



# Child Fatality Report

**Report Identification Number: SY-19-053**

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

**Issue Date: Mar 16, 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.



# Child Fatality Report

## Abbreviations

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



# Child Fatality Report

## Case Information

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

**Jurisdiction:** Onondaga  
**Gender:** Female

**Date of Death:** 10/10/2019  
**Initial Date OCFS Notified:** 11/01/2019

## Presenting Information

The death of the one-year-old subject child was reported to OCFS by the Onondaga County Department of Children and Family Services (OCDCFS) through the required Agency Reporting Form 7065. The child was receiving Hospice services and passed away in the grandparent's home on 10/10/19.

## Executive Summary

On 10/29/19, OCDCFS was notified that the one-year-old subject child passed away on 10/10/19 at her maternal grandparent's home in Oswego County. OCDCFS had an open CPS services case at the time of the child's death, which opened on 1/23/19, due to concerns for the mother's history of drug abuse and difficulty managing the subject child's medical needs. An Article 10 Neglect Petition had been filed against the mother and the subject child and her 12-year-old sibling were in the custody of the grandparents under Article 1017 since 6/18/19. The parents each resided separately, and they had supervised visitation with the children.

The subject child was born medically fragile and she had frequent hospitalizations. She was diagnosed with West Syndrome, microcephaly, optic nerve hypoplasia, brain malformation, gastroesophageal reflux, g-tube dependence, and failure to thrive. The child's health was declining, and she had been receiving Hospice services since July.

On 10/10/19, the child stopped breathing and passed away in the grandparent's home at 10:54 AM. The death certificate listed the manner of death as Natural and the cause of death as Multiple Congenital Anomalies. Due to the circumstances surrounding the child's death, an autopsy was not performed.

Following the child's death, Oswego County Department of Social Services assessed the sibling to be safe in her grandparent's care. The grandparents were offered bereavement services and they declined. The sibling and mother were referred for mental health services and the mother remained engaged in substance abuse services.

On 2/6/20, OCDCFS withdrew the Neglect Petition, and joint Article 6 custody of the sibling was awarded to the mother and grandparents. The grandparents received physical custody and the parents continued to have supervised visitation.

OCDCFS provided the family with an abundance of services during the open CPS Services case and the case remained open at the time this report was written.

### PIP Requirement

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

## Findings Related to the CPS Investigation of the Fatality



# Child Fatality Report

## 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 not reported to the SCR.

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:

Casework activity was commensurate with 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: 10/10/2019

Time of Death: 11:05 AM

Time of fatal incident, if different than time of death: 10:54 AM

County where fatality incident occurred: Oswego

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? N/A

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

- |                                              |                                  |                                                     |
|----------------------------------------------|----------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |                                                     |

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

At time of incident supervisor was: Not impaired.



# Child Fatality Report

**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	Female	1 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	59 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	65 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Other Household 1	Mother	No Role	Female	36 Year(s)
Other Household 2	Father	No Role	Male	36 Year(s)

## LDSS Response

OCDCFS was notified about the child's death on 10/29/19, and they immediately notified the Syracuse Regional Office and submitted the required Agency Reporting Form. Oswego County was assigned a secondary role on the services case and they conducted a home visit and spoke to the grandmother, mother and 12-year-old sibling.

There were no concerns for the sibling in the grandparent's care. The grandmother reported the sibling was adjusting well, and she was receiving counseling. She said the subject child was hospitalized from 10/3/19 through 10/4/19 for a bad cold and she was having trouble breathing. Doctors determined it would not be long before she passed. Hospice nurses visited the home frequently that week and on 10/9/19, the nurse determined based on the amount of fluid in the child's lungs, that she would most likely pass the next day. The grandmother contacted family members to come and say goodbye to the child and the child was sleeping when she passed peacefully on 10/10/19.

## 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:** Unknown

## Multidisciplinary Investigation/Review

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

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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

**Additional information:**

OCDCFS did not speak to the pediatrician about the child's death, although an effort was made to gather information from Hospice.

<b>Fatality Safety Assessment Activities</b>
----------------------------------------------

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

<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

**Explain:**

The sibling was assessed within 30 days of notification of the subject child's death.

<b>Fatality Risk Assessment / Risk Assessment Profile</b>
-----------------------------------------------------------

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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"/>
<b>Explain:</b> Risk was adequately assessed for the sibling and the family continued to receive services through the ongoing CPS services case.				

## 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 type="checkbox"/>	<input checked="" 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 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"/>
<b>Explain as necessary:</b> At the time of the subject child's death, the subject child and sibling were in the custody of the grandparents under Article 1017.				

