



Report Identification Number: SY-17-007

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

Issue Date: Jul 26, 2017

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

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

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

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

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

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

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

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations



contained in this report reflect OCFS' assessment and the performance of these agencies.

Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children		
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardiopulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-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	

Case Information



Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 01/27/2017
Initial Date OCFS Notified: 01/31/2017

Presenting Information

On 1/27/17, OCFS received information from a medical provider that a child in an open CPS investigation had died. A 7065 form was submitted to OCFS by Onondaga County Department of Social Services (OCDSS) on 1/31/17. The child had been one of a set of twins, born premature and medically fragile. This child had been hospitalized since 1/7/17 due to ongoing medical issues.

Executive Summary

Prior to this child's death, it was alleged that the adults in the household were providing less than a minimum degree of care for the newborn twins and other children in the household. Both parents were smoking cigarettes and marijuana while caring for the children, disregarding medical advice. The SC was hospitalized on 1/7/17 due to medical complications and a report was made to the SCR on 1/9/17.

While this investigation was underway, the child died on 1/27/17, due to medical issues that had been present since birth. The child's death was due to natural causes and there was no suspicion that the death was due to an action or inaction by the parents or other adults.

During the CPS investigation, OCDSS reviewed the family's history, interviewed all the adults named on the report and observed all the children. Safe sleep education was provided to all the adults, cribs observed and it was reported the adults were practicing safe sleep with the surviving infant.

The investigation revealed concerns about parents' drug use and using the 12-year-old as a caretaker for the younger child, and the family accepted Preventive Services. At the time of this report, family was receiving services of a parent aide, public health nurse and protective day care; a referral was made for mental health services but they had not yet engaged. Although both parents were using marijuana while caring for the children, no referral for substance abuse was offered.

The review in this case found multiple instances where progress notes were not entered contemporaneously with events. OCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) OCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, OCDSS 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:**
 - **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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:

Casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Progress notes were entered between 30 days to over 90 days after the event date.
Legal Reference:	18 NYCRR 428.5
Action:	Progress notes will be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.
Issue:	Failure to offer services
Summary:	Both parents had a history of marijuana use and were not offered drug treatment services.
Legal Reference:	SSL §424(10);18 NYCRR 432.3(p)
Action:	Based on the investigation and evaluation, offer appropriate services to the family.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/27/2017

Time of Death: 02:00 PM

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

County where fatality incident occurred: Onondaga

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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

Child's activity at time of incident:

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

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



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	Male	12 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	3 Year(s)
Deceased Child's Household	Deceased Child	No Role	Female	2 Month(s)
Deceased Child's Household	Father	No Role	Male	19 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	41 Year(s)
Deceased Child's Household	Mother -	No Role	Female	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Month(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	19 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	39 Year(s)
Other Household 1	Grandparent	No Role	Female	40 Year(s)

LDSS Response

OCDSS received notification from the hospital about the child’s death on 1/27/17. That same day, OCDSS after-hours CW made an unannounced home visit and assessed the safety of the SS and other children in the home. The worker observed the surviving twin asleep in a safe sleeping environment. During the visit the child awoke, and appeared alert, clean and healthy. CW discussed safe sleep with UHM1 and assessed her 3-year-old daughter to be safe. CW observed ample amounts of baby supplies, two pack and play cribs and other necessities. The 12-year-old MU was also observed and assessed to be safe.

Over the course of the next four months, CW visited the home seven times and spoke with the adults in the home. CW also visited the 12-year-old child at school one time. On two visits (2/7/17 & 4/19/17), the surviving twin was found sleeping in an unsafe environment; once found sleeping alone on an adult bed, with a bottle next to him, and the other time the child was found to have items in his pack and play. Safe sleep was reviewed with all the adults, and they agreed to comply with safe sleep practices. On another visit, the 12-year-old disclosed he had been babysitting his 3-year-old sibling and sometimes hit her with a belt when she misbehaved. It’s unknown if the adults were aware of this. The record does not reflect that this was ever discussed with the adults. During the investigation, the 12-year-old was hospitalized due to clinical issues. BM also provided care for the 3-year-old, but she was very stressed by this arrangement and asked the CW to talk to the parents about making alternate arrangements. The record does not reflect that the CW talked to the parents, or that other arrangements were made.

The report dated 1/9/17 was indicated against both parents on 6/15/17 for IG & PD/AM and allegations of IG were unfounded against the grandparents. The investigation found evidence that the parents were smoking marijuana to impairment while caring for the medically fragile children, and that they were smoking around the children and co-sleeping with them, against medical advice. Although a Preventive Services case was opened and some services were provided, no drug treatment was offered and mental health services had been offered but not begun. The MGF was hospitalized due to unrelated issues, and it was unknown how long he would remain hospitalized. The surviving children would remain in the care of their respective parents.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

There were several late progress notes and the 7 day safety assessment was not completed on time.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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

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:

SS received a few hours a day of protective daycare. BM accepted a public health nurse to visit the SS.

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

Explain:

Burial assistance was provided to the family.

