



Report Identification Number: RO-16-006

Prepared by: Rochester Regional Office

Issue Date: 11/1/2016

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

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

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

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

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

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

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

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



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

Contacts

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

Allegations

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

Miscellaneous

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



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Wayne
Gender: Female

Date of Death: 04/30/2016
Initial Date OCFS Notified: 04/30/2016

Presenting Information

On 4/30/16, the Wayne County Department of Social Services (WCDSS) received an SCR report that alleged the biological mother (BM) and the biological father (BF) called Emergency Medical Services (EMS) on 4/30/16 around 11:00am when they found the subject child (SC) unconscious in her crib with her blanket around her. The SC was taken to a hospital where she passed away. The SC was an otherwise healthy baby. The cause of death was unknown.

Executive Summary

This fatality report concerns the death of a two-month-old female that occurred on 4/30/16. WCDSS requested an autopsy report on 6/29/16 and did not receive the report as of the date of this report. WCDSS received an SCR report on 4/30/16 regarding the death of the SC.

According to the BM and BF, the BM fell asleep and the BF was caring for the children. The BM went to bed on the couch around 10:00pm. The BF fed the SC and they went to sleep around 1:00am. The SC woke up between 6:30-7:00am and the BF fed her. The BF put the SC back to sleep on her stomach in the crib with a blanket around 7:30am. The brother was still asleep but the BM woke up before he left. The BM fell back asleep and awoke again at 11:00am. She tended to the brother and then went to check on the SC and found her unresponsive with a blanket over her head. The BM called 911. EMS arrived and transported him to the hospital. The SC was pronounced deceased at the hospital.

On 4/30/16, the BM was hospitalized after the SC's death as she threatened to harm herself. Also, LE reported they found an object to smoke marijuana at the home but it disappeared prior to being confiscated.

WCDSS learned the brother was at the MGF's home and the parents agreed for the brother to remain there until 5/2/16. WCDSS met with the MGF and found his home was appropriate. WCDSS attempted to interview the to no avail due to his age.

On 5/2/16, the brother returned to the parents and WCDSS conducted a home visit.

On the same day, the MGF reported to WCDSS that he heard rumors the BF attempted to bring suboxone to the BM at the hospital. On 5/3/16, LE told WCDSS they observed syringes in the home the day the SC died. WCDSS did not conduct a home visit to address these concerns and assess for safety again until 5/11/16. At that visit, the BF denied drug use by either parent or that syringes found in the home. The BF denied they used drugs the night before or the morning of the SC's death.

On 5/13/16, WCDSS filed an Article 10 Neglect petition against the parents. Wayne County Family Court removed the brother from the parents and placed him in the custody of the PGF under WCDSS' supervision.

According to the District Attorney (DA), the ME reported the SC had two puncture marks on the SC's arm that may



have been caused by a hypodermic needle. The SC saw the pediatrician (Dr) on 4/26/16 who reported the SC did not receive immunizations in her arms. The ME further reported to the DA concerns of possible abuse as the SC had two healing posterior rib fractures. The ME stated they did not occur the day the SC died. The parents did not have a reasonable explanations for the injuries.

The Emergency Room Doctor stated he was concerned about the BM’s drug use, lack of supervision, and that the SC was not properly put to sleep. He stated it was his opinion the SC died from posterior asphyxia.

As a result of the information above, WCDSS indicated the SCR report and substantiated all allegations. The investigation was closed on 9/7/16 and a protective/preventive services case was opened. As of the date of this report, the final autopsy report was not received and the LE case was pending.

WCDSS conducted an adequate assessment of immediate danger to all children within 24 hours, gathered sufficient information to assess safety/risk, and service needs were adequately assessed and offered. WCDSS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment. The WCDSS investigative and preventive/protective Caseworkers had many consultations throughout the investigation; as well as multiple supervisory consultations.

