



Report Identification Number: SV-16-039

Prepared by: Spring Valley Regional Office

Issue Date: Mar 03, 2017

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	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



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

Jurisdiction: Orange
Gender: Male

Date of Death: 09/25/2016
Initial Date OCFS Notified: 09/26/2016

Presenting Information

An OCFS-7065 form was received in regard to the subject child. This form indicated the subject child was born on 7/29/2016 at 28-weeks gestation in Westchester Medical Center and transferred to the neonatal intensive care unit (NICU). The report stated that the subject child tested positive for E-coli Meningitis and went into septic shock after birth resulting in severe brain damage. The subject child was noted to have multiple cerebral infarctions, brain bleeds, seizures and retinal hemorrhaging on his right side. He has been in full respiratory failure since birth and was on full life support. The subject child and the mother tested negative for all substances, however the subject child's meconium tested positive for marijuana. Medical professionals explained that they believe this did not contribute to his serious health issues. On 9/23/2016, a DNR was signed by the parents in regard to the subject child. On 9/25/15, he went into Cardiac arrest and was pronounced dead at 7:46 PM.

Executive Summary

This case was initially screened for the FAR track, however returned to investigation status based on the circumstances of the case and the prior history of the family.

The investigation revealed that the mother was transferred to Westchester Medical Center from Orange Regional Medical Center as she had a fever. The mother was monitored in WMC for 3-days in labor and delivery, and had an emergency Cesarean Section on 7/29/2016. The mother tested positive for E-Coli Meningitis, and was in septic shock after the birth of the subject child. The subject child was noted to also test positive for E-Coli Meningitis in the brain, and was also in septic shock. It was noted that he had very limited brain function. The subject child was noted to have multiple cerebral infarctions, brain bleeds, seizures and a retinal hemorrhage on the right side of his brain. The subject child was minimally responsive, in full respiratory failure and was on full life support with a "grim" prognosis. At birth the mother and the subject child both tested negative for all substances. A meconium sample from the subject child, however, yielded positive toxicology for marijuana. The mother disclosed she last used marijuana in April or May 2016, and immediately stopped upon learning of her pregnancy. Medical personnel believed the subject child's medical conditions were unrelated to marijuana exposure and instead believed the BM's neglected health concerns contributed to the pre-term labor. The mother had multiple tooth abscesses during the pregnancy with the subject child that went untreated. The family sent all of the subject child's records to the Boston Children's Hospital for a second opinion, however were told that nothing further can be done to help the subject child. On 9/23/2016, the mother and father signed a DNR for the subject child at the recommendation of medical personnel. On 9/25/2016, the subject child went into cardiac arrest and passed away. The attending physician pronounced the subject child dead at 7:46 PM.

An autopsy was not performed on the subject child as he was born with multiple health issues and was under the care of medical personnel until his passing. Local law enforcement officials were not involved as a result. The safety and well-being of the 7-year-old male, half-sibling, 4-year-old male sibling and 2-year-old female sibling was assessed. These three children were under the care of the maternal grandmother while the parents were residing in the Ronald McDonald House or sleeping in the waiting room at the hospital with the subject child. All three surviving siblings appeared to be happy, appropriately dressed, clean and well cared for, and were comfortable in the presence of their extended family members. There was a 10-year-old male half-sibling listed on the report and it was determined that



this half-sibling resides in Kentucky with his father. Contact information was obtained for the school that this surviving half-sibling's records were transferred to, however there are no documented attempts to reach out to the school regarding the half-sibling or obtain contact information for the father via the school to check on his safety and well-being.

The CPS investigation was closed on 10/21/2016. The allegations listed on the report were determined to have been unsubstantiated regarding the mother, on behalf of the subject child. The mother and subject child both tested negative for all substances when the subject child was born. The positive meconium sample taken from the subject child could have been indicative of marijuana usage months prior, and was consistent with the mother's disclosures. Appropriate service referrals were offered to the family, however 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? 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? N/A

Explain:

There was no new SCR report generated as a result of the fatality. The CPS investigation that was active at the time of the fatality was unfounded and closed appropriately.

Was the decision to close the case appropriate? Yes

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

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

Explain:

The decision to close the case was appropriate.

