



Report Identification Number: SV-17-036

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

Issue Date: Feb 22, 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: 24 day(s)

Jurisdiction: Orange
Gender: Male

Date of Death: 09/02/2017
Initial Date OCFS Notified: 09/03/2017

Presenting Information

An SCR report was received alleging on 9/2/17, at around 1:30AM, SC was found in distress, vomiting, with blood coming from his nose. SC was transported to a local hospital where he was pronounced deceased. SC was in the care of SM and SF. The roles of the three SS were unknown.

Executive Summary

This fatality report concerns the death of a 24-day-old male (SC) that occurred on 9/2/17. A report was made to the SCR on this same date, with allegations of IG and DOA/Fatality. Orange County Department of Social Services (OCDSS) conducted a thorough investigation surrounding SC's death. The final autopsy report was not available for review at the time of this writing, and the cause and manner of death had not yet been determined.

At the time of his death, SC resided with his mother (SM), father (SF), and 1-year-old sister (SS1). SC had two additional siblings, a 5-year-old sister (SS2) and 2-year-old brother (SS3), who resided in the care and custody of their biological father (BF); these SS had regular visitation with SM.

The investigation revealed SC was born approximately 3 weeks premature due to medical complications, and with a positive toxicology for methadone. Both SM and SF had a history of substance abuse, but SM had been in treatment and sober since 2014. SC spent twelve days in the hospital after his birth. Upon SC's discharge, he was deemed healthy and had no other medical concerns. SM received regular prenatal care, and was also prescribed a methadone maintenance regimen prior to, and throughout her pregnancy, which was approved and monitored by her medical providers. Although SC was born with methadone in his system, there were no lasting negative effects as a result.

It was discovered on the night of 9/1/17, at approximately 11:30PM, SM fed and burped SC, then placed SC to sleep on his back, on a pillow, in an adult bed with SF and SS1, who were also asleep. SM went to another room in the home for approximately 30 minutes, and upon returning to check on SC, found him unresponsive. SM awoke SF, who called 911 and began chest compressions. EMS arrived at the home shortly thereafter, and transported SC to the hospital where he was pronounced deceased.

OCDSS learned SM and SF were educated surrounding safe sleep practices, and had appropriate sleeping provisions for SC in the home. EMS, LE, nor the ME noted any signs of physical trauma on SC's body. Further collateral contacts noted SC was a healthy child with no ongoing or underlying medical conditions; it was determined SC's positive toxicology at birth did not play a role in his death. All three SS were assessed during the investigation and deemed safe. SM and SF were involved in an array of community-based services, but the case record did not reflect that these providers were contacted as collateral sources. At the time of SC's death, SM and SF were involved in an open preventive services case due to concerns surrounding SF relapsing in May 2017. Both SM and SF remained involved with substance abuse treatment providers; OCDSS confirmed SF was compliant; however, failed to reach out SM's provider to confirm the same. The RAP was completed but inaccurate, as it did not reflect SM's history of clinical diagnoses and treatment.

From the time the investigation began to the time of this writing, OCDSS met with SM, SF, BF, BF's girlfriend, and the SS. Further, OCDSS followed up with several collateral contacts, assessed home environments, and referred family members to grief and trauma services. There were no criminal charges pursued against SM or SF, and OCDSS found no



evidence to support the allegations in the report. OCDSS unfounded and closed the investigation, and the family remained involved in the ongoing services case.

PIP Requirement

Review of this investigation resulted in citations related to casework practices for OCDSS and Ulster County Department of Social Services (UCDSS). The OCDSS citations were related to the fatality investigation, as well as a historical case. The UCDSS citations were related to a historical case only. In response to these citations, OCDSS and UCDSS 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) OCDSS and UCDSS have taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, OCDSS and UCDSS will review the plan(s) and revise as needed to further address on-going concerns.

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:

The SS were deemed safe at the close of the investigation. The family remained involved with preventive services, as well as actively engaged in substance abuse treatment.

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 casework activity was commensurate with the case circumstances. Supervisory consults were documented. The family was engaged in a preventive services case prior to the fatality, and remained so at the close of the investigation.