RRO had concerns regarding of the safety of the brother between 5/2/16-5/13/16 as information brought forth by collateral contacts were not addressed and an appropriate safety plans were not put into place in a timely manner. After the brother’s removal from the parents WCDSS continued to follow up to assess the safety plans in place.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

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:

NA



Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	RRO had concerns regarding of the safety of the brother between 5/2/16-5/13/16 as information brought forth by collateral contacts were not addressed and an appropriate safety plans were not put into place in a timely manner.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	A corrective action must be developed which address the continual assessment and timely response to new information learned that may create a safety concern. The plan must articulate the roles and responsibilities of supervisors, senior caseworkers, and caseworkers.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/30/2016

Time of Death: 12:03 PM

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

County where fatality incident occurred:

WAYNE

Was 911 or local emergency number called?

Yes

Time of Call:

11:11 AM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

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? 3 Hours

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

1

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:



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Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	38 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

LDSS Response

The BM admitted she and the BF used opiates and marijuana. Typically they used Suboxone but the BM also used heroin and the needles were hers. She stated the BF used drugs in front of the brother and he needed mental health treatment. The BM stated the BF was becoming paranoid and was distrustful of the police and government. She denied he was inappropriate with the children but was concerned about the BF's supervision as he was preoccupied with electronics than the children. She admitted to one incident of physical domestic violence when the BF slammed her arm in the door. She reported he did not allow her to have a job and he was controlling.

According to the DA, the ME could not rule out the fractures were caused at the SC's birth. However, the pediatrician stated the SC was born through a C-section which would not have caused broken ribs. Furthermore, the SC spent 17 days in the hospital after her birth and there would have been evidence of broken ribs.

The brother's speech therapist reported concerns whether the BM was home when she visited because she would see the brother in the home but no one answered the door. She stated the brother was very active and unsafe with himself and his sister. She observed the brother put items on top of the SC. The therapist warned the BM to supervise him and she responded appropriately. The BM reported she was addicted to her anxiety medication.

WCDSS provided the PGF with day care for the brother and connected them with the brother's early intervention services. The BM completed a detox program and engaged with counseling. The BM's discharge summary documented the BM admitted using heroin daily and at times marijuana.

Wayne County Family Court ordered the parents to take a drug screen and complete a psychological exam. The BM tested positive for marijuana and the father tested negative for drugs.

The BM engaged with counseling and enrolled in parenting classes.

WCDSS continued to meet with the family to discuss the case and address any concerns that arose.

Official Manner and Cause of Death

Official Manner: Pending



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Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
031481 - Deceased Child, Female, 2 Mons	031482 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated
031481 - Deceased Child, Female, 2 Mons	031483 - Father, Male, 38 Year(s)	DOA / Fatality	Substantiated
031481 - Deceased Child, Female, 2 Mons	031482 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
031481 - Deceased Child, Female, 2 Mons	031483 - Father, Male, 38 Year(s)	Inadequate Guardianship	Substantiated

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation



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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: As a result of the parent's drug use.				

Legal Activity Related to the Fatality

Was there legal activity as a result of 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:
05/08/2016	There was not a fact finding	There was not a disposition
Respondent:	031482 Mother Female 27 Year(s)	
Comments:	As a result of the fatality and the BM's drug use, WCDSS filed an Article 10 Neglect petition against the BM and BF. Wayne County Family Court ordered the brother be removed temporarily and directly placed with the MGF.	

Have any Orders of Protection been issued? Yes

From: 05/13/2016
 To: 11/13/2016

Explain:
 The Wayne County Family Court put in place a stay away order of protection against the parents regarding the brother.

Services Provided to the Family in Response to the Fatality

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



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? 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? No
- 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
- Smoked tobacco
- Experienced domestic violence
- Used illicit drugs
- Was not noted in the case record to have any of the issues listed

Infant was born:



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- Drug exposed With fetal alcohol effects or syndrome
 With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/22/2016	11353 - Deceased Child, Female, 2 Months	11351 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	11353 - Deceased Child, Female, 2 Months	11351 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	

Report Summary:

The report alleged the BM gave birth to the SC and the BM tested positive for marijuana and Suboxone at delivery. The SC's tests results were pending. The SC was suffering withdrawal from the drugs. She had tremors, increased temperature, tightness, weight loss, and she was sneezing.