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 fatal incident, if different than date of death: 07/29/2016

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

County where fatality incident occurred: WESTCHESTER

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Being born

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

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	1 Month(s)
Deceased Child's Household	Mother	No Role	Female	31 Year(s)
Deceased Child's Household	Other Child	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Father	No Role	Male	32 Year(s)

LDSS Response

Orange County Department of Social Services, (OCDSS), received this case on 9/1/2016 and designated it to the Family Assessment Response (FAR) track based upon the screening tools. It was appropriately switched to an investigation the same day based on the circumstances of the case and the prior history of the family. Accordingly, OCDSS conducted an investigation into the allegations listed on the report. OCDSS made many appropriate collateral contacts including hospital staff, relatives, and community resources. All subjects were interviewed and observed, and the allegations were discussed. Appropriate service referrals were offered to the family.

The safety and well-being of the surviving 7-year-old male half-sibling, 4-year-old male sibling and 2-year-old female sibling was assessed. The 10-year-old male half-sibling listed on the report, was determined to be residing in Kentucky with this father. Contact information for this half-sibling's school was obtained through transfer records from the school in



which he was attending in Orange County, however there does not appear to have been any attempts at contacting the school in Kentucky regarding this child. OCDSS completed the 7-day on 9/8/2016. The investigation determination safety assessments and the risk assessment profile (RAP) were adequately and timely. The case notes were detailed, and contemporaneous.

There was no autopsy completed as the subject child was in the care of a physician from the time he was born until his death, and had multiple health complications including E-Coli Meningitis, septic shock resulting in severe brain damage, multiple cerebral infarctions, brain bleeds, seizures and a retinal hemorrhage on the right side of the brain. The subject child was minimally responsive, in full respiratory failure and was on full life support. The subject child's medical records were sent to Boston Children's Hospital for a second opinion, however the family was informed that nothing further can be done to treat the subject child's conditions. On 9/23/2016, under the advice of medical professionals, the mother and father signed a DNR for the subject child. On 9/25/016, the subject child went into cardiac arrest, and was pronounced dead by the attending physician at 7:46 PM. There was no new SCR report generated as a result. An OCFS-7065 form was completed in a timely manner.

There was documentation of supervisory conferences noted in which the circumstances of the case were discussed and directives were provided. The CPS investigation was closed on 10/21/2016 and the allegations on the report were determined to have been unsubstantiated regarding the mother, on behalf of the subject child for Inadequate Guardianship, and Parent's Drug/Alcohol Misuse. The mother and subject child both tested negative for all substances when the subject child was born. The positive meconium sample taken from the subject child could have been indicative of marijuana usage months prior, and is consistent with the mother's disclosures. Medical personnel also determined the subject child's conditions were not linked in any way to marijuana exposure. There is no additional information surrounding the mother's health issues during the pregnancy with the subject child.

Appropriate service referrals were provided to the family for bereavement counseling through Special Assistance Trauma Unit (SATU), however declined as the mother believed she had enough support from relatives and friends. Local law enforcement officials were not involved in the case.

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: This case was not reviewed by an OCFS approved Child Fatality Review Team.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>

Additional information:

The subject child was born in and passed away in the hospital under the care of a physician. The subject child died as a result of medical conditions he sustained at birth. As a result, there was no police involvement.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

Explain:

The surviving siblings were in the care of the maternal grandmother while the mother was at the hospital with the subject child. The surviving siblings were assessed to be safe and happy in this arrangement, however not seen until 9/8/2016. The subject child passed away in the hospital on 9/25/2016 due to complications sustained at birth. The surviving siblings were not seen again until 10/13/2016.

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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: No children needed to be removed during the course of the investigation.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: SATU services

Additional information, if necessary:

SATU services were offered to the family. The mother declined these services as she felt she had great family support, and outside services were not needed.

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? No

Explain:

SATU services were offered to and declined by the family.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

SATU services were offered to and declined by the family.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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

Had heavy alcohol use



- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- 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)	Status/Outcome	Compliance Issue(s)
09/01/2016	13960 - Deceased Child, Male, 1 Months	13958 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	No
	13960 - Deceased Child, Male, 1 Months	13958 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

This report was called in to the SCR listing allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse regarding the mother on behalf of the 1-month-old male subject child. This report alleged the mother gave birth to the subject child on 7/29/2016, and the subject child's merconium sample tested positive for marijuana. The report stated that the subject child remained in the hospital due to severe medical issues. It was noted that he was born premature. The subject child subsequently passed away and a OCFS-7065 form was completed. There was no new SCR report generated.

