



Report Identification Number: SV-18-017

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

Issue Date: Jul 02, 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: 1 year(s)

Jurisdiction: Nassau
Gender: Male

Date of Death: 02/24/2016
Initial Date OCFS Notified: 03/08/2018

Presenting Information

About a year ago the SM was co-sleeping with the 1-year-old SC in her bed. The SM woke up and the SC was not breathing and was unresponsive. The SM brought the SC to a couch and performed CPR. The SC did not survive. The BF was not home at the time of the incident.

Executive Summary

This report concerns the death of the 1-year-old SC. Nassau County Department of Social Services (NCDSS) received an SCR report on 3/8/18 regarding the fatality, which occurred on 2/24/16. The SC was a healthy child and there was a concern he died for unknown reasons. The SCR report further alleged that the SM had several prior child deaths, but this was determined to be inaccurate.

On the evening of 2/23/16, the SM put the SC to sleep on his back in his crib. The SC had been to the doctor earlier that day for congestion. On the morning of 2/24/16, the SC was found deceased in his crib by the SM and 13yo SS. The SM began CPR and the 11yo SS called 911. EMS arrived and were unable to resuscitate the SC.

The ME performed an autopsy and the report noted the cause of the SC's death was acute viral illness (adenovirus) with interstitial pneumonitis. The manner of death was deemed to be natural. NCDSS contacted LE and learned the death of the SC was previously investigated by LE when it occurred. LE found no criminality in relation to the fatality.

NCDSS interviewed the 13yo SS and 11yo SS and observed the 1yo SS. The eldest SS reported a very good relationship with the BF and SM (their step-mother). The 1yo SS appeared affectionate and comfortable with both the SM and BF. The safety of the SS was continually assessed throughout the investigation.

NCDSS offered bereavement services, and the family declined. The two eldest SS attended counseling for about 4 months after the death of the SC. NCDSS contacted the therapist and learned that the SS had learned to cope well with the loss of their brother. The SS stopped counseling as they no longer wanted to go. The BF and SM also attended counseling and bereavement support groups after the death of the SC. The SM continued to attend individual counseling regularly.

NCDSS completed all safety and risk assessments timely and accurately, in addition to documenting detailed and contemporaneous progress notes during their investigation. NCDSS interviewed several collateral contacts with insight into the functioning of the family and reviewed medical records for the SC and SS.

NCDSS made the appropriate determination to unsubstantiate the allegations of DOA/Fatality and IG against the SM regarding the SC. There was no evidence that the SM could have in any way prevented the death of the SC, nor that she contributed to the conditions that caused his death.

PIP Requirement

NCDSS 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 LDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, LDSS will review the plan and revise as needed to address ongoing 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

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:

NCDSS gathered enough information to make a determination and conclude the investigation.

Required Actions Related to the Fatality

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

Issue:	Failure to provide notice of report
Summary:	The BM of the SS was added to the report, but not provided a notice of existence.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	NCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/24/2016

Time of Death: 07:47 AM



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

Unknown

County where fatality incident occurred:

Nassau

Was 911 or local emergency number called?

Yes

Time of Call:

07:43 AM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 7 Hours

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

At time of incident supervisor was:

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

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Father	No Role	Male	41 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Other Household 1	Other Adult - BM of SS	No Role	Female	38 Year(s)

LDSS Response

NCDSS began their investigation into the fatality on 3/8/18, after receiving an SCR report. NCDSS spoke with the source, checked CPS history and notified the DA, LE and the ME. NCDSS learned the SC had died on 2/24/16, and there was no SCR report made at that time, as there were no concerns of abuse or maltreatment by the SM or BF.

NCDSS saw the SS within 24 hours and deemed they were safe in the care of the BF and SM. The 11yo SS told NCDSS that his family often talked openly about the SC and remembered him fondly. The 11yo SS was home on 2/24/16, when the SC was found deceased. He reported it was around 7:00AM and the 13yo SS and SM went into the SC's room to wake him for the day. The SM began screaming and took the SC into her bedroom and began CPR. The 11yo SS called 911 and



the ambulance came to try to help the SC. The 13yo SS told NCDSS on the morning of 2/24/16 he went into the SC's bedroom with the SM to wake him up, as he did each morning. The 13yo SS reiterated what the 11yo SS had shared with NCDSS regarding the events that day. Both SS stated they just had a memorial for the SC and visited his grave often.

The BF explained he was at work the morning of 2/24/16, and the SM called him to tell him about the SC's death. The BF reported arriving home and seeing the SC in the ambulance. The BF stated that EMS told him the SC must have died during the night. The SM told the BF she and the 13yo SS had found the SC in his crib not breathing.

