



**Report Identification Number: RO-17-011**

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

**Issue Date: Oct 02, 2017**

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children		
<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
CPR-Cardiopulmonary Resuscitation		
<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



## Case Information

**Report Type:** Child Deceased  
**Age:** 8 month(s)

**Jurisdiction:** Steuben  
**Gender:** Female

**Date of Death:** 04/15/2017  
**Initial Date OCFS Notified:** 04/20/2017

## Presenting Information

On 4/19/2017, the death of the 8-month-old female SC was reported to OCFS by the Steuben County Department of Social Services (SCDSS) through form 7065. The SC and her twin SS were in the custody of the Commissioner of the SCDSS at the time. The SC and twin SS were born prematurely on 7/19/2016, at 29 weeks gestation. The SC weighed 1 lb 2 oz., was diagnosed with Pulmonary Hypertension and required a respirator to breathe. The SC remained at Strong Memorial Hospital since birth. Her health declined and life support was withdrawn on 4/15/2017, resulting in her death.

## Executive Summary

On 4/19/2017, SCDSS notified OCFS of the SC's passing on 4/15/2017 though form 7065. The SC and twin SS were in the custody of the Commissioner of the SCDSS at the time of the SC's passing. The twins were born prematurely at 29 weeks gestation on 7/19/2016 and both suffered from medical complications. The twin SS was discharged from the hospital and placed in a foster boarding home on 9/16/2016. The SC's medical issues were more severe and required her to remain hospitalized at Strong Memorial Hospital. After months of medical intervention and efforts to treat her, doctors determined that the SC's brain had deteriorated, that her quality of life was poor and would not improve. On 4/15/2017, the BF consented to withdraw the ventilator support for the SC and she passed away at 4:27 PM.

BM had 5 children with 4 different BFs. BM had a history of violence with each of the BFs. On 2/11/2014, SCDSS opened the current CPS services case due to concerns for BF #4 (BF of 3-year-old SS) misusing alcohol and physical altercations taking place between BM and BF #4 in front of the children, which resulted in police involvement. BM had a significant history with CPS, including a finding of neglect in 2009 that resulted in a 1-year order of supervision, as well as concerns for BM's untreated MH, and unsanitary household conditions resulting in the home being condemned. In September 2015, SCDSS filed a neglect petition against BM and BF due to supervision concerns and lack of follow through with recommended services. On 2/2/2016, the 3 older SS were removed from BM's care and the 9-year-old SS was placed in the custody of BF #2 under Article 10, the 5-year-old SS was placed with BF #3 under article 6 and the 3-year-old SS was placed in a foster boarding home initially, then moved to the relative foster boarding home of the PA. On 3/2/2016, BM consented to a second finding of neglect and agreed to a 1-year order of supervision. An OP was issued that BM was to only have supervised visitation with the 3 SS and BF was issued an Adjournment in Contemplation of Dismissal with an OP to stay away from the SS. On this date, BF #3 was awarded permanent Article 6 custody of the 5-year-old SS and she was removed from the CPS services case.

When the twins were born, BM tested positive for marijuana. A violation petition was filed against BM on 8/16/2016, as BM was not cooperative with SCDSS and she had not complied with her court orders. Neglect petitions were also filed against BM regarding the twins and her inability to safely care for them. On 9/13/2016 the twins were removed from BM and placed in foster care. On 9/26/2016 the 9-year-old SS was ordered to permanent Article 6 custody with BF #2 and the 3-year-old SS was ordered to permanent joint Article 6 custody with the BF and PA, resulting in the 2 SS being removed from the CPS services case.

On 3/6/2017 there was a finding of neglect regarding the twins and BM was ordered to attend substance abuse, MH and psychological evaluations as well as attend parenting classes and anger management. The OP continued and BM was to only have supervised visitation. It was ruled that BF was in fact the BF of the twins. BF visited with the twins and was



attending parenting with the goal of having the twins discharged to his custody. BF was present for SC's death on 4/15/2017 and BM was not at the hospital. On 5/18/2017, the twin SS's permanency goal was changed to discharge to BF and termination of parental rights petition was filed against BM as she stopped all contact and visitation with the SS. BM's rights were terminated on 7/20/2017 and SS was discharged from foster care to the custody of BF on 8/14/2017. The CPS case remained open to assist the BF with service needs related to caring for the medically fragile twin SS.

