement counseling referrals and information on assistance with funeral costs. The parents and siblings were engaged in grief counseling by the close of the investigation. Prevention services remained open and ongoing at the time of this writing.

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:**

Grief and bereavement services were facilitated for the surviving siblings.

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



**fatality?** Yes

**Explain:**

The mother continued to engage in preventive services following the death of the child.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	Yes

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/11/2021	Deceased Child, Male, 9 Months	Father, Male, 36 Years	Fractures	Unsubstantiated	Yes
	Deceased Child, Male, 9 Months	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 9 Months	Father, Male, 36 Years	Internal Injuries	Unsubstantiated	
	Sibling, Female, 6 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Father, Male, 36 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Other Adult - SSs' BF, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 6 Years	Other Adult - SSs' BF, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Male, 9 Months	Mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Male, 9 Months	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	



Sibling, Female, 9 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated
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**Report Summary:**

This SCR report was received with concerns that for the past 2 years, the CHN had chronic headlice infections and there was also a bed bug infestation in the home and BM failed to take adequate measures to remedy the situation. Three subsequent reports were received with the following additional concerns: that BF assaulted BM in the presence of the CHN; the CHN were missing meals and were sleeping on the floor because they did not have beds; on 7/9/21, SC was hospitalized due to dehydration and doctors found a skull fracture on his parietal bone as well as trauma to his abdomen and fluid around his liver.

**Report Determination:** Indicated **Date of Determination:** 08/11/2021

**Basis for Determination:**

OCDSS interviewed family members and collateral sources. The SSs disclosed observing BF abuse BM, which included hitting, pushing, and throwing objects. The SSs also reported the younger SS was pushed by BF at least once. OCDSS observed the homes of BM and BF2 to be appropriate with bedding, ample food and no signs of infestation. SC was diagnosed with Menkes disease, and the doctors opined the fracture and fluid may have been due to the condition; however, they could not be certain. OCDSS filed a petition for direct preventive services in family court and OPs were issued protecting BM and the CHN from BF. BF2 petitioned for custody of the SSs, which was granted. The INV was indicated, and the services case was opened.

**OCFS Review Results:**

The record did not reflect the concerns surrounding the bed bugs and lice infestations were explored with BM or the eldest SS. The record did not reflect the eldest SS's school was contacted as a collateral source. OCDSS observed several scratches on the younger SS and BF2 reported the pediatrician said the scratches were from bug bites; however, the record did not reflect OCDSS spoke with the pediatrician surrounding such. OCDSS also did not speak with the pediatrician surrounding SC.

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

**Issue:**

Pre-Determination/Nature, Extent and Cause of Any Condition

**Summary:**

The record did not reflect the concerns surrounding the bed bugs and lice infestations were explored with the mother or the eldest surviving sibling.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(c)

**Action:**

Prior to making a determination of a report of abuse and/or maltreatment, the investigation conducted by the child protective service shall include a determination of the nature, extent and cause of any condition enumerated in the report.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The record did not reflect any attempts to speak with the eldest surviving sibling's school or the pediatrician who allegedly had information surrounding scratches from bug bites found on the younger surviving sibling. There were also no documented attempts to speak with the subject child's pediatrician regarding his extensive medical needs.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

OCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.



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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/11/2019	Sibling, Female, 7 Years	Mother, Female, 30 Years	Choking / Twisting / Shaking	Unsubstantiated	Yes
	Sibling, Female, 7 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

This SCR report was received with concerns that BM grabbed the older SS by the neck and choked her for an unknown reason.

**Report Determination:** Unfounded**Date of Determination:** 01/09/2020**Basis for Determination:**

OCDSS interviewed BM, who denied the allegations. The SSs were observed to be free from suspicious marks and bruises. There were no concerns noted by the older SS's school or BM's service provider. The investigation was unfounded and closed.

**OCFS Review Results:**

The record did not reflect that the younger SS was interviewed, or that the older SS was asked about the allegations. During the investigation, it was noted a shooting occurred involving individuals who were staying at BM's home, with further concerns those individuals were selling drugs out of the residence. The record noted OCDSS was concerned for BM and the SSs safety due to possible retaliation for the shooting. There was no other documented information surrounding these individuals or the incidents mentioned, and it could not be determined if an SCR report should have been registered because of such. The record did not reflect any attempts to speak with BF2.

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

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

The record did not reflect any attempts to interview the younger surviving sibling or the biological father of the surviving siblings.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

OCDSS will make efforts to interview all persons named in a report, who may have been present during what was alleged in the report, and/or may have information pertinent to the safety and well-being of children that reside in the home.

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

OCDSS discovered a shooting occurred involving unrelated individuals who frequented the family home, as well as further concerns those individuals were selling drugs out of the residence. The record noted OCDSS was concerned for the mother and children's safety due to possible retaliation attempts by the shooting victim. The record did not contain any further documented information surrounding these individuals or the incidents mentioned, and it could not be determined if an SCR report should have been registered because of such.

