



Report Identification Number: SV-18-005

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

Issue Date: Jun 29, 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: 2 day(s)

Jurisdiction: Orange
Gender: Male

Date of Death: 01/15/2018
Initial Date OCFS Notified: 01/17/2018

Presenting Information

The SC was born prematurely at 23 weeks on 1/13/2018. Due to the SC being born so premature, his lungs were not developed, therefore his body could not regulate the oxygen and carbon dioxide in his body. As a result, the carbon dioxide built up in the body eventually causing death. The SC was pronounced dead at 3:25AM on 1/15/2018. The SC died in the hospital.

Executive Summary

On 1/17/2018, Orange County Department of Social Services (OCDSS) notified OCFS of the SC's passing on 1/15/2018 by submitting OCFS form 7065. OCDSS had an open SCR report about the SC at the time of death. The SC was born on 1/13/2018 extremely premature. The SM told OCDSS that she was planning on entering drug treatment at the time she went into labor with the SC. The SC was born at Orange County Medical Center but was immediately transferred to Westchester County Medical Center. The SC died on 1/15/18 due to complications of premature birth. OCDSS learned from speaking with the attending physician at WCMC that the SC was not expected to survive.

Immediately upon learning of the SC's death, OCDSS contacted the family offered, support and made arrangements to visit the home and assess the safety of the SSs. OCDSS observed and interviewed the SSs. There were no noted safety concerns for the SSs, as they were in the care of their Aunt and Uncle since 2015 due to the SM's on-going drug use. OCDSS had offered burial assistance to the SM and the BF for the SC but were told to contact the Aunt as she would be making the arrangements. OCDSS offered bereavement services to all family members and assisted the Aunt with referral for burial costs for the SC. OCDSS obtained information from medical personnel about the death of the SC.

There was no autopsy performed and the manner of death, per the attending physician, was natural and the cause was due to complications from being born at 23 weeks gestation.

OCDSS met all NYS regulations and requirements pertaining to casework contacts, safety assessments, risk assessment and the provision of services in the investigation that was open at the time of the SC 's passing. OCDSS made a determination about the open investigation which has been addressed in the history section of this fatality report on page 9. The BFs of the SSs were in prison and remained in prison at the time of the writing of this report. OCDSS had not notified and added the BFs of the SSs until 6/14/2018. At the time of the writing of this report that case was closed, UNF and the family refused services.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:



- Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:
 OCDSS gathered sufficient information from medical records and medical personnel who stated the SC died as a result of being premature and not as a result of the SM drug use during her pregnancy. The SS were seen and their safety was assessed. There was no evidence that the SM's drug use was in the presence of the SS. The SM and the SS lived with their Aunt and Uncle.

- 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:
 OCDSS based on the information gathered during the course of the investigation made the appropriate decision to close the case.

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: 01/15/2018

Time of Death: 03:25 AM

- County where fatality incident occurred: Orange
- Was 911 or local emergency number called? No
- Did EMS respond to the scene? No
- At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

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

- Did child have supervision at time of incident leading to death? Yes
- Is the caretaker listed in the Household Composition? No
- 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	Aunt/Uncle	No Role	Female	65 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	59 Year(s)
Deceased Child's Household	Deceased Child	No Role	Male	2 Day(s)
Deceased Child's Household	Grandparent	No Role	Female	86 Year(s)
Deceased Child's Household	Mother	No Role	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Father	No Role	Male	27 Year(s)

LDSS Response

OCDSS notified OCFS of the SC passing through form 7065 as per regulation on 1/16/2018. OCDSS had an open SCR investigation at the time of the SC's death. The SC was born prematurely on 1/13/2018, at 23 weeks gestation. Due to being born premature, his lungs were not fully developed, therefore his body could not regulate the oxygen and carbon dioxide in his body. The SC was not expected to survive and died on 1/15/18, at the hospital. The time of death was 3:25AM.

The SM told OCDSS she was planning entering drug treatment but went into labor with the SC before she could enter a program. The SM would not provide OCDSS with details about her drug use. The SM denied using drugs while caring for the SS. The BF of the SC did not live with the SM. OCDSS had notified and interviewed the BF. The BF of the SC had no information about the care of the SS.