A review of the CPS and Foster Care Services case open at the time of the fatality revealed exemplary casework on behalf of SCDSS. Frequent casework contacts were conducted with the parents and children and ongoing support was provided during supervised visitation. SCDSS provided services from a multitude of service providers to assist the parents in trying to achieve their service plan goals. SCDSS provided the foster parents with ongoing support and training in handling the special needs of the twin SS. The children's safety, permanency and well-being was achieved as a result of the ongoing and persistent efforts of SCDSS.

A review of history revealed citations for failure to provide notice of report, timely/adequate 7-day assessment, appropriateness of allegation determination, adequacy of face-to-face contacts with the child and/or child's parents or guardians, overall completeness and adequacy of investigation, timely/adequate case recording/progress notes, and adequacy of RAP. A review of the open CPS case revealed a citation for failure to monitor. SCDSS recognized there was a concern with failing to provide notice of report and timely/adequate progress notes prior to the fatality investigation and had already begun to address these concerns. SCDSS will submit a PIP to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) the Regional Office has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, SCDSS will review the plan(s) and revise as needed to further 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 as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

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:**  
SCDSS conducted an adequate investigation into the cause of death for the SC and appropriately assessed the safety of the twin SS.

## 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:** 04/15/2017

**Time of Death:** 04:27 PM

**County where fatality incident occurred:**

Monroe

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

No

**Did EMS to respond to the scene?**

No

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

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Hospitalized

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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 2

**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	Female	8 Month(s)
Other Household 1	Sibling	No Role	Female	8 Month(s)
Other Household 2	Mother	No Role	Female	26 Year(s)
Other Household 3	Father	No Role	Male	21 Year(s)

### LDSS Response

On 4/15/2017, SCDSS was informed by the Strong Memorial Hospital Social Worker that SC had passed away at 4:27 PM that day. In response, SCDSS contacted BF to offer condolences and support. It was learned that BF was present for the death of SC and BM was not at the hospital. On 4/17/2017, SCDSS offered BF grief counseling services, attempted to contact BM and informed RRO of SC's death. On 4/18/2017, SCDSS gathered additional information about SC's death from the hospital. Birth and death records were received from the hospital on 4/19/2017 and were sent to OCFS with form 7065. SCDSS spoke to the foster parent about the twin SS's health. On 4/20/2017, SCDSS located BM at her place of employment, informed her of SC's death and offered support services, which were declined. On 4/21/2017, SCDSS again



offered BF any support and grief counseling services that he needed and arrangements were made for the twin SS to attend the memorial service for the SC on 4/22/2017. On 4/24/2017, the twin SS was seen in her foster boarding home and her safety was assessed. There were no concerns for her safety and she was visiting with BF regularly. SCDSS provided BF with the needed parenting assistance and day care services to increase visitation in his home.

BM was ordered to have supervised visitation with twin SS, although she had not exercised her visitation or contacted SCDSS in several months. SCDSS filed a termination of parental rights petition on 5/18/2017 against BM. BM's rights were terminated on 7/20/2017 and SS was discharged from foster care and placed in BF's custody on 8/14/2017. SS was assessed to be safe in BF's care.

SCDSS determined that the SC's death was related to complications from being born prematurely. The doctors could not determine if the twins' premature birth and health problems were a direct result of BM's drug use and her positive THC test while giving birth. SC's death certificate listed her manner of death as "natural cause" with the immediate cause being "right heart failure due to or as a consequence of pulmonary hypertension due to or as a consequence of bronchopulmonary dysplasia". Other significant conditions contributing to death but not related to cause was "prematurity".

### 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:** Hospital physician

### Multidisciplinary Investigation/Review

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

### 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"/>
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"/>

**Additional information:**

SCDSS contacted appropriate collaterals and gathered the necessary information to determine cause of death and establish the safety of the SS.

### 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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input 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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### 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

	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 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:**

The SS were already removed from the BM's care prior to the fatality. The twin SS was placed in foster care and the older SS were in the custody of relatives.

**Legal Activity Related to the Fatality**

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

Have any Orders of Protection been issued? No

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 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:**

SCDSS offered the BM substance abuse treatment, MH counseling, parenting skills training, DV services and bereavement services; however, she was uncooperative and refused to engage. The BF was provided with parent training and child care assistance. He was offered bereavement services, although he declined. The twin SS was provided with foster care, health care and day care services.



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? N/A

**Explain:**

The SS is an infant and had no immediate needs related to the fatality. The older siblings were in the custody of relatives and had no additional service needs.

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

**Explain:**

BF was offered information on bereavement services, although he declined this service. BM was not cooperative with SCDSS and also declined services.

