



Report Identification Number: BU-18-010

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

Issue Date: Sep 27, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

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

Jurisdiction: Niagara
Gender: Male

Date of Death: 04/05/2018
Initial Date OCFS Notified: 04/09/2018

Presenting Information

On 4/6/18, the death of the SC was reported to OCFS by the Niagara County Department of Social Services (NCDSS) through the required Agency Reporting Form 7065. On 4/5/18 at 3:22 PM, SC died from a medical condition while hospitalized at Oshei Children's Hospital.

Executive Summary

On 4/6/18, NCDSS notified OCFS of the SC's passing on 4/5/18 through form 7065. NCDSS had an open CPS investigation at the time, which was received on 3/21/18, concerning BF's drug misuse.

On 4/6/18, NCDSS was notified by a social worker at the Oshei Children's Hospital that SC passed away on 4/5/18 at 3:22 PM. SC was born on 2/26/18 with a rare congenital medical condition that required inpatient care and he was not expected to survive. SC remained hospitalized until his death and an autopsy was not performed. The death certificate listed the manner of death as "natural" and the cause of death as "cardio respiratory failure due to intractable seizures as a consequence of congenital brain abnormality". Another significant condition contributing to death was "Dandy Walker Syndrome, cerebellar hypoplasia".

NCDSS thoroughly investigated the circumstances surrounding SC's death and determined his death was not caused by abuse or maltreatment. The 4 and 5 yo SS were assessed to be safe in BM and BF's care. The CPS investigation was unfounded and closed on 6/11/18, as there was a lack of credible evidence BF was impaired while caring for the children. NCDSS had been involved with the family since 2012 for concerns of drug misuse, DV, untreated MH and unsafe home conditions. In 2017, BM and BF became engaged in the needed services and NCDSS made them aware of the possibility of Family Court involvement if they did not remain engaged. Since that time, BF actively participated in substance abuse treatment, MH treatment and took his medication as prescribed. BM took her medication as prescribed, there were no reported incidents of DV and the home was maintained free from safety hazards. NCDSS offered Behavioral Health and bereavement services to the family as a result of the death of SC and they declined.

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

Explain:

The death of SC was not reported to the SCR.

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

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

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

Explain:

The death of SC was not reported to the SCR.

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: 04/05/2018

Time of Death: 03:22 PM

County where fatality incident occurred: Erie

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

Child's activity at time of incident:

- 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 1

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	Male	1 Month(s)



Child Fatality Report

Deceased Child's Household	Father	No Role	Male	31 Year(s)
Deceased Child's Household	Mother	No Role	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)

LDSS Response

On 4/6/18, NCDSS was informed by a social worker at the Oshei Children’s Hospital that SC passed away the day prior. SC was inpatient for treatment for a medical condition that was diagnosed at birth. NCDSS notified OCFS of SC’s passing through the appropriate form and contacted the parents by phone to offer condolences and burial assistance. BM, BF and the 5 and 4 yo SS were temporarily staying with relatives and utilizing them for support.

Through the open investigation it was learned SC was hospitalized since birth with a congenital condition and was not expected to survive. The parents and SC were provided with Hospice services at the hospital to assist with end of life care. The home was assessed and the SS were determined to be safe in their parents’ care. BF had a history of drug misuse and on 3/21/18, an SCR report was received that alleged BF was using marijuana while caring for the SS. BF denied that he was impaired while caring for the SS. He was engaged in substance abuse treatment and tested negative for all substances except those legally prescribed. The parents had a history of DV and BM had a history of MH concerns. BM was taking prescribed medication, although was not engaged in MH counseling, and declined NCDSS’ referral for MH services.

NCDSS contacted numerous collaterals, including hospital staff, pediatrician, LE, BF’s substance abuse counselor and school staff. Hospital records confirmed SC passed away from a preexisting medical condition and not due to abuse or maltreatment by the parents. The SS were assessed to be safe in their parents' care. NCDSS unfounded and closed the CPS investigation.

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

Comments: The Niagara County CFRT plans to review the fatality.

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"/>
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"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Explain:
The death of the SC was not reported to the SCR, therefore 24-hour and 30-day safety assessments were not required.

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 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"/>

Explain:
Risk was adequately assessed and the needed services were offered.



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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

NCDSS provided the parents with information on MH counseling for the SS.

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

Explain:

NCDSS referred the parents to Behavioral Health services and provided them with information on burial assistance and MH counseling services.

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? No
- 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)	Allegation Outcome	Compliance Issue(s)
03/21/2018	Sibling, Male, 5 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 4 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Father, Male, 31 Years	Inadequate Guardianship	Unsubstantiated	



Sibling, Male, 5 Years	Father, Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 4 Years	Father, Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

An SCR report alleged BF had a history of misusing substances. BF had been the sole caretaker of the SS while using marijuana to impairment. BM was aware and failed to adequately assess the issue. As a result, the issue was ongoing. No one sustained any known injuries and the SC's role was unknown.

Report Determination: Unfounded

Date of Determination: 06/11/2018

Basis for Determination:

NCDSS unsubstantiated the allegations of IG against BM and BF regarding the SS and PD/AM against BF regarding the SS. BF was engaged in substance abuse treatment. He denied using any substances that were not prescribed and denied being impaired while caring for the children. The SS were observed to be healthy and expressed no concerns regarding drugs. BM was taking prescribed MH medication and the family received Hospice services for the SC. SC passed away during the investigation. NCDSS appropriately investigated the circumstances surrounding SC's death and determined his death was due to a medical condition and not due to abuse or maltreatment by a caretaker.