## Legal Activity Related to the Fatality

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

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

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



# Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

There was no documentation that funeral services were offered to the family.

**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 received mental health services.

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

**Explain:**

The mother received mental health services.

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes

Was the child ever placed outside of the home prior to the death? Yes

Were there any siblings ever placed outside of the home prior to this child's death? Yes

Was the child acutely ill during the two weeks before death? Yes

## 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)
05/20/2019	Sibling, Female, 11 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 11 Years	Mother, Female, 35 Years	Lack of Supervision	Substantiated	





# Child Fatality Report

Deceased Child, Female, 1 Years	Mother, Female, 35 Years	Inadequate Food / Clothing / Shelter	Substantiated
Deceased Child, Female, 1 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated
Deceased Child, Female, 1 Years	Mother, Female, 35 Years	Lack of Medical Care	Substantiated
Deceased Child, Female, 1 Years	Mother, Female, 35 Years	Lack of Supervision	Substantiated
Deceased Child, Female, 1 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Substantiated

**Report Summary:**

An SCR report alleged the mother was mentally unstable and not actively involved in treatment. The mother acted erratically, making her unable to provide adequate care to the children. The mother failed to feed the subject child properly, resulting in weight loss. It was recommended the mother take the infant for physical, occupational and speech therapies and the mother failed to follow through.

**Report Determination:** Indicated**Date of Determination:** 06/13/2019**Basis for Determination:**

The mother was mentally unstable and she was not engaged in mental health treatment. She admitted to using heroin, cocaine and suboxone while the sole caretaker for the medically fragile subject child and the sibling. The mother was not engaged in substance abuse treatment. The mother did not refill the subject child's seizure medication and the child was subsequently hospitalized after having a seizure. The mother failed to obtain physical, occupational and speech therapy services for the child and she was not properly managing the child's feeding schedule. An Article 10 Neglect Petition was filed to obtain court ordered services and the case remained open for services.

**OCFS Review Results:**

OCDCFS interviewed the mother, father and sibling, observed the subject child and assessed the mother's home and maternal grandmother's home. Necessary collaterals were spoken to including visiting nurses, hospital staff, school staff, the pediatrician, and the grandmother. A safety plan was appropriately initiated that the children would reside with the maternal grandmother while court intervention was sought.

**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)
01/18/2019	Sibling, Female, 11 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 11 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 1 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother was using heroin while the sole caretaker for the children. The mother left needles accessible to the children and the sibling had poor hygiene.

**Report Determination:** Indicated**Date of Determination:** 03/20/2019**Basis for Determination:**

There was credible evidence that the drug use in the home had a negative impact on the sibling. The sibling found



# Child Fatality Report

needles in the bathroom and had knowledge of adults using drugs in the bathroom. The mother admitted to relapsing on heroin a few months prior, although denied current use. The drug use in the home did not appear to have a negative effect on the subject child. She was well-cared for, all of her medical needs were met, and her doctors had no concerns for her level of care. The mother was aware the sibling needed mental health counseling and had not obtained the necessary services. The mother agreed to accept Preventive Services and the case was opened.

**OCFS Review Results:**

OCDCFS interviewed the mother and sibling and observed the subject child. The home was assessed to be safe and the needed supplies were observed for the children. OCDCFS verified the subject child's medical needs were being met and the mother was referred for the necessary 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)	Status/Outcome	Compliance Issue(s)
11/01/2018	Sibling, Female, 11 Years	Mother, Female, 35 Years	Educational Neglect	Far-Closed	No
	Sibling, Female, 11 Years	Mother, Female, 35 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Female, 11 Years	Mother, Female, 35 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 11 Years	Mother, Female, 35 Years	Lack of Medical Care	Far-Closed	

**Report Summary:**

An SCR report alleged during the 2018-2019 school year, the sibling was in the 5th grade and had 11 tardy days and 9 absences. As a result, the sibling was struggling academically. The sibling was incontinent on an ongoing basis and the mother had not addressed the issue. The sibling did not bring clothes to change into at school and her shoes had no inner soles.

**OCFS Review Results:**

OCDCFS assessed the home to be safe, met with the mother and sibling and observed the subject child. A safe sleep environment and supplies were observed for the child and a bed voucher and clothing were provided for the sibling. OCDCFS spoke to collaterals, including school staff and the subject child's in-home nurse. A subsequent report was received with allegations the mother was using heroin and the FAR case was appropriately closed.

**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)
06/23/2017	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 9 Years	Father, Male, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Father, Male, 34 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



# Child Fatality Report

**Report Summary:**

An SCR report alleged the mother and father used cocaine and alcohol to impairment while the sole caretakers for the sibling. The parents drove a motor vehicle while impaired with the child in the vehicle.