## 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? 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

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/02/2017	Sibling, Male, 9 Years	Father, Male, 27 Years	Inadequate Guardianship	Unfounded	No

**Report Summary:**

The SCR report received by Yates County Department of Social Services (YCDSS) alleged that for an unknown reason in December 2016, BF #2 smacked the 9-year-old SS in the face. It was unknown if the SS had any injuries as a result of the abuse.

**Determination:** Unfounded **Date of Determination:** 04/02/2017

**Basis for Determination:**

YCDSS Unsub the allegation of IG against BF #2 regarding the 9-year-old SS. BF #2, SS and the SS's step-mother denied that BF #2 used physical discipline with the SS or SM's 11-month-old son. The children had no visible marks or bruises. The PGM was interviewed and also denied that BF #2 used physical discipline on the children. BF #2 and step-mother had family support and YCDSS referred the SS for MH counseling through a local agency.

**OCFS Review Results:**

YCDSS appropriately Unsub the allegations due to a lack of credible evidence. BF #2, step-mother and SS were interviewed with no concerns noted. The home was assessed to be safe for the children. SCDSS attempted to interview the BM, although were unsuccessful. Collateral contacts were made with PGM, school and SCDSS caseworker. CPS history was reviewed for all parents and there was adequate supervisory consultation throughout the case. The Safety assessments and RAP were completed timely and adequately.

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)
07/21/2016	Deceased Child, Female, 2 Days	Mother, Female, 25 Years	Inadequate Guardianship	Indicated	Yes
	Deceased Child, Female, 2 Days	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 2 Days	Mother, Female, 25 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 2 Days	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

SCR report alleged on 7/19/2016 BM gave birth to the SC and twin SS and BM's toxicology was positive for THC. The BM has had 3 children removed from her care by CPS as a result of the BM's inability to care for the children.

**Determination:** Indicated

**Date of Determination:** 09/29/2016

**Basis for Determination:**

SCDSS Sub the allegations of PD/AM and IG against the BM regarding the twins. BM had an extensive history of IND reports. There was a finding of neglect in Family Court regarding the older 3 SS that resulted in a 1 year OOS. BM failed to follow her court orders including MH services and substance abuse services, resulting in a violation petition being filed. The twins were born prematurely and BM tested positive for THC. BM was homeless and had no plan for the care of the twins upon discharge. The twins were removed and placed in foster care and a derivative neglect petition was filed. The case remained open for foster care services.

**OCFS Review Results:**

SCDSS reviewed the CPS history of the BM and appropriately filed a neglect petition against the BM regarding the twins and placed them in foster care. SCDSS made the necessary collateral contacts and gathered the documentation to support substantiating the allegations. The BM was interviewed face to face, although SCDSS did not provide her with a notice of existence. Paternity had not been established and two men claimed to be the BF, therefore the BF was not provided with a Notice of Existence. Both men were spoken to during the investigation and asked about their plans to provide care for the twins.

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

**Issue:**

Failure to provide notice of report

**Summary:**

SCDSS did not provide the BM with a Notice of Existence of the report.



**Legal Reference:**

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

**Action:**

SCDSS will provide all parents and other persons named on the report with a notice of existence within the regulatory timeframes.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/24/2016	Sibling, Male, 8 Years	Mother, Female, 24 Years	Excessive Corporal Punishment	Indicated	Yes
	Sibling, Male, 8 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Female, 1 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Female, 1 Years	Mother, Female, 24 Years	Excessive Corporal Punishment	Indicated	
	Sibling, Female, 1 Years	Mother, Female, 24 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 8 Years	Mother, Female, 24 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

SCR report received with allegations that BM has untreated MH issues that affect her ability to care for or protect the SS, ages 8 and 2. BM allegedly hit the SS for no reason, leaving red marks. BM picked the 2-year-old SS up off the floor and threw her onto a couch and the SS rolled off, falling onto the floor. There were no visible injuries sustained. The BM cut her arms in front of the 8-year-old SS, making him very upset. On one occasion, SM started to choke the BF while the SS were home. There was no heat or portable heaters in the home and the SS were cold as a result.

**Determination:** Indicated

**Date of Determination:** 03/31/2016

**Basis for Determination:**

SCDSS Sub the allegations of IF/C/S and IG against BM regarding the 8 and 2-year-old SS, and for XCP regarding the 2-year-old SS. The BM hit the SS often and threw the 2-year-old on a couch. She tried to harm herself in the presence of the SS on multiple occasions. The BM choked the BF with the SS in the same room. A neglect petition was pending in Family Court against BM and BF with an OP in place. BM did not follow through with the 8-year-old's educational needs or her own MH treatment and did not maintain a clean/safe home. BM consented to neglect and article 10 placement of the 8-year-old with BF #2 and the 2-year-old to foster care. Case remained open for Foster Care services.

