



Report Identification Number: BU-18-020

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

Issue Date: Dec 13, 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: 0 day(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 07/17/2018
Initial Date OCFS Notified: 07/17/2018

Presenting Information

An SCR report alleged the mother gave birth to two-month-old child on 7/17/18. The mother had a history of drug abuse, including THC and cocaine. Mother tested positive for cocaine at the time of delivery. The mother had an 8-month-old child that was removed from her care due to prior neglect, including a history of drug abuse and domestic violence. The 8-month-old sibling remained in foster care and the mother was mandated to complete a list of services. Mother did not receive prenatal care and delivered the subject child at approximately 5 months after feeling some cramping. The child was breathing and moving at the time the mother expelled the baby into the toilet and called 911. The child expired by the time that emergency medical services arrived. The child's death was deemed suspicious due to the circumstances under which she gave birth and the mother's history.

Executive Summary

On 7/17/18, Erie County Department of Social Services (ECDSS) received a report from the SCR about the death of a newborn child that occurred on the same date. At the time of the fatality, the subject mother (SM) had 4 other children (SS) all placed with alternate caregivers through Family Court action and were all receiving mandated services through ECDSS.

Upon investigation, it was learned that the SM gave birth to the subject child (SC) at a friend's home at approximately 5 months gestation. The SM expelled the SC into the toilet and it was reported the SC was breathing at the time of birth. It was also learned that SM used illicit drugs and tested positive at the hospital immediately following the birth. EMTs that arrived on scene found the SC gasping for breath with a heart rate. EMTs arrived at the ER with the SC being given positive pressure ventilation (PPV) and chest compressions. Hospital records show that SC had a heart rate of 30 BPM with transparent skin, and fused eyelids. ER estimated the gestational age of the SC to be around 21 weeks. An autopsy was not completed and the SC's body was sent directly to the funeral home at the request of the SM.

Throughout the investigation, ECDSS made extensive efforts to interview each first responder and diligently documented all casework. ECDSS spoke with all familial collateral contacts and medical personnel. ECDSS requested and reviewed all pertinent medical records for the SC and submitted said records to OCFS for review. ECDSS discussed grief counseling, substance abuse treatment, and other available services with the SM.

ECDSS unfounded the allegations of IG, PD/AM, and DOA/Fatality against SM due to there being no credible evidence to support the illicit drug use contributed to the premature birth or passing of the SC. ECDSS obtained records from the first responders and SM's OBGYN admission assessment, which reflected that SM was not aware she was pregnant. LE investigated the fatality, but no criminal charges were pursued.

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

Explain:

Safety was established within the appropriate timeframe, and all other documentation was commensurate with case circumstances; further, safety assessments were appropriate.

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:

Services were being provided to the family related to previous concerns.

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: 07/17/2018

Time of Death: Unknown

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

County where fatality incident occurred: Erie

Was 911 or local emergency number called? Yes

Time of Call: 12:38 AM

Did EMS 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

Did child have supervision at time of incident leading to death? Yes**At time of incident supervisor was:**

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

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	Alleged Victim	Female	0 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)

LDSS Response

ECDSS began the investigation within 24 hours of receiving the report and coordinated their efforts with LE. ECDSS contacted the DA, the source of the report, the first responders, the hospital where the SM was seen directly after giving birth, the friend at whose home the child was born, and personal collaterals for the family.

Through investigation it was learned that SM delivered the SC at 5 month gestation. SM was at a friend's home when she delivered the SC and SM subsequently called 911. SC was DOA and SM was brought to the hospital where she tested positive for illicit drugs. The SC went directly to the funeral home and no autopsy was performed and SC was not tested for drugs.

ECDSS made a visit to the foster home where the 8-month-old SS4 was residing. The home was above minimal standards and well maintained. It was learned that the SS4 had been living with the foster family since 1/3/18 as there were no familial resources available to the child at the time of removal. The SS4 had minimal contact with the SM, supervised by ECDSS. ECDSS assessed the safety of the 14 and 16-year-old (SS1 and SS2) in the home of the MGM. Neither child had contact with the SM and had not seen their mother in several years. ECDSS assessed both children to be safe in the MGM's home. ECDSS assessed the 5-year-old (SS3) in the home of MGF and his wife. There were no concerns for SS3 and her contact with the SM was minimal and supervised by MGF and his wife.

ECDSS spoke with the CPS CW Liaison for Oishei Hospital. ECDSS learned from the worker that SM was unaware she was pregnant. The worker informed ECDSS that SM tested positive for illicit drugs, but denied use. The worker at Oishei told ECDSS that she provided the SM with grief counseling information as well as safe sleep information.

ECDSS coordinated with the ECDSS foster care caseworker in implementing services for the SM and gathering a family



history. It was learned that SM reported to the foster care worker that she was pregnant several months prior to giving birth, however, SM was not receptive to services related to her pregnancy. SM also frequently missed supervised visitation with SS4 and attended only about half of the scheduled visits.

ECDSS made contact with the Buffalo Police Department Homicide Unit who informed the department they were not investigating the fatality as a homicide.