Determination: Unfounded

Date of Determination: 10/21/2016

Basis for Determination:

The basis for the determination was the mother and the subject child tested negative for all substances immediately following the birth of the subject child. The mother reported past marijuana usage, however had been sober for approximately 2-years, and relapsed shortly before she discovered she was pregnant. The mother disclosed that she stopped using marijuana after discovering she was pregnant. Hospital staff indicated that the subject child's serious health issues were not contributed to marijuana exposure.

OCFS Review Results:

OCFS is in agreement with the determination of the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/16/2015	13941 - Other Child - Half-sibling, Male, 10 Years	13937 - Mother, Female, 31 Years	Educational Neglect	Far-Closed	No
	13941 - Other Child - Half-sibling, Male, 10 Years	13937 - Mother, Female, 31 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

This case was called in listing allegations of Educational Neglect and Inadequate Guardianship on behalf of the 10-year-old male half-sibling regarding the mother. This report alleged the then 9-year-old was a special education student with an IEP. It was reported that the half-sibling missed 8 days of school this year, and 21 the prior year and as a result was at



a risk of failing. The half-sibling was also missing his scheduled counseling sessions due to his poor attendance. On the first day of school, the half-sibling was sent home with pink eye, and had not returned. The mother was aware and failed to ensure the half-sibling's educational needs were met.

OCFS Review Results:

OCFS is in agreement with the case being switched from the Investigative to the FAR track.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/28/2014	13931 - Aunt/Uncle, Female, 21 Years	13925 - Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	13931 - Aunt/Uncle, Female, 21 Years	13925 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	
	13932 - Other Child - Half-Sibling, Male, 10 Years	13936 - Grandparent, Female, 60 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	13933 - Other Child - Half-Sibling, Male, 7 Years	13925 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	
	13933 - Other Child - Half-Sibling, Male, 7 Years	13936 - Grandparent, Female, 60 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	13933 - Other Child - Half-Sibling, Male, 7 Years	13936 - Grandparent, Female, 60 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	13933 - Other Child - Half-Sibling, Male, 7 Years	13936 - Grandparent, Female, 60 Years	Inadequate Guardianship	Unfounded	
	13931 - Aunt/Uncle, Female, 21 Years	13936 - Grandparent, Female, 60 Years	Inadequate Guardianship	Unfounded	
	13935 - Sibling, Female, 2 Years	13925 - Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	13935 - Sibling, Female, 2 Years	13925 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	
	13935 - Sibling, Female, 2 Years	13936 - Grandparent, Female, 60 Years	Inadequate Guardianship	Unfounded	
	13934 - Sibling, Male, 4 Years	13925 - Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	13934 - Sibling, Male, 4 Years	13925 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unfounded	
	13932 - Other Child - Half-Sibling, Male, 10 Years	13925 - Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	13932 - Other Child - Half-Sibling, Male, 10 Years	13925 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	
	13932 - Other Child - Half-Sibling, Male, 10 Years	13936 - Grandparent, Female, 60 Years	Inadequate Guardianship	Unfounded	
	13935 - Sibling, Female, 2 Years	13925 - Mother, Female, 31 Years	Lack of Medical Care	Unfounded	
	13931 - Aunt/Uncle, Female, 21 Years	13936 - Grandparent, Female, 60 Years	Inadequate Food / Clothing / Shelter	Unfounded	



13935 - Sibling, Female, 2 Years	13936 - Grandparent, Female, 60 Years	Inadequate Food / Clothing / Shelter	Unfounded
13934 - Sibling, Male, 4 Years	13925 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded

Report Summary:

This case was called in with allegations of Inadequate Food, Clothing, Shelter, Inadequate Guardianship, Lack of Medical Care and Parent's Drug/Alcohol Misuse. This report alleged the mother and maternal aunt failed to pick up prescriptions for the then 5-month-old female surviving sibling and therefore her medical needs were not met. It was also noted that the home conditions were deplorable with dirty laundry and dog feces all over the floors, and dirty dishes throughout the home. It was also noted that there was old food left out, and the conditions of the home were noted to have been a health and safety hazard to the children residing there.