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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	The record did not clearly reflect if OCDSS contacted SM's substance abuse provider or the preventive caseworkers that were involved with the family at the time of the fatality.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	OCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.
Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	OCDSS selected "no" for the RAP question regarding mental health. "Yes" should have been selected regarding SM due to her clinical diagnoses.
Legal Reference:	18 NYCRR 432.2(d)
Action:	OCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/02/2017

Time of Death: Unknown

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

Unknown

County where fatality incident occurred:

Orange

Was 911 or local emergency number called?

Yes

Time of Call:

01:30 AM

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 30 Minutes

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0



Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	24 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Other Adult - BF of 5 and 2 yo SS	No Role	Male	36 Year(s)
Other Household 1	Sibling	No Role	Female	5 Year(s)
Other Household 1	Sibling	No Role	Male	2 Year(s)

LDSS Response

On 9/2/17, OCDSS received a report regarding the death of SC. OCDSS began their investigation within 24 hours and coordinated with LE. OCDSS contacted the source, reviewed CPS history, and determined SS1 resided in SC's home; SS2 and SS3 resided with BF. OCDSS discovered the family had an open preventive services case at the time of the fatality. The services case was opened on 5/23/17 due to concerns regarding SF's drug use.

OCDSS completed interviews with SM and SF at the police station on 9/2/17. SM reported to OCDSS she took methadone throughout her pregnancy and received regular prenatal care. SM said her pregnancy with SC was considered high risk, but was otherwise normal with no issues. SM went into pre-term labor; SC was born approximately 3 weeks premature, positive for methadone, and was admitted to the Neonatal Intensive Care Unit (NICU) for 12 days. SM said SC was discharged from the hospital with no concerns. Both SM and SF reported drug and alcohol abuse histories; SM reported she had been sober since 2014, and SF reported he recently relapsed in May 2017. Both SM and SF remained in treatment and stated they were compliant.

Regarding the date of SC's death, SM reported she, SF, SC, and SS1 arrived home from errands at 4PM, and they all ate dinner and watched a movie shortly thereafter. SM stated SC was put to sleep in the adult bed in a co-sleeper; SS1 was also asleep in the bed. SM stated she last fed SC around 11:30PM, then returned him to the co-sleeper, which was against the wall. SM said she placed SC on his back with no blankets. At that time, both SF and SS1 were in the bed. SM stated she went to the living room and went back to check on SC approximately 30 minutes later. This was when SM found SC on his back in the co-sleeper, which is a bassinet that is laid directly in the bed, rather than next to it. SC was unresponsive with blood coming from his nose. SF stated he went to bed at approximately 4PM, and did not wake up again until SC was found not breathing. SF stated SC was face up in the co-sleeper, with the down comforter on top of him and "orange stuff" coming from his nose. SF reported he called 911 and began resuscitative efforts. In later interviews, SM revealed SC was not placed to sleep in a co-sleeper, but rather directly on the adult bed, on top of a pillow, with SF and SS1. SM and SF had both been educated previously about safe sleep practices, and had appropriate sleeping provisions available to them in the home. OCDSS offered the family grief counseling and funeral assistance, which were accepted. SM and SF stated they were also engaged in an array of other services (substance abuse treatment, Healthy Families, Improving Families, Northeast Human Services, and SF was on probation).

On 10/22/17, OCDSS completed a visit to BF's home, observed SS2 and SS3, and interviewed SS2, BF, and BF's girlfriend; no concerns noted.

OCDSS obtained records from the hospital in which SC was pronounced deceased, and the pediatrician's records for SC and the SS. OCDSS spoke at length with SC's pediatrician, who reported SM's methadone regimen and SC's methadone withdrawal upon birth had no negative long-term effects on SC; SC was otherwise healthy. OCDSS spoke with SF's



probation officer and counselor, both of whom reported SF to be compliant. OCDSS did not clearly document if they spoke with the other service providers involved with the family, or SM's counselor.