**OCFS Review Results:**

SCDSS spoke to the appropriate collaterals and gathered the necessary information to Sub the allegations against the BM. The allegation of IG should have been added and Sub against the BF as he was living in the home when the incidents occurred, was a person legally responsible for the SS and did not act to stop the maltreatment from occurring. There was also a neglect petition pending against him in Family Court. SCDSS inaccurately reflected safety decision 2 on the 7 day safety assessment. Decision 3 should have been chosen as there were controlling interventions of a neglect petition filed and an OP in place. Several progress notes were not entered contemporaneously.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

SCDSS inaccurately reflected safety decision 2 on the 7 day safety assessment. The safety decision should have been 3 as



there were controlling interventions in place.

**Legal Reference:**

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

**Action:**

SCDSS will accurately complete safety assessments, documenting any safety plans or controlling interventions in place.

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Several progress notes were entered more than 30 days past the event date. Progress notes are required to be entered contemporaneously.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

SCDSS will enter all progress notes contemporaneously.

**Issue:**

Overall Completeness and Adequacy of Investigation

**Summary:**

The allegation of IG should have been added against the BF and Sub, as he was residing in the home at the time of the reported incidents and was a person legally responsible for the children.

**Legal Reference:**

SSL 424(6); 18 NYCRR 432.2(b)(3)

**Action:**

SCDSS will conduct thorough investigations and consider all evidence gathered to determine allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/07/2015	Sibling, Female, 3 Years	Mother, Female, 24 Years	Lack of Supervision	Unfounded	Yes
	Sibling, Male, 7 Years	Grandparent, Male, 82 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 7 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 7 Years	Mother, Female, 24 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 3 Years	Father, Male, 20 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 7 Years	Grandparent, Male, 82 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 3 Years	Grandparent, Male, 82 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 3 Years	Father, Male, 20 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 3 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 7 Years	Father, Male, 20 Years	Inadequate	Unfounded	



		Guardianship	
Sibling, Male, 7 Years	Father, Male, 20 Years	Lack of Supervision	Unfounded
Sibling, Female, 3 Years	Grandparent, Male, 82 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

The SCR report alleged on 10/05/2015 the BM, BF and the children went to the MGM and MGF's house to visit. The 7-year-old SS had a bb gun at the grandparents' house that he was allowed to use. While the adults were watching television, the 7-year-old SS and 3-year-old SS were outside playing. The 3-year-old SS went into the house, got the bb gun and brought it outside, accidentally shooting the 7-year-old SS on the shoulder. The 7-year-old SS had a mark on his shoulder.

**Determination:** Unfounded**Date of Determination:** 12/21/2015**Basis for Determination:**

SCDSS Unsub the allegations of LS and IG against the BM, BF and MGF regarding the 7 and 3-year-old SS. The 7-year-old SS reported his sister shot him in the shoulder with a bb gun, leaving a mark. The BM, BF and grandparents denied this, stating the 3-year-old SS was in the custody of BF #3 at the time and had not visited the SS, BM or BF in almost a month. The grandparents stated they had not seen the 3-year-old SS in 2 months. The 7-year-old later stated that he had a tick removed from his shoulder, causing the mark.

**OCFS Review Results:**

SCDSS appropriately Unsub the allegations. The caseworker worked collaboratively with the Preventive Services caseworker to investigate the concerns due to BM's lack of cooperation with the investigation and Preventive Services. SCDSS interviewed the subjects, 7-year-old SS and appropriate collaterals to determine the allegations. Safety assessments and RAP were completed accurately. A neglect petition was pending in Family Court with an OP in place against the BM and BF regarding all three SS. The case remained open for services. Several progress notes were not entered contemporaneously.

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

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Several progress notes were entered almost 2 months past the event date. Progress notes are required to be entered contemporaneously.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

SCDSS will enter all progress notes contemporaneously.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/11/2015	Sibling, Female, 1 Years	Mother, Female, 23 Years	Lack of Supervision	Indicated	Yes
	Sibling, Female, 3 Years	Mother, Female, 23 Years	Lack of Supervision	Indicated	
	Sibling, Female, 1 Years	Father, Male, 19 Years	Lack of Supervision	Indicated	
	Sibling, Female, 3 Years	Father, Male, 19 Years	Lack of Supervision	Indicated	

**Report Summary:**

SCR report alleged on 7/11/2015 the 1-year-old SS was found in the middle of the road. The parents did not know the child was there until a passerby brought her back to the tent where the family was staying.