OCFS Review Results:

NCDSS contacted necessary collaterals to investigate the allegations and the death of SC. Safety assessments and the RAP were completed accurately and on time. Notice of Existence letters were provided to the parents within the required timeframe. NCDSS appropriately unsubstantiated the allegations and closed the case after referring the parents and SS for additional MH counseling and bereavement services.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/01/2017	Sibling, Male, 4 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 4 Years	Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 3 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 3 Years	Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged on 4/29/17, BF was under the influence of alcohol when he intentionally severely cut his arm to the bone. The SS were present in the home during the incident and were frightened when they saw BF's blood at the scene. BM was present as well.

Report Determination: Indicated

Date of Determination: 08/31/2017

Basis for Determination:

NCDSS substantiated the allegations of IG and PD/AM against BF regarding the SS. BF was under the influence of alcohol when he intentionally severely cut his arm to the bone. The SS were present and frightened when they saw BF's blood all over the floor and they could have been injured during the incident. BF was admitted for emergency psychiatric care. The case closed as BF engaged in substance abuse treatment, MH counseling, an anger management group and was taking MH medication as prescribed.

OCFS Review Results:

NCDSS interviewed all household members and contacted the necessary collaterals to accurately determine the allegations. The children's safety and risk were adequately assessed. BF was engaged in services and no additional service needs were identified.

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/08/2016	Sibling, Male, 4 Years	Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Male, 4 Years	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 4 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 2 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report alleged the home was unsanitary with garbage on the floors and counters, dirty dishes on the counters and piled in the sink and dirty clothes throughout the home. The BM and BF were aware that the conditions of the home were a health and safety hazard for the SS and failed to correct the hazards.

Report Determination: Indicated

Date of Determination: 10/25/2016

Basis for Determination:

NCDSS substantiated the allegations of IF/C/S and IG against BM and BF regarding the SS. The home was found to be cluttered with small items on the floor and dirty dishes with old food piled on the kitchen sink and counter. The SS's bedrooms were cluttered and not in use. The home was picked up and remained free from safety hazards at case closing. BF was enrolled in substance abuse treatment, although not fully engaged. BM was referred for Behavioral Health services, who provided BM with referrals for DV services, an in-home program, a support group, and crisis MH services. NCDSS offered Preventive Services and BM and BF declined.

OCFS Review Results:

NCDSS interviewed all household members and contacted the necessary collaterals to accurately determine the allegations. The children's safety and risk were adequately assessed and referrals were provided for the needed services. Preventive Services were appropriately offered to the parents.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/21/2015	Sibling, Male, 2 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 1 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	



Sibling, Female, 1 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 2 Years	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 1 Years	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 1 Years	Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 2 Years	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 1 Years	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 2 Years	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Female, 1 Years	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated

Report Summary:

An SCR report alleged on an on-going basis, BM and BF physically assaulted each other in the presence of the SS. On 7/21/15, both parents were arrested as the result of a DV incident. The children were not potty trained and urinated and defecated all over the floor and the parents did not clean it up. Both parents used heroin and abused prescription pills and BF passed out. When under the influence, BM was aggressive, violent and threw objects in the home, while the children were present.

Report Determination: Indicated

Date of Determination: 10/14/2015

Basis for Determination:

NCDSS substantiated the allegations of IG against BM and BF and PD/AM against BF regarding the SS. Both parents were arrested during a physical altercation in front of the SS and the children stayed with the PGF temporarily. BM had MH issues that were not treated properly and BF admitted to using drugs. BM and BF denied the children went to the bathroom on the floor and the home was observed to be free from safety hazards. BM engaged in MH counseling and the children were deemed safe in her care. BF was on a waiting list for a drug treatment program and not the sole caretaker for the children. The PGF and MGM provided a lot of support to the family and assisted with caring for the children.

OCFS Review Results:

NCDSS interviewed all household members and contacted the necessary collaterals to accurately determine the allegations and to confirm BM was engaged in MH services. The necessary referrals were provided for MH services, substance abuse services, Early Intervention and Head Start.

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

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

SCR report 12/5/12 and subsequent merged reports 12/12/12 and 1/11/13, were substantiated for IG against BF and unsubstantiated for IG against BM regarding the 5 yo SS. BF was intoxicated and was arrested for physically assaulting BM in the presence of the SS.

SCR report 12/11/13 and subsequent merged reports 12/13/13 and 12/22/13, were substantiated for IG against BM and BF regarding both SS and LS and PD/AM against BF regarding both SS. BF violated the OP that barred him from contact with BM, BF violated probation by using drugs and alcohol, there were additional DV incidents and BM allowed BF to be



the sole caretaker for the children despite these concerns.

SCR report 10/20/14 and subsequent merged report 10/30/14, was substantiated for IG, L/B/W, PD/AM against BF regarding both SS. BF continued to use drugs and alcohol and violate the OP barring him from contact with BM. There were ongoing incidents of DV and the 5 yo SS was struck on the forehead by BF during an incident.

SCR report 3/31/15 was unsubstantiated for IG against BM and BF and PD/AM against BF regarding both SS. BF was following the OP and having supervised contact with the children. There were no recent incidents of DV and BF became engaged in substance abuse treatment.

Known CPS History Outside of NYS

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

Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No