Determination: Indicated **Date of Determination:** 04/14/2016

Basis for Determination:

The BM tested positive for benzodiazepine, marijuana and suboxone at the SC's birth. The SC suffered from extreme withdrawal symptoms as a result. Initially the BF refused medical treatment for the SC but then consented. The pediatricians' office stated the BM was forgetful, they had concerns about her behavior and she appeared inappropriate. The parents were uncooperative with WCDSS and refused to allow contact with the BM's substance abuse program. The parents failed to meet with medical community preventive services regarding the SC. WCDSS found credible evidence to substantiate the allegations. According to WCDSS, no further legal action could be taken and the case was closed.

OCFS Review Results:

WCDSS completed an adequate 24 hour safety assessment. Sufficient information was gathered regarding most safety/risk factors. However, RRO does not agree with the safety assessments. A safety plan was needed due to the BM's admission to drug use, her three prenatal positive drug tests and the history of substance abuse including the 4/3/14 SCR report regarding the brother's birth. Appropriate services were offered of early intervention and substance abuse. However, the parents had a history of not following through. Safe sleep information was provided. RRO agrees with the determination; however, does not agree the case should have closed as safety concerns were not sufficiently addressed.

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

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

Sufficient information was gathered regarding most safety/risk factors. However, RRO does not agree with the safety assessments. A safety plan was needed due to the BM's admission to drug use, her three prenatal positive drug tests and the history of substance abuse including the 4/3/14 SCR report regarding the brother's birth.

Legal Reference:

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

Action:

A corrective action must be developed which address the continual assessment and timely response to new information learned that may create a safety concern. The plan must articulate the roles and responsibilities of supervisors, senior caseworkers, and caseworkers.



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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/04/2015	10785 - Sibling, Female, 11 Years	10781 - Father, Male, 38 Years	Other	Unfounded	Yes
	10784 - Sibling, Male, 14 Years	10786 - Other Adult - The 14 & 11yo Half-siblings mother, Female, 38 Years	Other	Unfounded	
	10784 - Sibling, Male, 14 Years	10781 - Father, Male, 38 Years	Other	Unfounded	
	10785 - Sibling, Female, 11 Years	10786 - Other Adult - The 14 & 11yo Half-siblings mother, Female, 38 Years	Other	Unfounded	

Report Summary:

A 1034 investigation was ordered by Wayne County Family Court as a result of an Article 6 petition that was filed by the 14yo and 11yo half-sibling's mother. There were concerns of drug use by the BF, drugs and drug paraphernalia found in the home, and the children were uncomfortable in the home.

Determination: Unfounded **Date of Determination:** 04/29/2015

Basis for Determination:

The half-siblings resided with their mother at the beginning of the investigation. The half-siblings reported they did not like completing all of the chores at the BF's home and found marijuana in his home. The half-brother smelled marijuana but did not witness the BF using. The half-brother did not have knowledge of the BM using drugs. The BF admitted to using marijuana but recently tested positive for suboxone. The half-sibling's mother engaged with substance abuse and counseling services. WCDSS recommended to the court that the father engage and with substance abuse services and follow their recommendations. WCDSS found no evidence to support the allegations.

OCFS Review Results:

WCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours and made appropriate collateral contacts. Each safety/risk factor was not addressed with all family members. The RAP included only the half-sibling's mother as the primary caretaker but should also have included the BF. Some service needs were adequately assessed and offered; however, it was not clear if other services were needed. Further information was needed surrounding the BF's suboxone use to make a determination for all allegations of abuse and maltreatment.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

Each safety/risk factor was not addressed with all family members; as a result it was not clear if all appropriate services were offered. The RAP included only the half-sibling's mother as the primary caretaker but should also have included the BF. Finally, further information was needed surrounding the BF's suboxone use to make a determination for all allegations of abuse and maltreatment.

Legal Reference:

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

Action:

RRO is aware of a plan in place that addressed these concerns after the date of the SCR report. Therefore, no further action is needed.

Date of SCR	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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NYS Office of Children and Family Services - Child Fatality Report

Report	Victim(s)	Perpetrator(s)			Issue(s)
12/18/2014	10756 - Sibling, Female, 17 Years	10759 - Other Adult - 17yo HS Mother, Female, 34 Years	Other	Unfounded	Yes
	10756 - Sibling, Female, 17 Years	10754 - Father, Male, 38 Years	Other	Unfounded	

Report Summary:

A 1034 investigation was ordered by Wayne County Family Court as a result of an Article 6 petition that was filed by the 17yo HS' mother. There were concerns of drug use. The 17yo HS' mother tested positive for marijuana and cocaine and the father tested negative.