**Determination:** Indicated**Date of Determination:** 09/30/2015



**Basis for Determination:**

SCDSS Sub the allegations of LS against the BM and BF regarding the BM's 1 and 3-year-old SS. The 1-year-old was found unsupervised in the road by a passerby, returned to the parents and the police were called to the home. When SCDSS and the police arrived at the home later the same day, the 3-year-old SS was in the road unsupervised. The BM was arrested and ticketed for Endangering the Welfare of a Child. A safety plan was initiated that the BM and BF would supervise the children at all times. A neglect petition was then filed in Family Court and an OP was issued against both parents. The Preventive Services case remained open and the 3-year-old SS went to live with BF #3.

**OCFS Review Results:**

SCDSS worked collaboratively with LE and the Preventive Services caseworker to investigate the report. A thorough investigation was conducted and SCDSS spoke with collateral contacts from the school, pediatrician, LE and BFs, along with multiple home visits to assess the safety of the SS. A CPS history review was conducted and Notice of Existence and Indication letters were sent to all required persons. The safety assessments and RAP were completed accurately. The allegations were appropriately Sub, a safety plan was warranted and initiated, followed by a neglect petition being filed in Family Court to obtain court ordered services. Several progress notes were not entered contemporaneously.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Several progress notes were entered almost 2 months past the event date. Progress notes are required to be entered contemporaneously.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

SCDSS will enter all progress notes contemporaneously.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/19/2015	Sibling, Male, 7 Years	Father, Male, 19 Years	Educational Neglect	Indicated	Yes
	Sibling, Male, 7 Years	Father, Male, 19 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 7 Years	Mother, Female, 23 Years	Educational Neglect	Indicated	
	Sibling, Male, 7 Years	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

SCR report alleged SS, age 7, missed 38 days of school and was failing as a result. The BM and PS were aware of the absenteeism and did not respond to the school.

**Determination:** Indicated

**Date of Determination:** 06/30/2015

**Basis for Determination:**

SCDSS Sub EdN against the BM and BF regarding the 7-year-old SS. The SS missed 41 days of school and was not meeting or only partially meeting standards. The family was homeless and the BM and BF did not ensure the SS attended school, despite the school providing transportation. The BM and BF refused to cooperate with the investigation, would not be interviewed and refused to allow the caseworker into the home. IG was Unsub as the BM and BF found a place to stay and enrolled the SS in school after they moved. The case was Indicated and closed-Services refused/unable to take or continue legal action.

**OCFS Review Results:**

SCDSS were very diligent in trying to locate the family. Once found, they made sufficient efforts to try to conduct interviews with the BF and BM and to assess the home for safety. SCDSS interviewed the 7-year-old SS at school and observed the younger SS at daycare. SCDSS made collateral contacts with the school, LE, relatives, babysitter, numerous



hotels, Fraud Unit and the Preventive Services caseworker. The necessary documentation was obtained to support substantiating EdN. All of the progress notes entered from 3/19/2015-6/12/2015, with the exception of the first 3 progress notes, were entered on 6/12/2015. These progress notes were not entered contemporaneously.

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

**Issue:**  
Timely/Adequate Case Recording/Progress Notes

**Summary:**  
All of the progress notes entered from 3/19/2015-6/12/2015, with the exception of the first 3 progress notes, were entered on 6/12/2015. These progress notes were not entered contemporaneously.

**Legal Reference:**  
18 NYCRR 428.5

**Action:**  
SCDSS will enter progress notes contemporaneously.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/26/2014	Sibling, Female, 3 Years	Mother, Female, 23 Years	Excessive Corporal Punishment	Unfounded	Yes
	Sibling, Female, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 3 Years	Mother, Female, 23 Years	Lacerations / Bruises / Welts	Unfounded	

**Report Summary:**  
SCR report alleged the BM struck the SS, age 3, on the thigh area with a large plastic zip tie as a form of punishment after the SS took the BM's cell phone. The SS had a large linear mark on her thigh as a result of BM's actions. The roles of the SS, age 7 and infant, were unknown. Additional information was received on 1/18/2015 that the furnace was not working and there was no water in the home causing the family to take showers and do laundry outside of the home and use bottled water to flush toilets.

**Determination:** Unfounded **Date of Determination:** 02/25/2015

**Basis for Determination:**  
SCDSS Unsub the allegations of IG, XCP and L/B/W against the BM regarding the 3-year-old SS. In the presence of the SS the BM was asked and denied hitting the SS. BM stated the SS fell while playing outside over a week prior. The SS then agreed that she fell. Several caseworkers observed the bruise on the SS's thigh. No zip ties were observed in the home. The case was Unfounded due to no credible evidence and remained open for Preventive Services.