**Legal Reference:**

18 NYCRR 432.2 (b)(3)(iii)(b)

**Action:**

Prior to making a determination, OCDSS shall include an assessment of the current safety and the risk of future abuse and maltreatment to the child(ren) in the home and documenting such assessment.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/25/2019	Sibling, Female, 4 Years	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 4 Years	Mother, Female, 30 Years	Lack of Supervision	Substantiated	

**Report Summary:**

This SCR report was received with concerns that on 7/25/19, BM left the younger SS unattended while visiting a friend's home for an extended period. During that time, the SS was found hanging out of an unsecured 2nd story window with an unrelated 18mo CH. Both CHN, along with an unrelated 10mo CH, were left unsupervised while BM and her friend were asleep in a bedroom. The SS allowed a stranger into the home without any adults being aware. Attempts to awaken the adults in the home were unsuccessful and police were contacted.

**Report Determination:** Unfounded

**Date of Determination:** 09/23/2019

**Basis for Determination:**

OCDSS asked BM if she ever left her CHN unsupervised and she denied doing so. The eldest SS was interviewed and denied ever being left home alone. BM's home was observed and assessed as safe. The younger SS did not disclose safety concerns and was free from suspicious marks and bruises. The case was indicated and closed.

**OCFS Review Results:**

The record did not reflect the allegations in the report were explored. BM was briefly interviewed about supervision; however, OCDSS did not ask BM about the reported incident throughout the entirety of the case. The SSs were interviewed, but they, too, were not asked about the reported incident, nor was general safety discussed. The record noted BM could not be roused from sleep until police arrived and woke her; however, this was not explored further with BM or the CHN. BM reported she had a service worker she saw regularly, but the record did not reflect that OCDSS contacted this worker as a collateral source. The safety assessments were inaccurate, the record did not reflect RAP questions were fully explored, pertinent collateral sources were not contacted, OCDSS did not review window safety with BM, and OCDSS did not offer assistance to the BM when she reported having difficulty completing health insurance applications for the SSs.

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

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

The record did not reflect the allegations in the report were explored. BM was briefly interviewed about supervision of the children; however, OCDSS did not ask BM about the reported incident throughout the entirety of the case. The SSs were interviewed, but they, too, were not asked about the reported incident, nor was general safety discussed. The record noted BM could not be roused from sleep until police arrived and woke her; however, this was not explored further with BM or the children. BM reported she had a service provider she saw regularly, but the record did not reflect that OCDSS contacted this worker as a collateral source. The safety assessments were inaccurate. The initial safety assessment was noted as a safety decision 2, when it should have been a 3 and a safety plan implemented to protect the children while more information was gathered. The safety assessments did not include any information surrounding the eldest SS. Although the RAP was completed, the record did not reflect the RAP questions were explored fully with the family and/or collateral sources. There were no documented attempts to speak with the BM's friend as a collateral source, nor the law enforcement officers who responded to the friend's home on the date of the reported incident. It remained unknown where the eldest SS was during the incident. OCDSS did not review supervision or window safety with BM. Early into the investigation, BM reported she could not read or write and was having difficulty filling out health insurance applications for the children; however, OCDSS did not offer assistance.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

OCDSS will review and adhere to regulations regarding casework practice. OCDSS will complete collateral and familial contacts, address all potential areas of concern with all relevant parties, and adequately monitor any on-going concerns when it is necessary to remain involved.

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

2013-UNS for IFCS, IG, LS against BM (x2)  
2018-UNS for IFCS, IG against BM; UNS for IG, LBW, SWDS; IG, LS;

From 2013 to 2018, the mother was named as a subject in five unsubstantiated investigations with common allegations of IF/C/S, LS, IG, L/B/W and S/D/S.

**Known CPS History Outside of NYS**

There was 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: 07/28/2021**

**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: 07/28/2021**

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

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

**Casework Contacts**

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

**Additional information, if necessary:**  
 Several community-based providers were engaged with the family to address ongoing concerns and assist with the care of the medically fragile subject child.

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	The majority of progress notes recorded in the services case were entered more than one month past event dates.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	OCDSS will enter progress notes contemporaneously as events occur.



### Preventive Services History

In July 2021, a mandated preventive services case was opened after concerns arose regarding the mother’s ability to adequately care for her children due to her cognitive limitations and the subject child’s numerous medical needs. There were further concerns that the mother was a victim of interpersonal relationship violence, as the subject child’s father had verbally and physically assaulted the mother in the presence of the children on many occasions. Due to the subject child’s poor prognosis, several service providers became involved with the family, which included hospice and palliative care specialists. An order of protection was issued against the subject child’s father, protecting the mother and all three children. The surviving siblings were placed into the custody of their biological father and remained so at the time of this writing. A Neglect Petition was filed, and family court proceedings were pending. The subject child died during this services case, as was expected, and the case remained open and ongoing to further address familial needs.

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

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

Family Court                       Criminal Court                       Order of Protection

#### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
07/28/2021	There was not a fact finding	Order of Supervision
<b>Respondent:</b>	060945 Mother Female 32 Year(s)	
<b>Comments:</b>	A Neglect Petition was filed against the mother after concerns were found surrounding her ability to appropriately care for her children due to her developmental delays and the high needs of the subject child. There were further concerns regarding the mother as a victim of interpersonal relationship violence in which the children were also exposed. An order of protection was issued against the father in favor of the mother and children. An order for the family to engage in preventive services was also issued. The services case and family court proceedings remained open and ongoing at the time of this writing.	

#### Have any Orders of Protection been issued? Yes

<b>From:</b> 08/04/2021	<b>To:</b> Unknown
<b>Explain:</b> A stay away order of protection was issued against the subject child's father regarding the mother and the children.	

### 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