

Report Identification Number: BU-14-029

Prepared by: Buffalo Regional Office

Issue Date: 4/3/2015

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: 0 day(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 09/30/2014
Initial Date OCFS Notified: 09/30/2014

Presenting Information

The mother gave birth prematurely to a baby girl at five and a half months gestation. Mother's toxicology was positive for opiates and marijuana. Mother admitted to using heroin. The child was born alive. The baby girl died at the hospital one hour after birth at 3:45 AM.

Executive Summary

On September 30, 2014 ECDSS received a subsequent report from the SCR with allegations of DOA/Fatality against SM with respect to SC. The surviving siblings (SS) nine years-old, five years-old and one-year old and no roles. The report alleged that the SM gave birth prematurely to SC at five and a half months gestation. The SM's toxicology was positive for opiates and marijuana. SM admitted to using heroin. The SC was born alive. The SC died at the hospital one hour after birth at 3:45 AM. The cause of death was complications of prematurity due to acute chorioamnionitis, with manner of death being undetermined.

On September 30, 2014 the EC CW, spoke with the ongoing CW. The CW stated that several reports have been received involving SM's drug and alcohol use, IG and IFCS. CW was informed that none of the SS reside with SM. The nine-year -old and five-year-old SS live with their respective fathers, and ECDSS filed a neglect petition in Family Court placing the one-year-old SS in 1017 custody with the maternal uncle in August 2014. The CW observed all SS and interviewed SM regarding allegations. The SM admitted to smoking marijuana and shooting heroin a couple times a week. The CW spoke with source and hospital staff. The CW also left messages for the police department. ECDSS confirmed that SS was seen by the CAC and that SF does visit with SS on a regular basis. ECDSS was unable to contact SF and interview him. ECDSS spoke with relative's who denied having concerns for the SS sibling. ECDSS spoke to nine-year-old and five-year-old SS respective fathers who denied SM having unsupervised contact with children and denied having concerns for their safety. ECDSS received police reports involving SM. Criminal Charges were not filed in regards to SC's death.

On December 2, 2014 ECDSS unsubstantiated the allegations of DOA/Fatality against SM with respect to SC. The basis for the determinations was that there was no medical evidence that the SM's actions caused the child's prematurity. The case remains open for services for SS sibling.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Was the decision to close the case appropriate? Yes

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

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

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: 09/30/2014

Time of Death: 03:45 AM

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

County where fatality incident occurred: ERIE

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: being born

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

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

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Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	0 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Other Household 1	Sibling	No Role	Male	5 Year(s)
Other Household 2	Father	No Role	Male	24 Year(s)
Other Household 3	Sibling	No Role	Male	1 Year(s)
Other Household 4	Sibling	No Role	Male	9 Year(s)

LDSS Response

On September 30, 2014 ECDSS received a subsequent report from the SCR with allegations of DOA/Fatality against SM with respect to SC. The surviving siblings (SS) nine years-old, five years-old and one-year-old had no roles. The report alleged that the SM gave birth prematurely to SC at five and a half months gestation. The SM's toxicology was positive for opiates and marijuana. Mother admitted to using heroin. The SC was born alive. The SC died at the hospital one hour after birth at 3:45 AM.

On September 30, 2014 the EC CW, spoke with the ongoing CW. The CW stated that several reports have been received involving SM's drug and alcohol use, IG, and IFCS. CW was informed that none of the SS reside with mother. The nine-year-old and five-year old SS live with their respective fathers, and ECDSS filed a neglect petition in Family court placing the one-year-old SS in 1017 custody with the paternal uncle in August 2014. The CW observed all SS sibling and interviewed SM regarding allegations. The SM admitted to smoking marijuana and shooting heroin a couple times a week. The CW spoke with source and hospital staff. The CW also left message for the police department and medical examiner.

On October 7, 2014 ECDSS completed a HV with 1017 resource, and was informed SS was seen at the CAC on October 2, 2014. The CW spoke with MGGM and relative resource who stated SM and SF in the past had physical altercations. The CW was told that SF does visit SS on a regular basis.

On October 8, 2014 ECDSS received SM's and SC's medical records. The manner of death was natural causes and prematurity.

On October 10, 2014 the CW completed a home visit with nine-year-old SS and his father who has custody. The father had no concerns for SS safety and was not aware of SM's drug use.

On November 7, 2014 the CW attempted a home visit at SF's home and sent him letter requesting contact.

On November 13, 2014 CW completed another HV with 1017 relative resource, who stated SF has filed for custody of SS and SF has unsupervised contact with SS. The CW completed a home visit with SS and his bio-father. The father of SS denied SM having unsupervised visits with SM.

On December 2, 2014 CW spoke to the ME's office which stated the autopsy and toxicology results are still pending.

