



## Report Identification Number: BU-19-023

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

Issue Date: Nov 13, 2019

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Allegany  
**Gender:** Female

**Date of Death:** 05/28/2019  
**Initial Date OCFS Notified:** 06/12/2019

## Presenting Information

An SCR report was received which alleged on or about 5/28/19, a 3-month-old female child died while the parents were en route on an airplane to another country. The child passed away due to unknown reasons, and it was not known when the family would return to the United States.

## Executive Summary

This fatality report concerns the death of a 3-month-old female subject child (SC) that occurred on 5/28/19. A report was made to the SCR on 6/12/19 with allegations of Inadequate Guardianship and DOA/Fatality against the child’s mother (SM) and father (SF). Allegany County Department of Social Services (ACDSS) received the report and investigated the child’s death.

ACDSS had been involved with the family since February 2019, after a voluntary preventive services case was opened to address the family’s ongoing needs. At the time of the fatality, the child resided with her mother, father, twin brother, and 3 other surviving siblings (SS), ages 7, 8, and 10 years old. Another sibling (4 years old), was in foster care in another state due to pending abuse allegations against the mother and father. The investigation revealed ACDSS was aware the mother, father and twins had plans to travel out of the country in May 2019 and left on or around 5/27/19. The parents failed to make an appropriate plan for the siblings; however, the maternal grandparents ultimately agreed to care for them in the parents’ absence. It was discovered on 5/28/19, while the parents and twins were mid-flight overseas, the female child died. Information was gathered through law enforcement and family members who had spoken to the mother regarding the incident. It was revealed the twins were brought onto the plane as “lap infants”, and during the flight, the mother laid the female child on the seat between her and the father; the father held the twin on his lap. All four fell asleep for an unknown amount of time. When the mother awoke, she found the female child unresponsive beside her. Passengers assisted and tried to revive the child but were unsuccessful. When the plane landed, emergency services were on scene. An autopsy was completed in that country, and the child was buried there as well. The parents returned to the United States several weeks later but left the twin infant in the care of relatives overseas. ACDSS obtained a copy of the final autopsy report; however, it was written in a different language and had not yet been translated at the time of this writing. The manner and cause of death of the child remained unknown.

During the investigation, concerns surrounding the surviving siblings arose and were appropriately addressed by ACDSS. The siblings were removed from the care of the parents and placed into kinship foster care with the maternal grandmother. A Neglect Petition was filed in Family Court with the mother and father listed as respondents.

From the time the investigation began to the time of its closure, ACDSS met with and interviewed family members and numerous collateral sources. The parents were advised by their attorney not to speak with ACDSS surrounding the child’s death. ACDSS made every effort to obtain as much information as possible from the country in which the child was laid to rest and exhibited best casework practice throughout the investigation. The case was opened for CPS services, and Family Court proceedings remained ongoing at the time of this writing.

## 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:

WCDSS gathered sufficient information to appropriately determine the allegations and assess the safety of the surviving siblings.

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 case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

### 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: 05/28/2019

Time of Death: Unknown

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

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
- 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:** Unknown if they were 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 | Alleged Victim      | Female | 3 Month(s) |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 44 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Male   | 34 Year(s) |
| Deceased Child's Household | Sibling        | Alleged Victim      | Male   | 7 Year(s)  |
| Deceased Child's Household | Sibling        | Alleged Victim      | Female | 10 Year(s) |
| Deceased Child's Household | Sibling        | Alleged Victim      | Female | 8 Year(s)  |
| Deceased Child's Household | Sibling        | No Role             | Male   | 3 Month(s) |

**LDSS Response**

On 6/12/19, ACDSS received the SCR report regarding the death of SC, which occurred on 5/28/19. The family had been involved in an open voluntary preventive services case since February 2019 and remained engaged in a CPS services case at the time of this writing. Upon receipt of the fatality report, ACDSS initiated their investigation within 24 hours and coordinated efforts with their multidisciplinary team. ACDSS learned of 4 surviving siblings and worked diligently to assess their safety.

