

Report Identification Number: BU-14-024

Prepared by: Buffalo Regional Office

Issue Date: 2/11/2015

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.

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Abbreviations

| Relationships | | |
|--|---|---|
| BM-Biological Mother | SM-Subject Mother | SC-Subject Child |
| BF-Biological Father | SF-Subject Father | OC-Other Child |
| MGM-Maternal Grand Mother | MGF-Maternal Grand Father | FF-Foster Father |
| PGM-Paternal Grand Mother | PGF-Paternal Grand Father | DCP-Day Care Provider |
| MGGM-Maternal Great Grand Mother | MGGF-Maternal Great Grand Father | PGGF-Paternal Great Grand Father |
| PGGM-Paternal Great Grand Mother | MA/MU-Maternal Aunt/Maternal Uncle | PA/PU-Paternal Aunt/Paternal Uncle |
| Contacts | | |
| LE-Law Enforcement | CW-Case Worker | CP-Case Planner |
| Dr.-Doctor | ME-Medical Examiner | EMS-Emergency Medical Services |
| DC-Day Care | FD-Fire Department | BM-Biological Mother |
| CPR-Cardio-plumonyary Resuscitation | | |
| Allegations | | |
| FX-Fractures | II-Internal Injuries | L/B/W-Lacerations/Bruises/Welts |
| S/D/S-Swelling/Dislocation/Sprains | C/T/S-Choking/Twisting/Shaking | B/S-Burns/Scalding |
| P/Nx-Poisoning/ Noxious Substance | XCP-Excessive Corporal Punishment | PD/AM-Parent's Drug Alcohol Misuse |
| CD/A-Child's Drug/Alcohol Use | MN-Medical Neglect | 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 Suprevision |
| Ab-Abandonment | OTH/COI-Others | |
| Miscellaneous | | |
| IND-Indicated | UNF-Unfounded | SO-Sexual Offender |
| Sub-Substantiated | Unsub-Unsubstantiated | DV-Domestic Violence |
| LDSS-Local Department of Social Service | ACS-Administration for Children's Services | NYPD-New York City Police Department |
| PPRS-Purchased Preventive Rehabilitative Services | | |

Case Information

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Report Type: Child Deceased
Age: 1 day(s)

Jurisdiction: Niagara
Gender: Male

Date of Death: 06/19/2014
Initial Date OCFS Notified: 06/26/2014

Presenting Information

On the night of June 18, 2014 the SM who was 22 weeks pregnant, abused cocaine. Shortly thereafter at 11:30 PM, the SM went into labor and delivered the SC that was born alive. The police were called. The SM and SC were transported to the hospital. On June 19, 2014 at 12:35 AM the SC was pronounced dead. The COD is that the SC was not viable at 22 weeks gestation. It is believed the mother's cocaine use caused the mother to go into labor resulting in the premature birth of the SC.

Executive Summary

On June 25, 2014 NCCPS received a report from the SCR with allegations of IG and then a subsequent report with allegations of DOA/Fatality and PDAM against SM with respect to SC. The report alleged that on June 18, 2014 SM was 22 weeks pregnant and abused cocaine. Shortly thereafter at 11:30 PM, SM went into labor and delivered a baby boy that was breathing. The police were called. The SM and SC were transported to the hospital. On June 19, 2014 at 12:35 AM the child was pronounced dead. NCCPS attempted to locate the SP, with the help of Niagara Falls Police. On July 2, 2014 SF met with CW and was able to address the allegations with him. The SF would not state where they were living and did not state where SM was. On July 14, 2014 the CW observed SS in his foster home. On July 21, 2014 SP came to the NCDSS to discuss the SCR report with the CW. She stated that on the night the SC was born she could feel SC coming and caught him before he landed in the toilet. The SM denied any problems. The CW gave the SP grief counseling information. On August 7, 2014 NCCPS received SM's medical history. The SM was hospitalized from May 25-28 2014. The SM had been diagnosed with mental health and substance abuse problems. The CW also received the medical charts and death certificate for the SC. The COD was intra uterine fetal demise, due to consequence of congenital anomalies. On September 11, 2014 the CW spoke to mother of paternal siblings. The CW stated SS does not have unsupervised contact with SF and contact does not happen on regular basis. On September 15, 2014 the CW attempted to see SS, but nobody was home. On October 16, 2014 the CW checked the Niagara County inmate records, both SP had been arrested for robbery with an instrument and were being held without bail. On October 29, 2014 NCDSS unsubstantiated the allegations of DOA/fatality, PDAM and IG against the SM with respect to the SC. The basis for the determinations was "as per OCFS conference on this case there is no definite evidence medically that supports that either the bruises inflicted on SM body or her use of cocaine earlier that night contributed to the premature birth of the child and the child being unviable to survive.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Yes