**OCFS Review Results:**  
This investigation and the prior investigation, dated 10/21/2014, had timeframes that overlapped and most of the progress notes were the same. The 10/21/2014 investigation was Indicated for IG for the home having safety hazards that resulted in it being condemned on 1/20/2014, as well as LS for inappropriate supervision. This investigation was Unsub for IG, which contradicts the findings of the prior investigation. Allegations of LS and IG should have been Sub against the BM and BF regarding all 3 SS, as it contained the same documentation to support substantiating the allegations the prior report did. The 7-year-old SS was not interviewed about the allegations of this report.

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

**Issue:**  
Appropriateness of allegation determination

**Summary:**



The report should have been substantiated as there was some credible evidence gathered to support the allegations of IG and LS against the BM and BF regarding all 3 SS.

**Legal Reference:**

FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)

**Action:**

SCDSS will appropriately determine whether there is some credible evidence of child abuse or maltreatment so as to substantiate the allegations contained in the report and any allegations that arise during the investigation.

**Issue:**

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

**Summary:**

The 7-year-old SS was not interviewed regarding the allegations of the report.

**Legal Reference:**

432.1 (o)

**Action:**

SCDSS will conduct adequate casework contacts with all children, parents and subjects named on the report to make an appropriate assessment of safety and risk and to gather the necessary information to make a determination of the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/21/2014	Sibling, Male, 7 Years	Mother, Female, 23 Years	Excessive Corporal Punishment	Indicated	Yes
	Sibling, Female, 6 Months	Mother, Female, 23 Years	Lack of Supervision	Indicated	
	Sibling, Male, 7 Years	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 7 Years	Mother, Female, 23 Years	Lack of Supervision	Indicated	
	Sibling, Female, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 2 Years	Mother, Female, 23 Years	Lack of Supervision	Indicated	
	Sibling, Male, 7 Years	Mother, Female, 23 Years	Lacerations / Bruises / Welts	Indicated	
	Sibling, Female, 6 Months	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

SCR report alleged on 10/20/2014 the BM beat the SS, 7, repeatedly with a large stick, hitting him 7 or 8 times. It was believed the SS sustained welts and bruises; however, it was unknown where the SS was hit. The BM did this for punishment because the SS hit one of the other female children with a stick. The SS, 2 and 6 months, had unknown roles.

**Determination:** Indicated

**Date of Determination:** 02/05/2015

**Basis for Determination:**

SCDSS Sub the allegations of IG and LS regarding the 3 SS. The home was found to be cluttered and have safety hazards for the children that needed to be cleaned up on multiple occasions. BM was not properly supervising the children and allowing them to leave the home without knowing their whereabouts. The 7-year-old SS was caring for the 6-month-old



SS while BM was sleeping. The allegations of L/B/W and XCP regarding the 7-year-old SS were Unsub. The BM and SS denied that the BM hit him with a stick and there were no marks observed. The case remained open for Preventive Services to continue to address the concerns. In-home parent education services continued.

**OCFS Review Results:**

SCDSS reviewed CPS history, spoke to the source and interviewed the BM and 7-year-old SS. Safety assessments were completed on time and were accurate. SCDSS worked collaboratively with the Preventive Services caseworker and the parent educator to investigate the allegations and explore service needs. BF was living in the home as BM's boyfriend. The allegations of IG and LS should have been added and Sub against him for the condition of the home and the children not being properly supervised. Notices of Indication were not provided to the BM, BF or the 3 BF's of the SS.

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

**Issue:**

Overall Completeness and Adequacy of Investigation

**Summary:**

SCDSS should have added and Sub allegations of IG and LS against the BF, as BF was a household member and person legally responsible for the SS.

**Legal Reference:**

SSL 424(6); 18 NYCRR 432.2(b)(3)

**Action:**

SCDSS will conduct thorough investigations and consider all evidence gathered to determine allegations.

**Issue:**

Failure to Provide Notice of Indication

**Summary:**

SCDSS did not provide Notice of Indication to the subject and other persons named on the report.