On 6/12/19, ACDSS spoke with LE who reported a tip had been received that SC, her twin SS, SM and SF were on an airplane headed to another country when SC died suddenly mid-flight. LE further informed ACDSS an autopsy had been performed in that country and that was also where SC was laid to rest. LE explained it was unclear when the parents and the twin SS would return to the United States, and the other 3 SS had been left with a relative locally. On this same date, ACDSS confirmed the 3 SS were with MGF but would be staying with MGM until SM returned from overseas.

ACDSS learned SM and the CHN had a long history of moving from state to state, and SM and SF had ongoing family court and criminal court proceedings regarding alleged abuse of a SS in foster care in a different state. ACDSS gathered as much information surrounding this case as possible. ACDSS also conducted CPS history checks in 7 other states the family was known to have lived, with history being found in one regarding the SS in foster care. ACDSS contacted the foster family and deemed that SS safe.

On 6/14/19, ACDSS assessed the safety of the 7, 8, and 10yo SS with no concerns noted. On this same date, ACDSS interviewed the MGM at the NYSP barracks. MGM had no confirmed information regarding SC's death, and only knew what SM had told her. MGM explained SM, SF and the twins left for overseas on 5/26/19, and they failed to make a plan



for the SS. MGM stated they were to return in one week; however, that changed due to SC's death. MGM did not know when the family would be returning. MGM reported she spoke with SM on several occasions since they left, and SM told her the twins were lap infants on the flight out of the country. SM informed MGM during the flight, SM placed SC between her and SF's seat, while the twin SS remained in SF's lap; all four fell asleep. MGM stated when SM awoke a while later, she found SC not breathing. SM had reported doctors on the flight attempted to revive SC but were unsuccessful. MGM stated the cause of death was unknown, but felt it was SIDS. MGM agreed to be a resource for the SS in case of a removal.

On 6/18/19, ACDSS interviewed the 3 SS at the CAC. Although it was noted the interviews occurred, the content of the interview was not entered into the case record. ACDSS did note the SS were safe with their grandparents. On 6/28/19, ACDSS removed the SS and they were placed into kinship foster care with MGM. MGF and his wife also came forward as resources.

SM and SF returned to the United States in July 2019; the twin SS was left with family members overseas and it was unknown when he would return. The parents had not attempted any contact with the SS for the duration of their absence. SM retained an attorney who advised SM and SF not to answer ACDSS' questions regarding the allegations in the report or SC's death.

Throughout the investigation, ACDSS spoke with numerous collateral sources and offered the family appropriate services in response to the death of SC. LE's investigation remained ongoing; however, there were no criminal charges brought against either parent. ACDSS found evidence to substantiate the allegations against the parents regarding the death of SC, as well as those regarding the SS for failing to make an appropriate plan for them when they left the country. At the time of this writing, Family Court proceedings remained ongoing, and the case was transferred to CPS services.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Unknown

### Multidisciplinary Investigation/Review

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

**Comments:** This fatality investigation was conducted by the Allegany County Multidisciplinary Team.

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

**Comments:** This fatality was reviewed by the Allegany County Child Fatality Review Team.

### SCR Fatality Report Summary

| Alleged Victim(s)                       | Alleged Perpetrator(s)            | Allegation(s)           | Allegation Outcome |
|---|-----------------------------------|-------------------------|--------------------|
| 052035 - Deceased Child, Female, 3 Mons | 052036 - Mother, Male, 34 Year(s) | Inadequate Guardianship | Substantiated      |
| 052035 - Deceased Child, Female, 3 Mons | 052036 - Mother, Male, 34 Year(s) | DOA / Fatality          | Substantiated      |
| 052035 - Deceased Child, Female, 3 Mons | 052037 - Father, Male, 44 Year(s) | DOA / Fatality          | Substantiated      |



