



**Report Identification Number: BU-20-004**

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

**Issue Date: Jul 10, 2020**

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:** 9 year(s)

**Jurisdiction:** Chautauqua  
**Gender:** Male

**Date of Death:** 01/16/2020  
**Initial Date OCFS Notified:** 01/24/2020

## Presenting Information

The death of the nine-year-old male child was reported to OCFS by the Chautauqua County Department of Social Services through the required Agency Reporting Form 7065. The child passed away at home on 1/16/20 from natural causes.

## Executive Summary

On 1/17/20, the Chautauqua County Department of Social Services (CCDSS) was notified that the nine-year-old child passed away at his home at approximately 12:15 AM on 1/16/20. CCDSS had an open CPS investigation at that time, which was received on 3/18/19, that alleged the child sustained a fractured femur while in the care of a nurse, a physical therapist or the mother. The child was born with a congenital condition and he was immobile, therefore the injury was suspicious.

During the investigation it was learned that the child was medically fragile, non-verbal, and he was fully dependent on his caretakers to meet his needs. The child had frequent hospitalizations and he received daily in-home nursing care. The child's leg was accidentally fractured while being cared for by one of his nurses and the nurse no longer cared for the child. The child was recently hospitalized from 11/26/19 through 1/13/20, due to having excessive fluid on his brain and he had surgery.

On 1/16/20 around 12:15 AM, the child was crying and inconsolable, so the mother called 911. The child passed away in the mother's arms while waiting for the ambulance to arrive. Due to the child's diagnosed medical condition, an external autopsy was completed, and it was determined the child passed away from natural causes.

CCDSS assessed the safety of the sibling and offered the mother grief services. It was determined the mother was meeting the child's medical needs and his death was not the result of abuse or maltreatment by a caretaker.

### PIP Requirement

For an issue identified in a historical case, CCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) CCDSS has taken, or will take, to address the cited issue. For issues where a PIP is currently implemented, CCDSS will review the plan and revise as needed to address ongoing concerns.

## 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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

The death of the child was found to be from natural causes and was not reported to the SCR.

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:**

CCDSS investigated the circumstances surrounding the child's death and appropriately closed the case.

### 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: 01/16/2020

Time of Death: Unknown

Time of fatal incident, if different than time of death: 12:15 AM

County where fatality incident occurred: Chautauqua

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: In mother's arms

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0



### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	9 Year(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Other Household 1	Father	No Role	Male	34 Year(s)
Other Household 2	Other Adult - Silbing's Father	No Role	Male	31 Year(s)

### LDSS Response

CCDSS investigated the circumstances surrounding the child’s death. On 1/20/20, CCDSS attended the child’s funeral services, assessed the sibling, and offered their condolences to the family. They conducted a home visit on 2/11/20, and they assessed the home to be safe for the sibling. They spoke to the mother and sibling on that date and they gathered information about the incident.

The mother reported that around 12:15 AM on 1/16/20, the child began to cry unconsolably. She called 911 and held the child while she waited for the ambulance to arrive. The child passed away in her arms prior to EMTs arriving. The sibling was home during the incident, but she did not share any details about the incident.

CCDSS learned that the child’s father was incarcerated out of state and he had no contact with the child, and the sibling had frequent visitation with her father. CCDSS mailed letters to both fathers requesting contact, with negative results. There were no other documented attempts to speak to either father.

CCDSS determined that the mother was meeting the child’s medical needs and she sought emergency medical care for the child when necessary. There were no concerns gathered for the sibling, and she was found to be safe in her mother’s care. CCDSS appropriately offered the family grief services and closed the case.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

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

### Multidisciplinary Investigation/Review

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** Chautauqua County does not have an OCFS-approved CFRT.

### 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"/>



# Child Fatality Report

When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:**  
The death of the child was not reported to the SCR, therefore 24-hour and 30-day safety assessments were not required. The safety of the sibling was assessed within seven days of the child's death.

### 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"/>



# Child Fatality Report

Were appropriate/needed services offered in this case	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

It was not documented if the family was offered funeral assistance.

**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:**

The sibling was referred for grief services.