At the time of this writing, the cause and manner of death were not yet determined; however, the toxicology results were negative, and the ME noted no physical trauma to SC's body. There were no criminal charges filed against SM or SF. OCDSS had no evidence to substantiate the allegations against the parents, and unfounded and closed the investigation. The family remained engaged with preventive services upon the investigation's closure.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
043781 - Deceased Child, Male, 24 Days	043784 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
043781 - Deceased Child, Male, 24 Days	043784 - Father, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
043781 - Deceased Child, Male, 24 Days	043783 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
043781 - Deceased Child, Male, 24 Days	043783 - Mother, Female, 28 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Planners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

OCDSS contacted several collateral sources for information surrounding the family. The record did not clearly reflect if OCDSS contacted the preventive services case planners, nor did they speak with SM's substance abuse counselor.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

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



Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
 The question regarding mental health was answered inaccurately. OCDSS selected "no" for both SM and SF. "Yes" should have been selected regarding SM, as she has clinical diagnoses.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 The SS did not need to be removed as a result of this fatality report or for reasons unrelated.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Early Intervention	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 Grief and trauma services were offered to the family in response to SC's death. SM and SF had already been engaged in a preventive services case prior to the fatality to address ongoing substance abuse concerns, and remained engaged at the time of this writing.

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:
 Grief and trauma services were offered. The family remained involved in an ongoing preventive services case after the conclusion of the fatality investigation.

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

Explain:
 Grief and trauma services were offered to SM, SF, and the BF of the 5 y/o SS. The family remained involved in an ongoing preventive services case after the conclusion of the fatality investigation.

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
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/12/2016	Sibling, Female, 4 Years	Other Adult - BF of SS2 and SS3, Male, 35 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Male, 1 Years	Grandparent, Male, 65 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Grandparent, Female, 58 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Grandparent, Male, 65 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 1 Years	Other Adult - BF of SS2 and SS3, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 1 Years	Grandparent, Female, 58 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Other Adult - BF of SS2 and SS3, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 1 Years	Other Adult - BF of SS2 and SS3, Male, 35 Years	Inadequate Guardianship	Unfounded	

Report Summary:

Ulster County Department of Social Services (UCDSS) received a report with concerns BF was drinking alcohol and using drugs while caring for SS2 and SS3. There were further concerns the paternal grandparents were aware of the situation and not intervening.

Determination: Unfounded

Date of Determination: 07/13/2017

Basis for Determination:

UCDSS interviewed BF, PGM, and PGF regarding the allegations in the report; all denied. UCDSS observed the grandparents' home to be appropriate, and both SS to be free from marks or bruises. At some point during the investigation, SF and the two SS moved to a new home with SF's girlfriend, who had two children of her own. UCDSS completed a home visit and found no concerns. UCDSS unfounded and closed the report.

OCFS Review Results:

The 7 Day Safety assessment was completed over two months past its due date. UCDSS had no contact with the family from 12/14/16 to 7/12/17, and there was no casework activity from 3/21/17 to 7/12/17. UCDSS did not gather any information about SF's girlfriend, or her two children, who may have been residing in the home at the close of the investigation. UCDSS did not interview SS2, and did not follow up with SS2 and SS3's daycare. On 7/12/17, the CW noted bruises on SS3's face, and closed the case the following day without exploring this further. There were no attempts to speak with the SM, and a Notice of Existence was not sent timely.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7 Day Safety Assessment was due 12/19/16, but not completed and approved until 2/15/17.

Legal Reference:

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



Action:

Within seven days of receiving a report, UCDSS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm

PIP Requirement:

This required action is in reference to an Ulster County Department of Social Services CPS historical investigation.

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

UCDSS had no contact with the family from 12/14/16 to 7/12/17, and there was no casework activity from 3/21/17 to 7/12/17.

Legal Reference:

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

Action:

UCDSS will conduct complete and adequate investigations, and assess the safety of the children named on the report on an ongoing basis.

PIP Requirement:

This required action is in reference to an Ulster County Department of Social Services CPS historical investigation.