ECDSS made attempts throughout the investigation to interview the SM. ECDSS called, made unannounced home visits, and sent written notification. The SM did not respond to efforts until 8/14/18. After several more failed attempts to see the SM in person, ECDSS was able to make contact in person on 8/29/18. ECDSS was able to gather information from the SM on identifying information for the biological father of the SC. Services were discussed with the SM and it was learned that she was engaged in substance abuse and mental health services.

Based on the information provided by the SM, the biological father was added to the case and notified of the existence of a report. ECDSS made efforts to see and interview the BF at Erie County Holding Center where he was incarcerated for unrelated charges. BF denied knowledge that the SM was pregnant. BF was unaware that SM had used illicit drugs and denied being with her at the time she gave birth.

ECDSS appropriately unfounded and closed their investigation due to a lack of credible evidence. Foster care and preventive services continued to be provided to the mother and surviving siblings.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or 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

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

Comments: Erie County LDSS does not have an approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
047603 - Deceased Child, Female, 0 Days	047604 - Mother, Female, 34 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
047603 - Deceased Child, Female, 0 Days	047604 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
047603 - Deceased Child, Female, 0 Days	047604 - Mother, Female, 34 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 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 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"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The surviving siblings had been removed from the home prior to the fatality for abuse/neglect concerns related to the mother's ongoing substance abuse and inability to care for them.				

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 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 checked="" 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"/>				
Domestic Violence Services	<input checked="" 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"/>				
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 checked="" type="checkbox"/>	<input 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:
 SM engaged in substance abuse treatment and MH counseling as a result of a violation petition filed after the fatality. Bereavement services were offered, SS4 remained in foster care.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:

The 16, 14, and 5yo siblings were in 1017 placement with a relative and the 8 month old sibling was placed in foster care. The siblings were receiving services prior to the fatality to address concerns related to abuse/neglect prior to the fatality.

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

Explain:

The SM received parenting classes related to the SS that were placed in foster care. SM also attended her first substance abuse appointment during the fatality investigation and continued to be engaged in treatment at the time of this writing.

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
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



Was not noted in the case record to have any of the issues listed

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)	Allegation Outcome	Compliance Issue(s)
01/03/2018	Sibling, Female, 8 Months	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 8 Months	Mother, Female, 34 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Other Child - Aunt's Child, Male, 5 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Other Child - Aunt's Child, Male, 5 Years	Mother, Female, 34 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 8 Months	Aunt/Uncle, Female, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 8 Months	Aunt/Uncle, Female, 30 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Other Child - Aunt's Child, Male, 5 Years	Aunt/Uncle, Female, 30 Years	Inadequate Guardianship	Substantiated	
	Other Child - Aunt's Child, Male, 5 Years	Aunt/Uncle, Female, 30 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

On 1/3/18, the SM and aunt were drinking alcohol to the point of intoxication while caring for SS4 and the aunt's 4-year-old child. While the women were intoxicated, they became physically violent with each other, in the presence of the SS4 and other child. As a result, the aunt sustained a scratch. The children were placed at risk of harm due to the violence in the home. SM was arrested and was unable to make a plan for SS4.

Report Determination: Indicated

Date of Determination: 04/09/2018

Basis for Determination:

ECDSS indicated the allegations of IG and PD/AM against both the SM and the aunt in regard to SS4 and the other child. Both were the sole caretakers of the children when they became intoxicated and got into an altercation causing the SM to be arrested. The SM was unable to make a plan for the SS4, which resulted in the SS4's removal and subsequent placement in foster care.

OCFS Review Results:

ECDSS documented timely and adequate safety assessments and a risk assessment profile. There was sufficient documented supervisory consultation throughout the case record. Numerous collaterals were contacted throughout the investigation and notes were entered contemporaneously. Services were offered and there was adequate documentation of such.

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/18/2016	Sibling, Female, 16 Years	Other Adult - BioFa of SS, Male, 36 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 16 Years	Other Adult - BioFa of SS, Male, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 14 Years	Other Adult - BioFa of SS, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 14 Years	Other Adult - BioFa of SS, Male, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Other Child - Other Adult's Child, Female, 8 Years	Other Adult - BioFa of SS, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Other Child - Other Adult's Child, Female, 8 Years	Other Adult - BioFa of SS, Male, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Other Child - Other Adult's Child , Male, 3 Years	Other Adult - BioFa of SS, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Other Child - Other Adult's Child , Male, 3 Years	Other Adult - BioFa of SS, Male, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Other Child - Bio Fa2's CH with another Adult, Male, 8 Years	Other Adult - BioFa of SS, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Other Child - Bio Fa2's CH with another Adult, Male, 8 Years	Other Adult - BioFa of SS, Male, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

The father of the 16 and 14yo children (BF2) abused alcohol on a regular basis. On the night of 6/17/16, BF2 was intoxicated and became violent and out of control to the PS. BF2 slammed the PS arm in the door in the presence of the 11-month-old child they had in common. The father had a history of engaging in verbal disputes with the PS when intoxicated. The roles of the other children, SS1, SS2, and OC1 were unknown.