Determination: Unfounded**Date of Determination:** 09/24/2014**Basis for Determination:**

The basis for determination was the home was found to have been neat and orderly during unannounced visits. There was no dog feces found on the floor, dirty dishes in the sink or old food left out. The children appeared to have been clean and well cared for with appropriate provisions in place. The mother reported an issue with coverage from the siblings insurance and she was waiting for this to be rectified as she could not afford the medication for the then 5-month-old. The mother was engaged in counseling services and appeared to be doing well.

OCFS Review Results:

OCFS is in agreement with the outcome of this investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/20/2014	13919 - Other Child - half-sibling, Male, 10 Years	13917 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	No
	13920 - Other Child - half-sibling, Male, 7 Years	13917 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	
	13921 - Sibling, Male, 4 Years	13917 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	
	13922 - Sibling, Female, 2 Years	13917 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	

Report Summary:

This case was called in to the SCR listing allegations of Inadequate Guardianship on behalf of the 10-year-old, and 7-year-old male surviving half-siblings and the 4-year-old male and 2-year-old female siblings regarding the mother. This report alleged the mother was impaired on marijuana with glassy eyes and non-responsive behaviors while the 7-year-old, (then 4-year-old) half-sibling was playing in a room with a wide open window. The mother has untreated mental health and substance abuse issues and she was unable to adequately care for the children. It was noted that the mother had left the 4-year-old (then 2-years-old) unattended in the bath tub in the past.

Determination: Unfounded**Date of Determination:** 07/14/2014**Basis for Determination:**

The basis for determination was the caseworker made several unannounced home visits and the mother did not appear to have been under the influence and the children appeared to be happy and well cared for. The mother admitted that she smoked marijuana as a stress reliever, however denied smoking in the presence of the children. There was an order of supervision put in place whereby the mother had been ordered to comply with a mental health and substance abuse evaluation.

**OCFS Review Results:**

OCFS is in agreement with the outcome of this investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/20/2014	13915 - Sibling, Female, 2 Years	13911 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unfounded	No

Report Summary:

This case was called in to the SCR listing allegations of Parents Drug/Alcohol Misuse regarding the mother on behalf of the then newborn female surviving sibling. This report alleged the mother gave birth to the surviving sibling the day prior, and had tested positive for marijuana. It was stated that the surviving sibling was born at 32 weeks gestation, and the mother admitted to drug use and stated that since she was off her anxiety medications due to the pregnancy, she smoked for stress relief.

Determination: Unfounded

Date of Determination: 03/24/2014

Basis for Determination:

The basis for the determination was the surviving sibling did not test positive for marijuana. The surviving sibling did not show any signs of withdrawal, and went home with the mother within 2-weeks where she appeared safe and all of her needs were being met. There did not appear to be any long term negative effects on the surviving sibling due to the mother testing positive for marijuana.

OCFS Review Results:

OCFS in in agreement with this determination.

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

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

The mother is listed as the subject on two cases listing substantiated allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse. Both parents are listed as having extensive FAR history and preventive service history that did not last very long as it was noted in each that services were not needed.

As per a 1/12/2010 case, the progress notes state that the mother reported that she was adopted as a child in New York State. It is unclear if this is related to a removal . There was a FAD case listed in Orange County however no details could be provided.

The father has indicated history of Inadequate Guardianship on his behalf as a child dating back to 8/17/1998, and regarding him as an adult from 9/14/2012.

Known CPS History Outside of NYS

A case was called in to the SCR on 1/12/2010 listing allegations of Parent's Drug/Alcohol Misuse regarding the mother on behalf of the then 3-month-old surviving sibling. It was noted in the high risk comments in the Investigation Conclusion that the mother had a positive toxicology in the state of Rhode Island in September 2009, however the infant did not have a positive toxicology. Progress notes for the case indicated the Rhode Island Department of Children, Youth and Families had indicated the mother on a report for positive toxicology as she did have a positive toxicology.



Required Action(s)

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

Yes No

Preventive Services History

A preventive service case was opened on 5/10/2012 regarding the family, however closed 4-days later listing CPS involvement as the reason for case closure. The mother was received services regarding her mental health and substance abuse concerns through the community via a court order regarding custody of the surviving 10-year-old male half sibling.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

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

Yes No

Foster Care Placement History

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

Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

No additional local district comments.

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