|   |                                   |                         |               |
|---|-----------------------------------|-------------------------|---------------|
| 052035 - Deceased Child, Female, 3 Mons | 052037 - Father, Male, 44 Year(s) | Inadequate Guardianship | Substantiated |
| 052038 - Sibling, Female, 10 Year(s)    | 052037 - Father, Male, 44 Year(s) | Inadequate Guardianship | Substantiated |
| 052038 - Sibling, Female, 10 Year(s)    | 052036 - Mother, Male, 34 Year(s) | Inadequate Guardianship | Substantiated |
| 052039 - Sibling, Female, 8 Year(s)     | 052036 - Mother, Male, 34 Year(s) | Inadequate Guardianship | Substantiated |
| 052039 - Sibling, Female, 8 Year(s)     | 052037 - Father, Male, 44 Year(s) | Inadequate Guardianship | Substantiated |
| 052040 - Sibling, Male, 7 Year(s)       | 052037 - Father, Male, 44 Year(s) | Inadequate Guardianship | Substantiated |
| 052040 - Sibling, Male, 7 Year(s)       | 052036 - Mother, Male, 34 Year(s) | Inadequate Guardianship | Substantiated |

### CPS Fatality Casework/Investigative Activities

|   | Yes                                 | No                                  | N/A                      | Unable to Determine      |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| All children observed?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed?  | <input 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 type="checkbox"/>            | <input checked="" 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"/> |

**Additional information:**

ACDSS interviewed the parents, grandparents, SS and appropriate collateral sources. ACDSS was unable to observe the twin SS, as he remained in another country with relatives. Progress notes and other documentation were completed and entered timely.

### Fatality Safety Assessment Activities

|   | Yes                                 | No                       | N/A                      | Unable to Determine      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



|   |                                     |                                     |                          |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b> |                                     |                                     |                          |                          |
| <b>Within 24 hours?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>At 7 days?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>At 30 days?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Are there any safety issues that need to be referred back to the local district?</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                                     |                          |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>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?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|

### Fatality Risk Assessment / Risk Assessment Profile

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Was the risk assessment/RAP adequate in this case?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Was there an adequate assessment of the family's need for services?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>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?</b>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Were appropriate/needed services offered in this case</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Explain:**  
 The fatality investigation led to concerns surrounding the care of the SS, which resulted in a removal. A Neglect Petition was filed in family court against SM and SF. The twin SS remained overseas with paternal grandparents at the time of this writing, and the other SS were in the care and custody of MGM. A CPS services case was opened and ongoing.

### Placement Activities in Response to the Fatality Investigation

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>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?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>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?</b>                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If Yes, court ordered?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**Explain as necessary:**

The SS were removed and placed into foster care with MGM due to the parents leaving for another country and failing to make an appropriate plan for the CHN. There were also concerns SC died suddenly while the parents were flying, and no explanation had yet been provided at the time of this writing.

**Legal Activity Related to the Fatality**

**Was there legal activity as a result of 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:    |
|--------------------|---|-----------------------------|
| 06/28/2019         | There was not a fact finding  | There was not a disposition |
| <b>Respondent:</b> | 052036 Mother Male 34 Year(s)   |                             |
| <b>Comments:</b>   | A Neglect Petition was filed against SM and SF regarding their CHN after they left for a trip overseas and failed to make an appropriate plan for 3 of the SS. The CHN were removed and placed into DSS custody, and then ordered into kinship foster care with MGM. The Family Court proceedings remained ongoing at the time of this writing. |                             |

**Family Court Petition Type: FCA Article 10 - CPS**

| Date Filed:        | Fact Finding Description:   | Disposition Description:    |
|--------------------|---|-----------------------------|
| 06/28/2019         | There was not a fact finding  | There was not a disposition |
| <b>Respondent:</b> | 052037 Father Male 44 Year(s)   |                             |
| <b>Comments:</b>   | A Neglect Petition was filed against SM and SF regarding their CHN after they left for a trip overseas and failed to make an appropriate plan for 3 of the SS. The CHN were removed and placed into DSS custody, and then ordered into kinship foster care with MGM. The Family Court proceedings remained ongoing at the time of this writing. |                             |

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

**From:** 06/28/2019

**To:** Unknown

**Explain:**

Family Court ordered only supervised contact between SM, SF and the CHN.