Determination: Unfounded**Date of Determination:** 03/06/2015**Basis for Determination:**

The BF denied drug use and passed a drug test; however, according to the mental health provider, in January 2015 the BF tested positive for Suboxone and marijuana and the 17yo HS' mother tested positive for cocaine and marijuana. WCDSS addressed the drug use with the 17yo HS' mother but not with the BF. The 17yo HS' mother was enrolled in substance abuse treatment. WCDSS made a substance abuse referral for the BF but he did not meet with the provider.

WCDSS documented they found no evidence of abuse or maltreatment by the father or the 17yo HS' mother. The HS' mother was awarded physical custody of the 17yo HS.

OCFS Review Results:

WCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours. There was no documentation that inconsistent information was addressed regarding the BF's drug use or that all safety/risk factors were explored with each family member. Some service needs were adequately assessed and some services were offered; however, it was not clear if other services were needed. However, further information was needed to make a determination for all allegations of abuse and maltreatment.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

There was no documentation that inconsistent information was addressed regarding the BF's drug use or that all safety/risk factors were explored with each family member. As a result it was not clear if all appropriate services were offered. Finally, further information was needed to make a determination for all allegations of abuse and maltreatment.

Legal Reference:

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

Action:

RRO is aware of a plan in place that addressed these concerns after the date of the SCR report. Therefore, no further action is needed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/03/2014	9558 - Sibling, Male, 2 Years	9561 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	Yes

Report Summary:

The SCR report alleged the BM gave birth to the brother full term at 39 weeks gestation and he tested positive for marijuana.



NYS Office of Children and Family Services - Child Fatality Report

Determination: Unfounded **Date of Determination:** 05/07/2014

Basis for Determination:
The BM admitted using marijuana one time during her pregnancy to relieve nausea. The BF was unaware. The BF and then 17-year-old half-sister (17yo HS) denied drug/alcohol use in the home. The nurse practitioner reported no concerns regarding the brother and did not observed any negative effect on the brother as a result of the BM's marijuana use. A substance abuse referral was made; however, they were unsuccessful in making contact with the BM. WCDSS found no evidence to substantiate the allegations in the report and closed the case with no services needed.

OCFS Review Results:
WCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, implemented appropriate safety plans and made appropriate collateral contacts. WCDSS addressed the safety/risk factors with all family members; however, the parents were interviewed together. Although WCDSS was aware the brother tested positive for marijuana at birth; it was not captured appropriately in the Risk Assessment Profile (RAP) which would have raised the risk rating. Service needs were adequately assessed and offered. WCDSS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.

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

Issue:
Pre-Determination/Assessment of Current Safety/Risk

Summary:
WCDSS addressed the safety/risk factors with all family members; however, the parents were interviewed together. Although WCDSS was aware the brother tested positive for marijuana at birth; it was not captured appropriately in the Risk Assessment Profile (RAP) which would have raised the risk rating.

Legal Reference:
18 NYCRR 432.2(b)(3)(iii)(b)

Action:
RRO is aware of a plan in place that addressed these concerns after the date of the SCR report. Therefore, no further action is needed.

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

The BF was listed in four SCR reports between 2/13/04-8/27/2012. The subjects of the reports were the BF and the mother of the 11yo half-sister and half-brother. The maltreated children were the half-brother, 11yo half-sister, and another child in the half-sibling's mothers' home. The allegations were IFCS, IG, PDAM, Educational Neglect, and LOMC. The reports alleged drug use by the BF and half-sibling's mother and there were concerns of no supplies or food for the children. In one case there were allegations the half-sibling's mother not providing prescribed medication to the half-brother. Finally there were allegations the BF was aggressive with the half-brother while under the influence. Two of the SCR reports were indicated and the other two were unfounded. All of the allegations were substantiated against the half-sibling's mother. The father was substantiated for IFCS and IG as he was aware of the situation and failed to intervene.

Known CPS History Outside of NYS

There was no known history outside of NYS.



Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

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

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