On December 3, 2014 ECDSS received police reports involving SM. Criminal charges were not filed in regards to SC death.

On December 2, 2014 ECDSS unsubstantiated the allegations of DOA/Fatality against SM with respect to SC. The basis for the determination was that there was no medical evidence that the SM's actions caused the child's prematurity. The case remains open for services for SS siblings

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Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: ECDSS followed appropriate MDT protocol.

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

Comments: ECDSS does not have a approved child fatality review team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
013261 - Deceased Child, Female, 0 Days	013262 - Mother, Female, 25 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
013261 - Deceased Child, Female, 0 Days	013262 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
013261 - Deceased Child, Female, 0 Days	013262 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated

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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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"/>
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Additional information:

ECDSS attempted to interview SF, but was unable to reach him.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input 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"/>
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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 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: SS was removed prior to fatality.				

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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 Family was already working with preventive services. SM was referred to substance abuse counseling and grief counseling.

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:
 SS was placed in 1017custody with maternal uncle on August 14, 2014.

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

Explain:
 SM was working with preventive services, supervised visitation of SS and was referred to substance abuse treatment.

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? Yes
- 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)
08/14/2013	1173-Sibling, Male, 2 Months	1171-Mother, Female, 24 Years	Inadequate Guardianship	Indicated	No
	1173-Sibling, Male, 2 Months	1171-Mother, Female, 24 Years	Lack of Medical Care	Indicated	

Report Summary:

The child two-months-old was born premature. He had respiratory distress and spent 19 days in the hospital for respiratory issues. To date, the SM has missed three medical appointments for the child. The dates being July 22nd, 25th, Aug12th 2013. The child has not received any shots. The SM makes and then no-shows to appointments.

Determination: Indicated **Date of Determination:** 12/08/2013

Basis for Determination:

The report is indicated for LOM and IG against SM with respect to SS. The child was born on 6/20/13, approximately 2 months premature. He had respiratory distress as a newborn and was hospitalized for 19 days after birth for respiratory issues. SM failed to bring child for medical appointments even though she had medical insurance for child. Child was not seen by a medical provider until SF brought child in on 8/22/13. SM was arrested on 8/18/13 for DWI she was released on 12/12/13. SM is not able to drive for 6 months and must have a monitor device for 3 years. The SM, SF and SS were all living together. Family denied the need for services.

OCFS Review Results:

ECDSS spoke with source and appropriate collaterals. The CW observed SM's home and SF's home and relative homes. The CW spoke with parents regarding safe sleep, concerns regarding DV and drug and alcohol use. The CW offered the family services, but the family declined.

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)
03/12/2014	1177-Sibling, Male, 8 Months	1174-Mother, Female, 24 Years	Inadequate Guardianship	Indicated	Yes
	1177-Sibling, Male, 8 Months	1174-Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

The SM is recently recovering heroin addict. The SM was recently incarcerated due to a DWI and four narcotic related felonies. The SM is now using again. The SM has a bag full of used heroin supplies in her bathroom and bruises covering her body. yesterday March 11, 2014, mother was nodding out while caring for eight-month-child. Today March 12, 2014 the SM left the home with child in order to use heroin.

Determination: Indicated **Date of Determination:** 12/04/2014

Basis for Determination:

The report of 3/12/14 and sub reports of 7/29/14 and 8/7/14 against SM with allegations of IG, LOS, PDAM with respect to SS are substantiated. At the time of report SM had been recently released from jail. SM served several months in jail for DWI and several narcotic related felonies. SM admitted to actively using drugs. Mo had no medical insurance. SM left town for several days without making a plan for child. SM did not have stable housing. SM did not engage in drug treatment. The county filed a neglect petition in Family Court and child was placed in 1017 custody with relatives and an OOP was issued against SM with supervised visitation..

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OCFS Review Results:
 ECDSS contacted appropriate collaterals, saw all children and talked with appropriate family members. ECDSS completed the 7 day safety assessment late, and marked no safety concerns. SM had a past history of drug and alcohol abuse. The secondary caretaker on the RAP was identified incorrectly.

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

Issue:
 Timely/Adequate Seven Day Assessment

Summary:
 The seven day safety assessment for the March 12, 2014 SCR report was not completed until April 9, 2014. The seven day safety assessment for the August 7, 2014 SCR report was not completed until August 19, 2014 and was not approved until September 30, 2014. The March 12, 2014 and July 29, 2014 SCR reports had no safety factors identified however the SM had a history of substance abuse.

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

Action:
 ECDSS will complete all seven day safety assessment on time and accurately identify all safety concerns.