Yes

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- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

No surviving children reside with SP. The surviving child remains in foster care and NCDSS has filed a TPR petition against the SP.

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: 06/19/2014

Time of Death: 12:35 AM

Date of fatal incident, if different than date of death: 06/18/2014

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

County where fatality incident occurred:

NIAGARA

Was 911 or local emergency number called?

Yes

Time of Call:

11:50 PM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: being born

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

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

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At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 1 Day(s) |
| Deceased Child's Household | Father | No Role | Male | 44 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 32 Year(s) |
| Other Household 1 | Sibling | No Role | Male | 1 Year(s) |

LDSS Response

On June 25, 2014 NCCPS received a report from the SCR with allegations of IG and then a subsequent report with allegations of DOA/Fatality and PDAM against SM with respect to SC. The report alleged that on June 18, 2014 SM was 22 weeks pregnant and abused cocaine. Shortly thereafter at 11:30 PM, SM went into labor and delivered a baby boy that was breathing. The police were called. The SM and SC were transported to the hospital. On June 19, 2014 at 12:35 AM the child was pronounced dead. On June 25, 2014 NCCPS attempted to locate the SP, with the help of Niagara Falls Police. The CW spoke to the hospital and services worker.

On July 2, 2014 SF had an appointment at NCDSS and the CW was able to address the allegations with him. The SF would not state where they were living and did not state where SM was. The CW told SF they needed to speak to the SM. On July 14, 2014 the CW observed SS in his foster home. SS had been in care since his birth, due to SM drug and alcohol use.

On July 21, 2014 SP came to the NCDSS to discuss the SCR report with the CW. The SM stated she received prenatal care. She stated that on the night the SC was born she could feel SC coming and caught him before he landed in the toilet; the neighbor called 911. The SM denied having any problems. The CW gave the SP grief counseling information.

On August 7, 2014 NCCPS received SM's medical history. The SM was hospitalized from May 25-28 2014. The SM had been diagnosed with mental health and substance abuse problems. The CW also received the medical charts and death certificate for the SC. The COD was intra uterine fetal demise, due to consequence of congenital anomalies. The CW attempted to contact the emergency room doctor several times, to get clarification whether SM's drug use was the cause to SC's death, but got no response. The CW left messages for the ambulance and first responders but did not get a return call.

On September 11, 2014 the CW spoke to mother of paternal half sibling and scheduled a home visit. The CW was told she had two children by SF. The CW stated SS does not have unsupervised contact with SF and not have contact on a regular basis.

On September 15, 2014 the CW attempted to see SS, but nobody was home.

On October 16, 2014 the CW checked the Niagara County inmate records, both SP had been arrested for robbery with an instrument and were being held without bail.

On October 29, 2014 NCDSS unsubstantiated the allegations of DOA/fatality, PDAM and IG against the SM with respect to the SC. The basis for the determination was that there was no medical evidence that the mother's actions caused the child's premature

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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 investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: NCDSS did meet with their Rapid response team.