OCDSS learned from medical professionals, while the SM and the SC tested positive for opiates at the time of the birth of the SC, it was not the cause of the SC's death. The doctor explained to OCDSS that the reason for the SC's death were complications as a result of being born premature. The doctor told OCDSS in some cases opioid use can affect the placenta, but this did not happen in this case and the placenta was intact.

OCDSS assessed the safety of the SS in the home and interviewed all family members and offered bereavement services. It was learned that the SM and the two SS resided with the Aunt and Uncle due to the SM on-going drug use. It was learned through review of the SM's history the SSs had resided with the Aunt and Uncle since 2015. The Aunt confirmed with OCDSS that she is the primary caretaker of the SS and the SM does not use drugs in the presence of the SS. There were no noted safety concerns for the SS while in the Aunt's care. OCDSS assisted the Aunt in contacting the Medicaid worker for assistance with the SC's burial costs. OCDSS obtained and reviewed all medical documentation pertaining to the death of the SC and had in depth interview with the SC's Doctor at the hospital.

OCDSS continued to offer appropriate referrals for services for the SM and all other family members who resided in the home. The family refused services. However, the Aunt had the 9yo SS in counseling services and signed a release for OCDSS to talk with the therapist. The therapist said he sees the SS on a regular basis and the therapist had no concerns for the safety of SS in the Aunt's care. The Aunt had requested information about camp for the 9yo SS. OCDSS assisted the Aunt in obtaining the information about the application process for the SS to attend camp.



There was no autopsy performed and the cause and manner of death as reported to OCDSS by the attending physician was the manner of death was natural and the immediate cause was complications due to being born premature.

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? Yes

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 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 made contact with the 9yo SS's therapist. The Therapist verified that the Aunt brings the SS to counseling on a regular basis and had no safety concerns for the SC while in the care of the Aunt.

Fatality Safety Assessment Activities

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



Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 The SC died in an open CPS investigation. There was no fatality report taken at the SCR for this case, although efforts were made. OCDSS submitted a 7065 for the SC and continued their investigation on the open report. This case is referred to under history within three years section page 9 of the fatality report.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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:
 No children were removed.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
 OCDSS offered appropriate services to all family members but services were refused.

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:

OCDSS offered bereavement services to all family members but services were refused.

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

Explain:

OCDSS offered bereavement services to all family members but services were refused. OCDSS assisted the Aunt about who contact for assistance with burial services for the SC.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? 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 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)
01/14/2018	Deceased Child, Male, 1 Days	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 1 Days	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

On 1/14/18 and a subsequent on 1/16/18 which was closed as duplicate, alleging PD/AM and IG. On 1/13/18 the SM gave birth to the SC. The infant was born premature, 23 weeks. The SM tested positive for cocaine, oxycodone and marijuana. The SC went into cardiac arrest and passed away. It was unknown if the SM's drug use contributed to the infants death. The role of PA, PU and the two SS were unknown.

Report Determination: Unfounded**Date of Determination:** 06/18/2018**Basis for Determination:**

The SM and the two SS had been residing with the Aunt and Uncle at the time of the SC's death. There was no evidence that the SM's current drug misuse placed the SS in danger as the primary care of the SS was with the Aunt and Uncle. The SM had relapsed during her pregnancy and the SC was born at 23 weeks gestation. However, medical professionals stated the SC died from being born premature and was not due to the SM using drugs while pregnant. There was no credible evidence to support the allegations and the allegations were Unsub. The case was closed and UNF-services refused. The SS remained in the care of the Aunt and Uncle.

OCFS Review Results:

OCFS found that Orange County Department of Social Services made the appropriate determination based on the information gathered during the investigation. OCDSS did offer appropriate services to all family members and services were refused. OCDSS had not added or notified the BF's of the SS within the 7 day time frame as per regulation. The fathers of the SS were not added to the case and notified until 6/14/2018.