Report Determination: Indicated

Date of Determination: 10/19/2016

Basis for Determination:

ECDSS determined there was evidence based on interviews with the children as well as other collaterals that the BF2 placed the children at risk of harm when he became physically violent towards PS. There was also evidence to substantiate father's excessive drinking and irate behaviors. DV was documented in police reports dated 6/18/16, 6/17/16, 1/11/15, 10/30/15. Neglect petitions were filed and the 2 SS were placed in the care and custody of MGM under an article 1017.

OCFS Review Results:

Safety was established within the appropriate timeframe, and all other documentation was commensurate with case circumstances, safety and risk assessments were appropriate. Throughout the investigation, ECDSS made all appropriate collaterals contacts. Supervisory and legal consultation were noted. ECDSS provided services to the family to address the ongoing concerns. There is no documentation in the case records that ECDSS made contact with the SM and she was not notified of the report until 10/21/16.

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

Issue:

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

Summary:



Though the SM was added to the case and eventually notified of the 1017 placement with MGM, attempts were not made to see or interview her. A notice of existence was not sent to the SM until 10/21/16, which was the date the investigation closed and 125 days after the report came in.

Legal Reference:

432.1 (o)

Action:

ECDSS will make casework contacts in accordance with the following regulation: Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

PIP Requirement:

ECDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) WCDSS has taken, or will take to address the cited issue(s). For citations where a PIP is currently implemented, WCDSS will review the plan(s) and revise as needed to further address on-going concerns.

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

8/11/06 allegations of IG against SM regarding SS1 and SS2 IND. SM did not make a plan for the SS and would leave them at relatives without contact for days/weeks at a time.

7/24/07 IND for IG, PDAM, and OTHER against BF2 (now deceased) of SS1 and SS2. BF was arrested and charged with Endangering the Welfare and Sexual Abuse in the 2nd. Father was under the influence and sexually abused a child while camping with his own CHN (SS1 and SS2). SM obtained custody of the CHN as a result.

7/7/08 IND and opened for services for allegations of IG, LSUP, and PDAM. SM was leaving SS1 and SS2. SM drank and drove with the CHN in the car and got into an accident. Neglect petitions were filed and CHN were placed with MGM through a 1017 placement. 10/16/08 IND for same allegations/same incident as 7/7/08 report- case remained open for services and CHN remained with MGM.

2/19/09 UNF against MGM for SS1 and SS2 for IG and LSUP.

5/4/10 UNF against BF2 for SS1/SS2 for IG/, PD/AM.

10/18/10 IND against the other adult (BF2's GF) for IG/LSUP regarding SS2. (report with same allegations came in 11/16/10 and was IND again).

10/25/12 UNF against BF2 of SS2 for IG and II.

9/21/14 IND against BF for IG regarding SS3. DV with SM in the presence of SS3.

Known CPS History Outside of NYS

There is no known CPS history outside of New York.

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: 01/03/2018



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

	Yes	No	N/A	Unable to Determine
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"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The most recent FASP was due 8/1/18 and was not approved until 8/15/18. The FASP was 14 days overdue.				
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"/>

Preventive Services History

There was a Preventive Service case open from 10/22/08-2/9/10 after a CPS report was indicated against BF2 and SM for leaving the children at home unattended, while the parents went out to use drugs. A neglect petition was filed and the children placed with MGM. Substance abuse treatment was offered to the parents. BF2 was granted permanent custody of the children 2/4/10 after completing court orders related to substance abuse treatment and parenting. BF2 was in agreement that he could not leave the children in the care of the SM due to her non compliance and failure to complete parenting, drug/alcohol assessment and her mental health assessment.

There was a Preventive Service case open from 8/26/16-3/6/18 after BF2 engaged in physical violence with his girlfriend (PS) in the presence of SS1 and SS2. A neglect petition was filed and SS1 and SS2 were placed in 1017 placement with MGM. An order of protection was filed against BF2. On 8/9/17, MGM was awarded article 6 custody of SS1 and SS2. BF2 was recommended to attend substance abuse treatment as a condition of his orders from family court. PS was referred to a DV advocated program and a parenting after violence program.

Foster Care Placement History

1/3/18, SM became intoxicated and acted out physically towards a relative. SM was arrested and unable to make a plan for the 2-month old SS. On 1/3/18, the SS was placed in foster care and remained in care at the time of this writing. ECDSS



completed timely FASPs and appropriately assessed the service needs for the child throughout her placement. The foster home where the child is placed is stable and the family wishes to adopt the SS in the event that she cannot return to the SM.

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:
01/04/2018	Adjudicated Neglected	Foster Care Placement to Continue
Respondent:	047604 Mother Female 34 Year(s)	
Comments:	ECDSS filed an Article 10 petition against SM on 1/4/18 and there was a finding of neglect and SS4 remained in Foster Care.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/27/2016	Adjudicated Neglected	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	047604 Mother Female 34 Year(s)	
Comments:	A neglect petition was filed against BF2 and SM regarding SS1 and SS2 due to BF2's alcohol abuse and engaging in domestic violence with partners. BF2 was subsequently arrested and SM was not able to care for the CHN therefore they were placed in 1017 placement with MGM with court ordered supervision.	

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