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

Comments: The Niagara County Child Fatality Review Team did meet and discuss case.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|----------------------------|--------------------------|-------------------------------|--------------------|
| Deceased Child Male 1 Days | Mother Female 32 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| Deceased Child Male 1 Days | Mother Female 32 Year(s) | Inadequate Guardianship | Unsubstantiated |
| Deceased Child Male 1 Days | Mother Female 32 Year(s) | DOA / Fatality | Unsubstantiated |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| All children observed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The SCR Report source contacted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Responders | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Room Personnel | <input type="checkbox"/> | <input checked="" 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"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was there timely entry of progress notes and other required documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

Additional information:

CW attempted to contact and see paternal SS, but was not successful. CW left numerous messages for hospital staff and first responders

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|--|
| Fatality Safety Assessment Activities |
|--|

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any safety issues that need to be referred back to the local district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| |
|---|
| Fatality Risk Assessment / Risk Assessment Profile |
|---|

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of the family's need for services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were appropriate/needed services offered in this case | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Placement Activities in Response to the Fatality Investigation

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and 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 siblings/other children in the household removed as a result of this fatality report/investigation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, court ordered? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explain as necessary: Surviving sibling was removed prior to this fatality, because of SM's drug and alcohol use and not having suitable housing. | | | | |

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 | Needed but not Offered | Needed but Unavailable | N/A | CDR Lead to Referral |
|----------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Economic support | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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"/> |

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| | | | | | | | |
|--------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Alcohol/Substance abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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:
 Family had no surviving children residing with them. The family was already working with court ordered services, parenting classes, supervised visits counseling/drug and alcohol and was not compliant with any services prior to fatality.

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 SS has never resided with SP and was placed into foster care at birth.

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

Explain:
 The Family was already working with services at the time of fatality.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? No

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

CPS - Investigative History Three Years Prior to the Fatality

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|---------------------------|------------------------------|--------------------------------------|----------------|---------------------|
| 05/04/2013 | 718-Sibling, Male, 1 Days | 716-Mother, Female, 31 Years | Inadequate Food / Clothing / Shelter | Indicated | No |
| | 718-Sibling, Male, 1 Days | 716-Mother, Female, 31 Years | Parents Drug / Alcohol Misuse | Indicated | |

Report Summary:

The mother and child tested positive for cocaine at the time of delivery. She admitted to using cocaine several days prior to giving birth.

Determination: Indicated

Date of Determination: 05/29/2013

Basis for Determination:

The allegations were PDAM and IFCS. The SM gave birth to baby boy and both tested positive for cocaine. SM admitted to using hours before delivery. SM has a long history of drug abuse problems, including cocaine and Heroin. This negatively impacts her ability to care for a child. SM had 3 other children who were surrendered in 2010. SM was receiving services and never completed any court ordered services. SM has no verifiable income. The SF has a long history of drug and DV arrests, he is currently under investigations for murder and promoting prostitution. As a result the baby was placed in to foster care on 5/8/13. Petition was filed Family Court and case is open.

OCFS Review Results:

The NCDSS discussed allegations with SP and observed SS. The CW looked into relative resources for the child, but was unable to locate any. The NCDSS contacted and spoke to appropriate collateral contacts. The CW observed the FP's with SS. NCDSS filed a petition in Niagara County Family Court and opened a services case with the family.

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) |
|--------------------|-----------------------------|----------------------------|-------------------------------|----------------|---------------------|
| 11/01/2011 | 713-Sibling, Male, 10 Years | 712-Father, Male, 37 Years | Inadequate Guardianship | Unfounded | No |
| | 713-Sibling, Male, 10 Years | 712-Father, Male, 37 Years | Lacerations / Bruises / Welts | Unfounded | |

Report Summary:

When ten year old child (CHD) was living with his mother and boyfriend (BF), BF physically assaulted the child more than once. On one occasion BF struck the CHD in the head, causing CHD to sustain a laceration that required stitches on his forehead. The CHD has a visible scar as a result. On another occasion BF threw CHD down a set of stairs and the CHD sustained a cut to his ankle The CHD has visible scare currently on his ankle.