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

**Explain:**

The mother was referred for grief services.

## 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)
03/18/2019	Deceased Child, Male, 8 Years	Other Adult - Nurse, Male, 57 Years	Fractures	Substantiated	Yes
	Deceased Child, Male, 8 Years	Other Adult - Nurse, Male, 57 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 8 Years	Other Adult - Nurse, Male, 57 Years	Swelling / Dislocations / Sprains	Substantiated	
	Deceased Child, Male, 8 Years	Mother, Female, 28 Years	Fractures	Unsubstantiated	
	Deceased Child, Male, 8 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 8 Years	Mother, Female, 28 Years	Swelling / Dislocations / Sprains	Unsubstantiated	
	Deceased Child, Male, 8 Years	Other Adult - Physical Therapist, Female, 58 Years	Fractures	Unsubstantiated	
	Deceased Child, Male, 8 Years	Other Adult - Physical Therapist, Female, 58 Years	Inadequate Guardianship	Unsubstantiated	





Deceased Child, Male, 8 Years	Other Adult - Physical Therapist , Female, 58 Years	Swelling / Dislocations / Sprains	Unsubstantiated
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**Report Summary:**

An SCR report alleged the child sustained a left femur fracture while in the care of the mother, physical therapist, or one of his nurses. It was unknown how or when the child sustained the injury, therefore all caretakers responsible for the child's care were named as subjects.

**Report Determination:** Indicated**Date of Determination:** 03/20/2020**Basis for Determination:**

The child sustained a left femur fracture while in the care of a nurse. The nurse did not seek medical attention or assistance until the physical therapist arrived and discovered the injury. The child required hospitalization and surgery due to the injury.

**OCFS Review Results:**

CCDSS conducted home visits and assessed the children to be safe. They interviewed the mother, sibling, nurse, physical therapist, and hospital staff. Safety assessments and the RAP were completed accurately and timely. The child died from natural causes during the investigation and CCDSS adequately investigated the circumstances surrounding the child's death. Eighteen progress notes were entered more than 30 days past the event date.

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

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Eighteen progress notes were entered more than 30 days past the event date.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

Progress notes must be entered as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/03/2018	Deceased Child, Male, 7 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 7 Years	Mother, Female, 27 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Male, 7 Years	Mother's Partner, Male, 31 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Male, 7 Years	Mother's Partner, Male, 31 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the child was medically fragile and received nursing care during the day. The mother and her partner provided care for the child at night. The mother worked overnight and her partner cared for the child alone. The child was diagnosed with pneumonia multiple times in the last several months and the mother did not follow through with taking him to the doctor for follow up appointments. The mother and her partner did not provide the child with the prescribed medication when nurses were not in the home.

**Report Determination:** Indicated**Date of Determination:** 06/14/2018

**Basis for Determination:**

On 1/1/18, the mother left the child in the care of the her partner, who was not properly trained to care for him, and the child was found in distress. The child was only to be left in the care of people that were trained to care for him by medical professionals. The child's nurses expressed concerns about the mother's level of care for the child and follow through with medical appointments. The case was opened for Preventive Services to assist the mother in finding handicapped accessible housing and in improving the level of services the child was receiving.

**OCFS Review Results:**

Home visits were conducted and the children's safety was assessed throughout the case. CCDSS contacted the necessary collaterals and coordinated services for the family. The required persons were notified of the report and diligent attempts were made to interview the fathers of the children. The risk assessment and the RAP were completed accurately and timely.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/25/2017	Deceased Child, Male, 6 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 6 Years	Mother, Female, 27 Years	Lack of Medical Care	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother was not adequately taking care of the child's trach and had not kept the oxygen sensor on his finger as required. As a result the child was at risk of choking. The mother would have no idea that the child was in distress and having trouble breathing without the oxygen monitor on him. The child's dressing around his trach was covered in mucus with a great deal of secretions and the child was coughing.

**Report Determination:** Indicated

**Date of Determination:** 05/11/2018

**Basis for Determination:**

On 1/1/18, the mother left the child in the care of the her partner, who was not properly trained to care for him, and the child was found in distress. The child was only to be left in the care of people that were trained to care for him by medical professionals. The child's nurses expressed concerns about the mother's level of care for the child and follow through with medical appointments.