**Legal Reference:**

18 NYCRR 432.2(f)(3)(xi)

**Action:**

SCDSS will provide Notice of Indication to all subjects and other persons named on the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/11/2014	Sibling, Female, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Male, 6 Years	Mother, Female, 23 Years	Lack of Supervision	Indicated	
	Sibling, Female, 2 Years	Mother, Female, 23 Years	Lack of Supervision	Indicated	
	Sibling, Male, 6 Years	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 6 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Female, 2 Months	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 2 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Female, 2 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Indicated	



Months	Years	Shelter	
Sibling, Female, 2 Months	Mother, Female, 23 Years	Lack of Supervision	Indicated
Sibling, Female, 2 Months	Mother, Female, 23 Years	Lack of Medical Care	Indicated
Sibling, Male, 6 Years	Father, Male, 41 Years	Inadequate Food / Clothing / Shelter	Indicated
Sibling, Female, 2 Years	Father, Male, 41 Years	Lack of Supervision	Indicated
Sibling, Female, 2 Months	Father, Male, 41 Years	Inadequate Guardianship	Indicated
Sibling, Female, 2 Months	Father, Male, 41 Years	Lack of Medical Care	Indicated
Sibling, Female, 2 Years	Father, Male, 41 Years	Inadequate Food / Clothing / Shelter	Indicated
Sibling, Female, 2 Months	Father, Male, 41 Years	Inadequate Food / Clothing / Shelter	Indicated
Sibling, Female, 2 Years	Father, Male, 41 Years	Inadequate Guardianship	Indicated
Sibling, Male, 6 Years	Father, Male, 41 Years	Inadequate Guardianship	Indicated

**Report Summary:**

SCR report alleged BM and BF #4 were residing with the SS, ages 6, 2 and 8 weeks, in a trailer that was in unsanitary condition. The parents were leaving the 2-year-old SS unattended for about 3 hours each day, and as a result, the SS was leaving the home and walking down the street. The 8-week-old SS had labored breathing, a severe yeast infection, thrush, was in a lot of pain, and the parents failed to seek medical treatment for the child.

**Determination:** Indicated

**Date of Determination:** 09/30/2014

**Basis for Determination:**

SCDSS Sub the allegation of IG against the BM and BF #4. BF #4 was violating a stay away OP when he came to the home intoxicated and BM allowed him into the home. BM asked him to watch the children while she took a bath. He punched BM and broke her nose. He was arrested and the stay away OP continued against him. Both parents placed the children at risk of harm by continuing to have physical altercations in the presence of the SS. Allegations of IF/C/S, LS and LMC were Unsub. The children's medical and supervision needs were being met and there were no safety hazards observed in the home. The case remained open for Preventive Services.

**OCFS Review Results:**

SCDSS appropriately Sub the allegation IG against the BM and BF #4 and Unsub the other 3 allegations. Appropriate interviews were conducted and collateral contacts made to determine the allegations and assess the safety of the SS. The RAP was very well written regarding the BM as the primary caretaker. BF #4 should have been listed as the secondary caretaker, which was left blank. He was the father of the youngest SS and a subject of the report, therefore risk should have been assessed regarding him in the RAP.

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

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

SCDSS did not include all necessary caretakers on the RAP.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

SCDSS will accurately complete the RAP and assess risk for all necessary caretakers.

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

SCR report 7/15/2008 IND against 17-year-old BM and BF #2 for IG of 9-month-old SS. BM threatened BF #2 with a knife while he was holding SS. BM was arrested for Endangering the Welfare of a Child (EWOC), Harassment and Menacing and an OP was issued against BM to stay away from BF #2. A safety plan was initiated for BM to be supervised with the SS. An Article 10 neglect petition was filed and the case was opened for CPS Mandated Preventive Services.

SCR report 3/28/2009 UNF for IG and L/B/W against BM regarding SS, 1 year. The case remained open for court ordered CPS Mandated Preventive Services.

SCR report 9/25/2012 IND against BM for IG regarding SS, 4 years and 9 months, and against the stepfather for IG regarding SS, 9 months. Unsub for IF/C/S against BM and stepfather regarding SS. The home was unsanitary and the BM and stepfather had a physical altercation in the presence of 9-month-old SS. Both were charged with EWOC, Assault and Domestic Disturbance.

SCR report 10/06/2013 IND against BM for IG regarding SS, 5 and 1, and BF #4 for PD/AM and IG of the SS. There was a physical altercation in the presence of the SS. Both BM and BF #4 were charged with EWOC and an OP was issued against both to stay away from each other and for BF #4 to stay away from the SS. BM was pregnant with BF #4's child. The case was opened for Preventive Services.

**Known CPS History Outside of NYS**

There is no known CPS history outside of NYS.