The SM explained the SC was seen at the ER for a respiratory virus a few months before he died. The ER monitored him, but advised they could not treat the virus, only the fever. The SC was sent home and the SM was advised to continue fever reducing medication and follow up with the pediatrician. The SM took the SC to the Dr. the next day and several times after that to check his lungs and breathing. On 2/23/16 the BF took the SC to the Dr. for congestion symptoms, and the Dr. reported the SC was fine and to give him fever reducing medication as needed. That evening at about 7:00PM the SM gave the SC the medication. The SM reported he was fussy and battling sleep. The SM put the SC in his crib, positioned on his back. The SC rolled over onto his stomach as he regularly had, and finally fell asleep at about 10:00PM. The SM woke at 6:00AM on 2/24/16 and the SC was still asleep. The SM showered and then went back to wake him around 7:00AM with the 13yo SS. The SM saw the SC's skin was pale and he was not breathing. She picked up the SC, took him to her room and began CPR, while the 11yo SS called 911. SM reported the ambulance responded quickly and administered CPR. All efforts to resuscitate the SC were not successful.

NCDSS discussed safe sleep practices with the parents, and observed a safe sleep environment for the 1yo SS. The parents were previously educated on safe sleep and the ME's report did not indicate safe sleep conditions as a factor in the SC's death.

Throughout the investigation, NCDSS spoke with several collaterals, including the SS school, guidance counselors, therapists and the pediatrician. There were no concerns at all for the SS. NCDSS made several attempts to contact the BM of the 13yo SS and 11yo SS, but were unsuccessful. NCDSS learned the BM had a history of substance abuse and the BF had custody of the SS since 2015. The SS described some concerns to NCDSS that they encountered while visiting with the BM. NCDSS addressed these concerns with the BF and the BF sought Family Court intervention as a result. The SM and BF denied any alcohol misuse or drug use in their home.

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: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046570 - Deceased Child, Male, 1 Yrs	046571 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated



Child Fatality Report

046570 - Deceased Child, Male, 1 Yrs	046571 - Mother, Female, 35 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:

The BM of the SS was not interviewed, although NCDSS documented several attempts to contact and speak with her.

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"/>



Child Fatality Report

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"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input 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"/>

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"/>				
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				



Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:

The SM, BF and SS received appropriate services after the fatality, 2 years ago when it occurred.

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

Explain:

The fatality occurred 2 years ago, and NCDSS confirmed the SS received appropriate services at the time. There were no further service needs identified in the investigation.

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

Explain:

The SM and BF of the SC received bereavement counseling and also attended support groups at the time of the fatality. The SM continued counseling at the time of the investigation. The BF and SM declined any further services.

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? No
- Was the child acutely ill during the two weeks before death? Yes

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)
01/07/2016	Sibling, Male, 9 Years	Other Adult - BM of SS, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 10 Years	Other Adult - BM of SS, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Years	Other Adult - BM of SS, Female, 38 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 9 Years	Other Adult - BM of SS, Female, 38 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report was received that alleged the BM of the then 10yo and 9yo SS was impaired and incoherent while picking the CHN up for a visit. The report alleged the BM was parked in her car outside the CHN's school and was hunched over with her eyes rolling back into her head. The BM sped off and hit a parked car.

Report Determination: Unfounded**Date of Determination:** 02/09/2016**Basis for Determination:**

The BM denied that she was impaired by any substance the day of the reported incident. The BM stated she lightly hit a parked car when attempting to park her car and pick up the SS from school. The CHN were inside the school and did not see the incident, and further denied the BM was ever impaired while caring for them. The BM was taken to the ER to be evaluated and would not sign releases for NCDSS to get her medical records. NCDSS were provided only her ER discharge papers and these did not indicate any positive drug/alcohol results. There was no evidence to suggest she was misusing alcohol or drugs.

OCFS Review Results:

NCDSS interviewed the BF of the SS and deemed the CHN were safe. ACS was assigned secondary as the BM of the SS resided in their jurisdiction. ACS interviewed the BM and her husband and both denied the BM was using drugs or alcohol. The 1yo child of the BM and her husband was assessed as safe. The BM had a history of drug misuse but had completed treatment. The BF of the SS filed a Family Court petition and the BM was ordered supervised visitation with the SS and a Court Ordered Investigation was completed. There was no evidence the BM was using drugs or impaired and the homes of both the BF and BM of the SS were deemed safe.

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

Issue:

Adequacy of Child Protective Services casework contacts

Summary:

The SM was listed as another person named in the report but was never interviewed.

Legal Reference:

432.2(b)(4)(vi)

Action:

NCDSS will make efforts to interview all persons named in a report, who may have been present during what was alleged in the report, and/or may have information pertinent to the safety and well-being of children that reside in the home.