**OCFS Review Results:**

Home visits were conducted and the children's safety was assessed throughout the case. CCDSS contacted the necessary collaterals and coordinated services for the family. The required persons were notified of the report and diligent attempts were made to interview the fathers of the children. The risk assessment and the RAP were completed accurately and timely.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/28/2017	Deceased Child, Male, 6 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 6 Years	Mother, Female, 26 Years	Lack of Medical Care	Substantiated	

**Report Summary:**

An SCR report alleged the mother was aware the child had a trachea tube he used to breathe with. The mother was



supposed to regularly attend and monitor the child's tube so his airway did not get blocked. This also required the use of suction to keep the airway clean and open so the child can breathe. The mother was not suctioning the child's tube as required and it was getting blocked. The child's air tube was 75% blocked and the child was having difficulty breathing. Without regular monitoring and suctioning of the child's tube he could be at risk of a completely blocked airway and be at risk of death. The mother was not adequately intervening.

**Report Determination:** Indicated **Date of Determination:** 04/04/2017

**Basis for Determination:**  
The mother denied the allegations, but nursing staff reported the mother had not suctioned the child's trachea tube which lead to the tube becoming 75% blocked with mucus and the child was struggling to breathe.

**OCFS Review Results:**  
CCDSS conducted a home visit and interviewed the mother and the child's nurse. The children were observed and assessed to be safe. The safety assessment and RAP were completed accurately and timely. The case remained opened for Preventive Services.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/15/2017	Deceased Child, Male, 6 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 6 Years	Mother, Female, 26 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 6 Years	Mother, Female, 26 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**  
An SCR report alleged the mother had nursing services come in to take care of the child. The child was bedridden and he had a trach, a G-tube, he was nonverbal and couldn't make his needs known. On 2/15/17, the mother did not take care of the child's needs prior to the nurse coming in. The mother failed to suction the child's nose or provide him with his medication through his trach tube. The sibling was not fed breakfast so she took the child's nutrient feed for herself. Subsequent reports were received on 3/1/17 and 3/4/17, which alleged the mother did not hook the child up to his oxygen machine, which caused the child to be in respiratory distress.

**Report Determination:** Indicated **Date of Determination:** 03/16/2017

**Basis for Determination:**  
Nurses reported the mother failed to provide the proper care to the child on a regular basis. The mother did not set the child's alarm that alerted her when the child was having trouble breathing and the child required an emergency trach change as a result. There was a lack of credible evidence that the sibling was not fed properly and she appeared to be well-cared for.

**OCFS Review Results:**  
CCDSS assessed the safety of the children throughout the case. They interviewed the mother, observed the children and spoke to the necessary collaterals. The concerns for the subject child's care was properly addressed with the mother. Safety assessments and the RAP were completed accurately and timely. CCDSS provided notification to the mother and father, and they were unsuccessful in their efforts to locate the father of the sibling. The mother accepted Preventive Services and the family continued to receive in-home nursing services.

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



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

An SCR report dated 1/5/12 was substantiated against the father for Inadequate Guardianship regarding the subject child.

Between 2014 and 2017 there were six SCR reports that were unsubstantiated against the mother for the allegations of Inadequate Guardianship, Lack of Medical Care and Lack of Supervision regarding the subject child.

## Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

## Preventive Services History

A Preventive Services case opened on 3/7/17 to assist the mother with caring for the subject child, who was medically fragile. The child received in-home nursing services and the child's aunt became certified to provide care to the child. The home exceeded minimal standards and there were no safety concerns for the children when the case closed on 8/10/17.

A Preventive Services case opened on 5/15/18 to assist the mother with obtaining handicapped accessible housing and in linking with the appropriate services for the child. The father was incarcerated out of state and the sibling's father visited with her regularly. CCDSS assisted in opening communication between the mother and service providers. The case was closed on 9/10/18, as it was determined there were no safety concerns for the children. The family had stable housing and income, the children's educational and medical needs were met and in-home nursing services continued to work with the child.

## 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