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

Issue:

Failure to provide notice of report

Summary:

OCDSS failed to provide notice of the report to the non-custodial parents within the 7 day required time frame. However, subsequently OCDSS did add the non-custodial parents and provided them with notice.

Legal Reference:

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

Action:

OCDSS will provide notice of the report within the 7 day required time frame.

PIP Requirement:

OCDSS will submit a PIP to the Spring Valley Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS will review the plan and revise as needed to address ongoing concerns.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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Child Fatality Report

12/09/2015	Sibling, Female, 1 Days	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	No
	Sibling, Male, 7 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Days	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The SM gave birth to a baby girl(SS) on 12/8/15 and the SM tested positive toxicology for opiates and marijuana. The baby had no withdrawal, unknown if the SM had prenatal care and the SM said she had provisions.

Report Determination: Indicated**Date of Determination:** 02/19/2016**Basis for Determination:**

The SS were removed from the SM's care due to her failure to exercise a minimum degree of care by continuing to abuse substances and by not providing a stable home for the children as a result. The allegations of PD/AM and IG for the SS were Sub against the SM and the case was IND and opened CPS required. The Services case was subsequently closed on 10/13/2017, the SM complied with the order of supervision. See the Foster Care and Preventive sections of the fatality report for additional information.

OCFS Review Results:

OCFS found that Orange County Department of Social Services made the appropriate determination based on the information gathered during the investigation.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

- 5/06/08-Allegations of IG and LS against BF3 of the SS were Sub-IND and CL on 8/22/08.
- FSI opened 11/7/08 to assist the BM with accessing temporary assistance.
- 7/19/09-Allegations of IG against BF3 and BM were Sub against the parents for the SS-IND and CL on 11/17/09.
- 3/18/10-Allegations of IG and IF/C/S against the BM for the SS were Sub-IND and CL on 4/28/10.
- FSI opened on 3/29/10 and closed on 4/29/10.
- 5/28/10 and a duplicate report on 7/5/10-Allegations of IG and IF/C/S against the BF3 and the BM for the SS were Sub against the parents-IND and CL on 7/8/10.
- 5/23/11-Allgations of IG and PD/AM against the BM for the SS were Unsub-UNF and CL on 8/3/11.
- 8/20/12-Tracked FAR and closed on 2/1/13.
- 2/25/13-Allegations of IG and PD/AM against the BM for the SS were Unsub-UNF and CL on 4/26/13.

Known CPS History Outside of NYS

There is no known history outside of NYS

Preventive Services History

The SSs had been in Foster care, see below for Foster care information. The SSs were returned to the SM's custody. The SM resided with the Aunt and Mandated Preventive services opened on 9/30/16 with PPG's of Protective, Preventive Mandated and Prevent Return to Placement. The SM complied with Preventive services and had completed court ordered supervision. The case was closed on 10/13/17 with no safety concerns at that time. The Fathers of the SSs were both in prison.

Foster Care Placement History

On 12/17/2015, SS now age 2 was removed via an Article 10 abuse/neglect petition from the SM and was placed in a kinship foster home. The SS now age 9 was removed on 12/30/15, when he was returned to New York by a relative he had been visiting with out of state. At the time of the SSs placement the BF's of the SSs were incarcerated. OCDSS made



contact with the fathers in prison. OCDSS had custody of the SSs and the SSs were placed in a Kinship foster home with the Paternal Uncle and Aunt with a PPG of return to parent. The SS's were removed and placed in care due to the SM's on-going drug use, unstable housing and untreated mental health issues. On 4/28/16, the neglect trial concluded with a finding of neglect against the SM for the SSs. On 6/16/16, a permanency hearing was held and the now 2yo SS had been returned to her mother on a trial discharge. The SS now age 9 continued in placement until the end of the school year. Subsequently, the SM and the SSs moved in with the paternal Aunt and Uncle. Mandated Preventive services opened on 9/30/16 with PPG's of Protective, Preventive Mandated and Prevent Return to Placement. The SM complied with Preventive services and the SSs were returned to the SM's custody. The SM and the SSs continued to reside with the Aunt. The case was closed on 10/13/17 with no safety concerns at that time.

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