Issue:

Failure to provide notice of report

Summary:

The SM was listed on the report, but never given notification of the report.

Legal Reference:



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

Action:

NCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/22/2014	Sibling, Male, 9 Years	Other Adult - BM to SS, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 7 Years	Other Adult - BM to SS, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Other Adult - BM to SS, Female, 36 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 7 Years	Other Adult - BM to SS, Female, 36 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 9 Years	Other Adult - BM to SS, Female, 36 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 7 Years	Other Adult - BM to SS, Female, 36 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report was received alleged the BM of the SS was using prescription medication to the point of impairment while caring for the SS. The report further alleged the BM was allowing the SS to play in the road unsupervised and failed to bathe the CHN and provide clean clothing. The BM allegedly assaulted another adult in the presence of the SS.

Report Determination: Unfounded

Date of Determination: 09/03/2014

Basis for Determination:

The BM of the SS, Step-father of the SS and BF of the SS were interviewed and denied the allegations in the report. The BM was pregnant at the time of the report and tested negative for any substances. The SS were seen and interviewed and denied the allegations. The SS were seen to be clean and dressed in clean clothing. None of the subjects or collaterals interviewed had any knowledge of the BM assaulting anyone.

OCFS Review Results:

Interviews were conducted with the BM to the SS, Step-father to the SS and BF to SS. The SS were seen and interviewed as well. All parties denied all allegations and the homes of the BM and BF were seen and assessed to be safe for the SS. Appropriate collateral contacts were made.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The SCR report was received on 7/22/14 and the 7-day safety assessment completed on 9/2/14.

Legal Reference:

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

Action:

Within seven days of receiving a report, NCDSS 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.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/16/2014	Sibling, Male, 9 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 7 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report was received as the result of a Court Ordered Investigation. There were allegations the BF was forcing the SS (then ages 9yo and 7yo) to walk on wooden floors that had nails protruding through, in addition to pulling their hair and stepping on their feet for punishment. The BM reported bruising to both children's arms.

Report Determination: Unfounded

Date of Determination: 07/30/2014

Basis for Determination:

The SS reported that the BF was renovating his home and there were nails or staples sticking out of the wood floors, but denied they were forced to walk on the floors. The SS also denied the BF pulled their hair or stepped on their feet as punishment. The SS denied any maltreatment by their father and the BF's home was observed to be safe from any physical hazards.

OCFS Review Results:

NCDSS and ACS were both assigned roles in this report. The CPS history was checked and the SS were seen and interviewed. The BM and BF to the SS were seen and interviewed and the BF retained custody of the SS, with the BM having visits. Appropriate collateral contacts were made with the school and there were no concerns for the CHN. Both homes were seen and there were no concerns for the safety and health of the SS with the BM or BF.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The report was received on 4/16/14 and the 7-day safety assessment completed on 5/2/14.

Legal Reference:

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

Action:

Within seven days of receiving a report, NCDSS 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.

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

- 11/28/12-3/4/13-An SCR report with allegations of OTH/COI and IG Unsub against the BM of the SS regarding the SS.
- 8/22/12-10/10/12-An SCR report with allegations of C/T/S. XCP, IG, OTH/COI and S/D/S against BF and OTH/COI against BM of SS all Unsub regarding the SS.
- 4/6/12-5/22/12-An FSS was open to conduct a COI regarding the BM and BF of the SS.
- 3/29/12-5/22/12-An SCR report with an allegation of OTH/COI Unsub against the BF and BM of SS regarding the SS.
- 8/4/10-9/24/10-An FSS was open to conduct a COI regarding the BM and BF of the SS.
- 4/23/09-6/22/09-An SCR report with an allegation of PD/AM Unsub against the BF regarding the SS.
- 2/10/09-4/9/09-An SCR report with an allegation of PD/AM Sub against the BM of the SS regarding the SS, and an allegation of IG Unsub against the BF regarding the SS.
- 11/30/08-1/30/09-An SCR report with allegations of PD/AM, IG and LS Unsub against the BM of the SS regarding the SS.



5/7/08-7/2/08-An SCR report with an allegation of PD/AM SUB against the BM of the SS, OTH/COI Unsub against the BM of SS and OTH/COI Sub against the BF, all regarding the SS.

Known CPS History Outside of NYS

There is no known CPS history outside New York State.

Preventive Services History

There was a preventive services case open from 2/3/09-7/23/09 for the BM of the SS. That BM had custody of the SS, and the BF left the family home. The BF was violent toward the SM and she received an OP. Through the course of services the BM received counseling for substance abuse and the BF received custody of the children. The BF was offered assistance and declined, so the case was closed.

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

NCDSS agrees with the facts of the report.

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