Issue:

Predetermination/Assessment of Current Safety and Risk

Summary:

Prior to case closure, UCDSS learned BF moved in with his girlfriend. She was observed with two children of her own, but UCDSS did not gather any further information surrounding BF's girlfriend, these children, or assess their safety if they were living in the home.

Legal Reference:

18 NYCRR 432.1(aa)

Action:

Prior to making a determination, UCDSS shall include an assessment of the current safety and the risk of future abuse and maltreatment to the child(ren) in the home and documenting such assessment.

PIP Requirement:

This required action is in reference to an Ulster County Department of Social Services CPS historical investigation.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

UCDSS did not contact, or attempt to contact, all appropriate collateral sources, which would have included SS2 and SS3's daycare provider..

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

UCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

PIP Requirement:

This required action is in reference to an Ulster County Department of Social Services CPS historical investigation.

Issue:

Failure to provide notice of report

Summary:



UCDSS did not send SM a Notice of Existence letter until approximately two months after the required 7-day time frame.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

UCDSS will mail or deliver Notice of Existence Letters within the required time frame.

PIP Requirement:

This required action is in reference to an Ulster County Department of Social Services CPS historical investigation.

Issue:

Pre-Determination/Nature, Extent and Cause of Any Condition

Summary:

The last progress note stated SS3 was observed to have several bruises on his face. SF provided an explanation that SS3 fell while bathing, but UCDSS did not explore this any further.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

Prior to making a determination, the investigation conducted by the child protective service shall include a determination of the nature, extent and cause of any condition enumerated in the report.

PIP Requirement:

This required action is in reference to an Ulster County Department of Social Services CPS historical investigation.

Issue:

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

Summary:

Although listed on the report, UCDSS made no attempts to interview SM. SS2 was not interviewed.

Legal Reference:

432.1 (o)

Action:

UCDSS will make efforts to make casework contacts with children, biological parents and/or other persons named in a report. 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.

PIP Requirement:

This required action is in reference to an Ulster County Department of Social Services CPS historical investigation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/13/2016	Sibling, Female, 6 Months	Mother, Female, 27 Years	Burns / Scalding	Unfounded	Yes
	Sibling, Female, 6 Months	Mother, Female, 27 Years	Lack of Medical Care	Unfounded	
	Sibling, Female, 6 Months	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 6 Months	Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 6 Months	Father, Male, 24 Years	Inadequate Guardianship	Unfounded	



Sibling, Female, 6 Months	Father, Male, 24 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Female, 6 Months	Father, Male, 24 Years	Lack of Medical Care	Unfounded
Sibling, Female, 6 Months	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 6 Months	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Female, 6 Months	Father, Male, 24 Years	Burns / Scalding	Unfounded

Report Summary:

Orange County Department of Social Services (OCDSS) received a report with concerns SF and SM were using and selling drugs in the presence of SS1. The report alleged as a result of SF and SM's drug use, SS1 was burned by a cigarette and also dropped. There were concerns SM was selling her WIC and SS1's formula for drugs, left drugs accessible to SS1, and also smoked in front of SS1, which exacerbated SS1's chronic breathing and cardiac issues.

Determination: Unfounded**Date of Determination:** 12/16/2016**Basis for Determination:**

OCDSS interviewed SM and SF, and observed SS1; SS1 was deemed safe, and appropriate sleeping provisions were seen. OCDSS spoke with SM's substance abuse provider, who reported no concerns. OCDSS assessed home environments and found no safety hazards. OCDSS unfounded and closed the case.

OCFS Review Results:

OCDSS did not address all of the allegations in the narrative. OCDSS did not send BF a Notice of Existence letter, or try to speak with him. OCDSS did not interview SS2, who regularly visited SM and SF's home. OCDSS failed to contact SS1's pediatrician to ask about potential concerns. The RAP was inaccurate regarding SM's mental health. A CPS history check was not conducted.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

Question 10 was not answered accurately, as it was marked "no" for both SM and SF, but should have been answered "yes" for SM, as she had a history of mental health diagnoses and treatment.