Determination: Unfounded

Date of Determination: 12/16/2011

Basis for Determination:

The allegations of IG and LABW against SM's BF in regards to the child are unsubstantiated. It was suspected that the child may have been hit by BF in the past due to the fact that CHD disclosed this to his counselor. However, these incidents happened three years ago and it is impossible to determine at this time if there were lacerations, bruises or welts. The SM stated that she does not recall BF injuring CHD. The child has been freed for adoption and is never going back to the mother or BF. The CHD is in a pre-adoptive home and is safe.

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OCFS Review Results:

NCDSS observe the children, but did not interview them on the basis, the counselor thought it would be more harmful. NCDSS sent out another LDSS interview SM's BF who was incarcerated in a state prison several hours away. That LCDSS attempted to interview BF, but was unable to get access to the prison. NCDSS did interview SM who denied allegations.

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

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

SM had three previous unfounded SCR reports with allegations of IG and PDAM. The SM had indicated SCR reports in September 2003 for IG, November 2006 for IG, January 2007 for IG and PDAM, October 2007 for IG, July 2008 for IG and PDAM children removed and petition filed. and December 2008 for IG and PDAM child was removed. The SF was listed as a no role in a 2005 unfounded SCR report. The SF was listed in two unfounded reports with allegations of PDAM, CDAM, IG, LBW's LOS, SA and XCP. The SF was indicated in two SCR reports for IG in February 2004 and December 2002.

Known CPS History Outside of NYS

No known history outside 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: 05/08/2013

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, was the response appropriate to the circumstances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Casework Contacts

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| | 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/other children in the household as necessary to achieve safety, permanency, and well-being? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were services provided to parents as necessary to achieve safety, permanency, and well-being? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Family Assessment and Service Plan (FASP)

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

Closing

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

Required Action(s)

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

Yes No

Preventive Services History

The SM had a services case with NCDSS from July 11, 2008-March 29, 2011. The SM admitted to being homeless with

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her children and using drugs. NCDSS filed a neglect petition in Family Court and children were removed. The SM was ordered to work with parenting services, drug and alcohol treatment and supervised visitation. NCDSS filed an amended petition and removed another child from SM for drug and alcohol use, when child was born with a positive toxicology to heroin. The SM surrendered all three SS and they were adopted. The SP had a preventive services case with NCDSS that opened on May 8, 2013, when SM gave birth to SS and had a positive toxicology. The SP are suppose to have supervised visitation with SS, parenting classes, drug,/alcohol and mental health evaluations. The case is active with Niagara county.

Family Assessment Service Planning (FASP)

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the most recent required FASP approved on time? | <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"/> |

Required Action(s)

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

Yes No

Foster Care Placement History

The SM's SS children were placed into FC on July 11, 2008, due to SM's drug use and homelessness. The SM had another SS placed in FC when she and SS had a positive toxicology for drugs at birth on 12/30/08. On June 15, 2010 SM surrendered her rights to two SS sibling, and on January 11, 2011 SM surrendered her rights to the other SS sibling. The SM gave birth to another SS on May 4, 2013 who tested positive for cocaine at birth. The SS was placed into FC on May 7, 2014. That SS still resides in FC. The SP have supervised visitation, but have not completed any other services required.

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: |
|--------------------|---------------------------------|--|
| 05/08/2013 | Adjudicated Neglected | Care/Custody to Local Social Services District |
| Respondent: | 013301 Mother Female 32 Year(s) | |

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| | |
|------------------|--|
| Comments: | The SM admitted to neglect findings of drug use, DV and no suitable residences. The SM agreed in court to work with services, parenting classes, supervised visitation, counseling and look for housing. |
|------------------|--|

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