**Report Determination:** Indicated**Date of Determination:** 09/16/2017**Basis for Determination:**

There was credible evidence that the parents had verbal and physical altercations in the presence of the sibling for several years. The father drank alcohol to impairment on a regular basis, which often led to the altercations and law enforcement involvement. The mother took the sibling and left the home on numerous occasions due to the violence and she kept returning to the home, placing the sibling at risk of harm. At case closure, the mother and sibling had left the home and the mother was not leaving the child alone with the father. There was a lack of credible evidence that the mother used any drugs or alcohol.

**OCFS Review Results:**

OCDCFS interviewed the mother, father and sibling and reviewed law enforcement records. OCDCFS referred the mother for domestic violence services and the mother accepted. OCDCFS appropriately informed the parents of possible Family Court action if the violence continued. The seven-day safety assessment was due to be completed by 6/30/17 and it was not completed until 7/10/17.

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

Timely/Adequate Seven Day Assessment

**Summary:**

The seven-day safety assessment was due to be completed by 6/30/17 and it was not completed until 7/10/17.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

OCDCFS will complete all safety assessments within the required timeframe.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/14/2016	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Sexual Abuse	Unsubstantiated	
	Sibling, Female, 9 Years	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Father, Male, 33 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Female, 9 Years	Father, Male, 33 Years	Sexual Abuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the sibling chronically lost control of her bladder and bowel, causing accidents. A medical reason was ruled out and the parents did not follow through with getting the child a mental health evaluation or treatment. The father physically attacked the mother in the presence of the sibling. A subsequent report was received on 11/5/16 and was merged with concerns the father sexually abused the sibling.

**Report Determination:** Indicated**Date of Determination:** 12/13/2016**Basis for Determination:**

There was credible evidence gathered that the father physically assaulted the mother on multiple occasions in the presence of the sibling and the sibling intervened on one occasion. The mother took the child and left the father on multiple occasions after previous altercations and she repeatedly returned to the home, placing the sibling at continued risk of harm. The mother declined assistance with going to a shelter or in obtaining alternative housing. All family



# Child Fatality Report

members denied that the father sexually abused the sibling and it was determined the mother was addressing the sibling's incontinence issue and had brought her to the doctor.

**OCFS Review Results:**

OCDCFS interviewed the mother, father, sibling, relatives and friends. They spoke to law enforcement, school staff and the pediatrician. OCDCFS offered DV services to the mother and substance abuse services to the father, which they declined, and the sibling was referred for mental health counseling.

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

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

5/1/15 SCR report was unsubstantiated for Inadequate Guardianship against the mother, maternal grandparents, maternal aunt and two maternal uncles regarding the sibling.

**Known CPS History Outside of NYS**

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

**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: 01/23/2019

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: 01/23/2019

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Casework Contacts**

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

**Services Provided**



# Child Fatality Report

	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The FASP was due 8/21/19 and was completed on 10/10/19.				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: OCDCFS provided Preventive Services to the family.				

## Required Action(s)

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

Yes  No

<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	The initial, comprehensive and reassessment FASPs were completed past their due dates.
<b>Legal Reference:</b>	18 NYCRR428.3(f)
<b>Action:</b>	OCDCFS will complete timely and accurate FASPs.

# Child Fatality Report

## Preventive Services History

A Preventive Services case opened on 1/23/19 to provide case management to the family. The mother had a history of drug abuse, the family was facing eviction and the subject child was severely medically fragile. Multiple services were provided to the family, including a parent aide, care management and in-home nursing services for the subject child and mental health counseling for the mother and sibling. The mother's mental health became unstable and she was no longer able to meet the subject child's medical needs. An Article 10 Neglect Petition was filed on 6/11/19 and the children were placed in the custody of the maternal grandparents on 6/18/19 under Article 1017. The children remained in the care of the grandparents at the time the subject child passed away from her medical issues. On 2/6/20, the mother and grandparents were awarded joint legal custody of the sibling with the grandparents having physical custody, and the Neglect Petition was withdrawn. The services case remained open at the time this report was written.

## 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:
06/11/2019	There was not a fact finding	CustodyGuardianship assigned to relative or non-relative (Article 6 non-foster care)
<b>Respondent:</b>	053365 Mother Female 36 Year(s)	
<b>Comments:</b>	A Neglect Petition was filed against the mother and the children were placed in Article 1017 custody with the maternal grandparents. The Neglect Petition was withdrawn on 2/6/20 and the grandparents and mother were given joint legal custody of the sibling with the parents having supervised visitation as agreed upon.	

## 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