Legal Reference:

18 NYCRR 432.2(d)

Action:

OCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

Although OCDSS was aware SS2 and SS3 regularly visited SM and SF's home, OCDSS did not reach out to BF as a collateral contact. OCDSS did not contact SS1's pediatrician, or speak with SF's substance abuse counselor regarding the alleged concerns.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:



OCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

Issue:

Pre-Determination/Nature, Extent and Cause of Any Condition

Summary:

OCDSS did not address all allegations in the report with the family. Concerns regarding a possible cigarette burn to SS1 were not explored, nor were concerns SM and SF were selling their WIC and baby formula; the record did not reflect if sufficient food/infant supplies were observed in the home.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

Prior to making a determination, the investigation conducted by the child protective service shall include a determination of the nature, extent and cause of any condition enumerated in the report.

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

OCDSS did not make any attempts to interview SS2, who was verbal and regularly visited SM and SF's home.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(a)

Action:

The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children.

Issue:

Review of CPS History

Summary:

OCDSS did not complete a CPS history check.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, OCDSS must review all SCR records of prior reports, including legally sealed reports, involving the subject of the report, the allegedly abused or maltreated child, or the child's sibling, and, for indicated reports, must also review prior reports pertaining to other children in the household or other persons named in the report, and document such.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/29/2016	Sibling, Female, 4 Months	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 4 Months	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 4 Months	Father, Male, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 4 Months	Father, Male, 24 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

Orange County Department of Social Services (OCDSS) received a report with concerns SM and SF were using drugs while the sole caretakers of SS1. Further, the report alleged SM and SF smoked around SS1, and it caused her to cough due to ongoing breathing issues. SM and SF were also allowing drug users around SS1.

Determination: Unfounded

Date of Determination: 08/30/2016

Basis for Determination:

OCDSS completed interviews with SM and SF, assessed SS1, and educated SM and SF surrounding safe sleep practices. OCDSS spoke with SM and SF's substance abuse counselors, who reported both were in compliance and had not had any recent positive drug screens. OCDSS also contacted SS1's pediatrician, and found SS1 was up to date medically with no concerns. OCDSS unfounded and closed the report.

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

5/2013: IND against SM and BF for IG, LS, PD/AM regarding the 5 y/o SS.

12/2013: UNF against SM and BF for IG and PD/AM regarding the 5 y/o SS.

7/18/14: UNF against SM and BF for LS, PD/AM regarding 5 y/o SS.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

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: 05/23/2017

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 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
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 Improving Families (Northwestern Human Services) was the service provider involved with the family; OCDSS monitored the case.

Required Action(s)

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

Yes No

Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	In the RAPs for the 7/31/17 and 11/20/17 FASPs, the question re: drug use was checked "no" for both caregivers, when they should have been "yes", and the question pertaining to MH was checked "no" when it should have been "yes", regarding SM.
Legal Reference:	18 NYCRR 432.2(d)
Action:	OCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Preventive Services History

A services case was opened from 7/2013 until 5/2015, after SM was found intoxicated and pushing SS2 in a stroller in the middle of a road. SM was charged with Endangering the Welfare of a Child, and a Neglect petition was filed in Family Court. SS2 was placed in the care and custody of her paternal grandparents; BF also resided in their home. SS2's BF had a history of alcohol and drug abuse, and was arrested for felony DWI. BF was placed on probation. Both SM and BF were ordered to attend an array of services. In 1/2015, SS3 was born and placed in the care and custody of BF. By 5/2015, BF had made substantial progress on his service plan goals and obtained Article 6 custody of both SS. The paternal grandparents remained as supports to ensure the SS' needs were being met, and SM remained with supervised visitation, due to her on-going non-compliance with treatment. The preventive case was closed.

A services case was opened on 5/23/17 due to SF's drug relapse, as well as using drugs while caring for the SS1. SM was reportedly unaware of the relapse, but had a history of alcohol and drug abuse herself. The case was referred to community-based service provider, Improving Families. Service plan goals regarding continuing substance abuse treatment remained in place for both SM and SF at the time of this writing, and the services case remained open. SM and SF were compliant.

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