**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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Economic support       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



|   |                                     |                          |                          |                          |                          |                                     |                          |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Funeral arrangements</b>                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Housing assistance</b>                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Mental health services</b>               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Foster care</b>                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Health care</b>                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Legal services</b>                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family planning</b>                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Homemaking Services</b>                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Parenting Skills</b>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Domestic Violence Services</b>           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Early Intervention</b>                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Alcohol/Substance abuse</b>              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Child Care</b>                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Intensive case management</b>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family or others as safety resources</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                | <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:**  
A CPS services case was opened in response to the fatality to address ongoing concerns within the family.

**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:**  
A CPS services case was opened in response to the fatality investigation and to address ongoing needs of the family.

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

**Explain:**  
A CPS services case was opened in response to the fatality investigation, and the parents remained engaged at the time of this writing.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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? 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 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) |
|--------------------|--------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 02/22/2019         | Deceased Child, Female, 1 Days | Mother, Female, 34 Years | Inadequate Guardianship | Unsubstantiated    | No                  |
|                    | Sibling, Male, 1 Days          | Mother, Female, 34 Years | Inadequate Guardianship | Unsubstantiated    |                     |

**Report Summary:**

This report was received and stated SM gave birth to twins on 2/22/19, and had a child removed from her care in 2018 due to abuse by SM and SF; there were criminal charges pending against both. There were concerns regarding the parents' ability to appropriately care for the twin infants based on their history.

**Report Determination:** Unfounded**Date of Determination:** 05/10/2019**Basis for Determination:**

ACDSS interviewed family and collateral sources surrounding the concerns in the report. Appropriate provisions for the infants were observed, and there were no concerns noted surrounding the SS. The state where the 4yo SS was in foster care would not provide specifics to ACDSS regarding their case against the parents. The parents agreed to preventive services and began to engage in Healthy Families, Families Together, and complied with psychological evaluations that were requested. ACDSS found no evidence to substantiate the allegations in the report as the CHN all appeared well cared for and safe. The investigation was closed and voluntary preventive services opened.

**OCFS Review Results:**

This investigation met all statutory requirements.

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

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

There was no CPS history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

The family has had ongoing CPS involvement in the state of New Hampshire since 2018. An abuse petition was filed against the parents regarding the 4yo SS after the SS was found with extensive immersion burns to her hands and the parents had no explanation. The SS was placed into foster care where she remained at the time of this writing.

The family also had CPS history in the state of Hawaii regarding the parents and the 4yo SS. In August 2017, there were concerns the SS had bruising and a laceration on her nose and around her eyes due to the child falling down the stairs. A preventive worker was assigned to work with the family; however, in February of 2018, the family relocated to New York.



## Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 02/27/2019

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

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

### 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"/> |

### Services Provided

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? | <input 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"/> |



### Provider

|   | Yes                                 | No                       | N/A                      | Unable to Determine      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Were Services provided by a provider other than the Local Department of Social Services?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Additional information, if necessary:**

Preventive services were provided by Hillside Children's Center.

### Preventive Services History

A voluntary preventive services case was opened in February 2019 following a CPS investigation conducted by ACDSS. The concerns investigated were that the mother gave birth to twins and had ongoing abuse and criminal proceedings against her regarding her daughter in another state. ACDSS found no evidence to substantiate the allegations; however, the family agreed to preventive services to address possible mental health concerns and link the parents with Healthy Families and a parent education program. The preventive services case was closed after the surviving siblings were placed into foster care with their maternal grandmother in June 2019.

### Foster Care Placement History

The 3 surviving siblings were placed into the care and custody of ACDSS on 6/28/19. Family Court granted MGM custody of the siblings and supervised contact between the siblings, SM and SF. The siblings were removed after SM and SF left for overseas and failed to make an appropriate plan for their care. A CPS services case was opened and remained ongoing at the time of this writing.

### 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