**Services Open at the Time of the Fatality**

**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: 02/11/2014**

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

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

**Casework Contacts**



# Child Fatality Report

	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"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Failure to Monitor
<b>Summary:</b>	The documentation did not show that CPS monitoring requirements were met consistently. There was no documentation that the service plan was monitored or of contact with the primary caseworker or service providers.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(5)
<b>Action:</b>	SCDSS will meet all monitoring requirements for the CPS Service Monitor, as referenced in the CPS Program Manual, Chapter IV, Section F.5.



### Preventive Services History

8/29/2008-4/30/2010: CPS mandated Preventive Services opened from an indicated SCR report. BM and BF #2 threatened each other with a knife. An Article 10 neglect petition was filed and a one year Order of Supervision (OOS) was put in place, which expired on 3/4/2010. BF #2 completed anger management, BM attended MH counseling with anger management and both attended parenting classes.

2/11/2014: Preventive Services case opened due to IND report against BM and BF #4 for having physical altercations in the presence of the BM's children. BM needed MH services and BF #4 agreed to a substance abuse evaluation. In-home parent education services were provided. A third SS (BF #4's child) was born and added to the case. Physical altercations took place between BM and BF #4, despite a stay away OP being issued against him. There were multiple incidents of the SS being outside unsupervised, the home was condemned and BM and SS were housed as homeless. BM began a new relationship (BF of SC and twin SS), had physical altercations with BF and BM's MH was unstable. On 2/2/2016 the SS were removed from BM. A neglect petition was filed and on 3/2/2016 BM consented to neglect. A 1 year OOS was ordered with an OP that BM would only have supervised contact with SS. CPS continued to monitor the foster care case.

### Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 09/13/2016

Date of placement with most recent caregiver? 09/13/2016

How did the child(ren) enter placement? Court Order

### Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts



	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 04/14/2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 06/11/2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 SCDSS complied with all foster care regulations regarding placement, visitation and oversight of the foster boarding home.

### Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes  No

### Foster Care Placement History

On 2/2/2016, the SS were removed from BM. The 8-year-old was placed with BF #2 under Article 10, the 4-year-old was



placed with BF #3 under Article 6, and the 1-year-old was placed in a foster boarding home (FBH). The 1-year-old SS was moved to the relative FBH of her PA on 3/17/2016. Due to BM's non-compliance with her court orders, a violation petition was filed on 8/16/2016. On 9/26/16, the PA and BF #4 were granted joint Article 6 custody of the now 3-year-old SS, BF #2 was granted Article 6 custody of the now 9-year-old SS, and BF #3 continued with Article 6 custody of the now 5-year-old SS. All 3 SS were removed from the case and were no longer receiving services.

Article 10 derivative neglect petitions were filed regarding the twins on 8/16/2016 and, due to BM's inability to make a safe plan for their care upon discharge, they were removed from BM on 9/13/2016 and placed in the custody of SCDSS. There was a finding of neglect, and on 3/6/2017 a 1 year OOS was ordered with an OP only allowing supervised contact for BM with the twins. The SC remained in the hospital and the twin SS was discharged to a FBH on 9/16/2016.

In May 2017, the twin SS's permanency goal was changed to discharge to BF and an abandonment petition was filed against BM. BM's rights were terminated on 7/20/2017 and SS was discharged from foster care to the custody of BF on 8/14/2017.

### 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:
08/12/2016	Adjudicated Neglected	Foster Care Placement to Continue
<b>Respondent:</b>	040003 Mother Female 26 Year(s)	
<b>Comments:</b>	SCDSS filed derivative neglect petitions against BM regarding the SC and twin SS. The SC and SS were removed and placed in foster care under an article 10 remand on 9/14/2016. On 3/6/2017 the SS and SC were adjudicated neglected and their foster care placement continued.	

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

**From:** 03/02/2016

**To:** Unknown

**Explain:**  
An OP was issued on 3/2/2016 and remained in effect requiring BM to have only supervised visitation with the 3 older SS. An OP was also issued against BF to stay away from the 3 older SS until they turn 18. On 9/13/2016, an OP was issued that BM only have supervised visitation with the SC and twin SS.

### Additional Local District Comments

The unfortunate passing of this foster care child was a result of complications from her premature birth. The parents were provided with a plethora of services and extensive case management to assist with not only reunification efforts but also supporting this child who did not leave the hospital she was born in. Albeit the citations, it is necessary for SCDSS to confirm that the safety decisions and actions in the interest of the children in this case has been successful. The passing of the infant in this case is not a direct result of the action or inaction of the SCDSS. The surviving sibling has achieved safety, permanency and well-being as have all of the surviving siblings involved in the three year review of this case.

### 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