Issue:
 Predetermination/Assessment of Current Safety and Risk

Summary:
 ECDSS identified the wrong secondary caretaker on the RAP for the March 12, 2014 and August 7, 2014 SCR reports.

Legal Reference:
 18 NYCRR 432.1(aa)

Action:
 ECDSS will correctly identify all appropriate care takers on all RAPS for all Child Protection Investigations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/29/2014	1180-Sibling,Male, 5 Years	1178-Mother,Female, 25 Years	Inadequate Guardianship	Indicated	No
	1180-Sibling,Male, 5 Years	1178-Mother,Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	
	1180-Sibling,Male, 5 Years	1179-Aunt/Uncle,Female, 24 Years	Inadequate Guardianship	Unfounded	
	1180-Sibling,Male, 5 Years	1179-Aunt/Uncle,Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1181-Sibling,Male, 1 Years	1178-Mother,Female, 25 Years	Inadequate Guardianship	Indicated	
	1181-Sibling,Male, 1 Years	1178-Mother,Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	
	1181-Sibling,Male, 1 Years	1179-Aunt/Uncle,Female, 24 Years	Inadequate Guardianship	Unfounded	
	1182-Other Child,Female,	1178-Mother,Female, 25	Inadequate	Unfounded	

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11 Months	Years	Guardianship	
1182-Other Child,Female, 11 Months	1178-Mother,Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
1182-Other Child,Female, 11 Months	1179-Aunt/Uncle,Female, 24 Years	Inadequate Guardianship	Indicated
1182-Other Child,Female, 11 Months	1179-Aunt/Uncle,Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated

Report Summary:

SM and her sister are both addicted to heroin and unable to adequately care for children ages five-years-old, one-year-old and eleven-months-old. Recently SM and sister were impaired from heroin and stole a car and drove while impaired with children in the back seat of the car.

Determination: Indicated

Date of Determination: 12/04/2014

Basis for Determination:

Allegations of IG and PDAM against SM and Aunt with respect to children are substantiated. The SM and sister have a history of drug abuse. At the time of report SM's sibling and niece were staying with SM. Due to both SM's history of drug abuse there is enough credible evidence to suggest that both SM may have been caring for children under the influence of drugs. The Aunt is currently in drug treatment and no longer residing with the SM. The SM isn't in treatment and SS has been placed in 1017 custody and other sibling is residing with FA.

Allegations of PDAM against SM with respect to eleven-month-old niece is unsubstantiated. The SM is not a person legally responsible

OCFS Review Results:

ECDSS contacted appropriate collaterals, saw all children and talked with appropriate family members. ECDSS completed the 7 day safety assessment and marked no safety concerns. SM had a past history of drug and alcohol abuse.

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)
08/07/2014	1187-Sibling,Male, 1 Years	1185-Mother,Female, 25 Years	Inadequate Guardianship	Indicated	No
	1187-Sibling,Male, 1 Years	1185-Mother,Female, 25 Years	Lack of Supervision	Indicated	
	1187-Sibling,Male, 1 Years	1185-Mother,Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

While being the sole caretaker SM uses drugs to impairment and cannot care for SS. The mother leaves the child locked in a bedroom without supervision while she goes outside and uses drugs..

Determination: Indicated

Date of Determination: 12/04/2014

Basis for Determination:

The allegations of PDAM, IG and LOS with respect to one-year-old SS is indicated. SM's whereabouts were unknown for several days without making a plan for child. CW filed neglect petition against SM. The SS was placed in 1017 custody with uncle. The SM had not engaged in treatment, had no medical coverage for child and did not have stable housing.

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OCFS Review Results:

ECDSS contacted appropriate collaterals, saw all children and talked with appropriate family members. ECDSS completed the 7 day safety assessment late. The secondary caretaker on the RAP was identified incorrectly.

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

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

The SM was the maltreated child in five SCR reports, two of the reports were indicated against MGM. The SM was the subject in three unfounded SCR reports, with allegations of IG in 2005, IG, IFCS and PDAM in 2006 and 2007. The SM was a no role in an unfounded SCR report against MGM with allegations of EDN.

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: 08/14/2014

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

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

Casework Contacts

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

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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"/>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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

On August 14, 2014 ECDSS filed a neglect petition in Family Court against SM, the allegations in the petition were SM's drug use and leaving the SS with family for days at a time, with no contact or plan. The SS was placed into relative 1017 custody and ECDSS had supervision over the family. A stay away order was issued against SM in favor of SS, with supervised visitation. Preventive Services was to assist SM with drug treatment, finding housing and appropriate income and monitor visitation. The case is still active with SM.

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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

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
08/14/2014	There was not a fact finding	There was not a disposition
Respondent:	013262 Mother Female 25 Year(s)	
Comments:	Petition is pending in Erie County Family Court.	

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