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

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)	Status/Outcome	Compliance Issue(s)
01/09/2017	Deceased Child, Female, 1 Months	Mother, Female, 15 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	Sibling, Male, 1 Months	Father, Male, 19 Years	Parents Drug / Alcohol Misuse	Indicated	
	Deceased Child, Female, 1 Months	Grandparent, Male, 41 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 1 Months	Unrelated Home Member, Female, 39 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 1 Months	Father, Male, 19 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 1 Months	Mother, Female, 15 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Months	Grandparent, Male, 41 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 1 Months	Mother, Female, 15 Years	Parents Drug / Alcohol Misuse	Indicated	
	Deceased Child, Female, 1 Months	Father, Male, 19 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 1 Months	Mother, Female, 15 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Months	Father, Male, 19 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Months	Unrelated Home	Inadequate Guardianship	Unfounded	



	Months	Member, Female, 39 Years			
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Report Summary:
 BM and BF were using marijuana to impairment while they were the sole caretakers of SC and SS. SC and SS were born premature, were low birth weight and were medically fragile. BM and BF were co-sleeping with the SC and SS. BM was failing to wake the children.

Determination: Indicated **Date of Determination:** 06/15/2017

Basis for Determination:
 There was some credible evidence that both parents had been using marijuana while caring for the children and had been co-sleeping with the children.

OCFS Review Results:
 The 7-day safety assessment was complete 87 days after it was due, and was not approved for another 62 days. Progress notes were not entered contemporaneously, often not until 90 days after the event. Although parents were admitted drug users, no drug treatment services were offered.

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

Issue:
 Timely/Adequate Seven Day Assessment

Summary:
 A 7 day safety assessment was not completed on time in Connections, even though the safety of the children was assessed in progress notes.

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

Action:
 OCDSS will complete safety assessments within the regulatory amount of time.

Issue:
 Timely/Adequate Case Recording/Progress Notes

Summary:
 Progress notes were entered anywhere from a few weeks to a few months after the event date.

Legal Reference:
 18 NYCRR 428.5

Action:
 Progress notes will be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Issue:
 Failure to Offer Services

Summary:
 Both parents had a history of marijuana use and were never offered drug treatment services.

Legal Reference:
 SSL 424(10); NYCRR 428.6

Action:
 Based on the investigation and evaluation, offer appropriate services to the family, and, in offering these services, explain to the family that the child protective service has no legal authority to compel the family to receive services.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
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10/23/2015	Aunt/Uncle, Male, 11 Years	Grandparent, Male, 40 Years	Educational Neglect	Indicated	Yes
	Mother, Female, 14 Years	Grandparent, Female, 39 Years	Lack of Supervision	Indicated	
	Mother, Female, 14 Years	Grandparent, Female, 39 Years	Sexual Abuse	Indicated	
	Mother, Female, 14 Years	Grandparent, Male, 40 Years	Educational Neglect	Indicated	
	Sibling, Male, 2 Years	Grandparent, Female, 39 Years	Inadequate Guardianship	Indicated	
	Mother, Female, 14 Years	Grandparent, Male, 40 Years	Inadequate Guardianship	Indicated	
	Mother, Female, 14 Years	Grandparent, Male, 40 Years	Sexual Abuse	Indicated	
	Sibling, Male, 1 Years	Grandparent, Female, 39 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Years	Grandparent, Female, 39 Years	Lack of Supervision	Indicated	
	Mother, Female, 14 Years	Grandparent, Female, 39 Years	Childs Drug / Alcohol Use	Indicated	
	Mother, Female, 14 Years	Grandparent, Female, 39 Years	Inadequate Guardianship	Indicated	
	Mother, Female, 14 Years	Grandparent, Male, 40 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Mother, Female, 14 Years	Grandparent, Male, 40 Years	Lack of Supervision	Indicated	
	Sibling, Male, 2 Years	Grandparent, Female, 39 Years	Lack of Supervision	Indicated	
	Mother, Female, 14 Years	Grandparent, Female, 39 Years	Inadequate Food / Clothing / Shelter	Indicated	



	Aunt/Uncle, Male, 11 Years	Grandparent, Female, 39 Years	Educational Neglect	Indicated	
	Mother, Female, 14 Years	Grandparent, Female, 39 Years	Educational Neglect	Indicated	

Report Summary:

This report was against MGF and MGM of BM and BM's brother. MGM and MGF were aware BM was having a sexual relationship with BF and failed to intervene. As a result, BM became pregnant with SC and SS. MGM and MGF were aware BM and BM's brother were not attending school and failed to intervene. It was alleged that MGM and MGF were aware that BM was using marijuana and failed to intervene. There was no credible evidence to support this allegation.

Determination: Indicated**Date of Determination:** 09/06/2016**Basis for Determination:**

MGM and MGF were aware that BM had been having a sexual relationship with BF and then BM became pregnant. OCDSS spoke with the school to confirm the poor attendance and grades of the children. OCDSS did not obtain any credible evidence that BM was smoking marijuana.

OCFS Review Results:

OCDSS did a very thorough job in contacting collaterals for their investigation. Case was appropriately indicated.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

7 day assessment was not completed on time.

Legal Reference:

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

Action:

LDSS will complete safety assessments within the regulatory amount of time.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/08/2014	Aunt/Uncle, Female, 12 Years	Unrelated Home Member, Female, 37 Years	Inadequate Guardianship	Unfounded	Yes
	Aunt/Uncle, Female, 12 Years	Unrelated Home Member, Female, 37 Years	Lacerations / Bruises / Welts	Unfounded	

Report Summary:

Allegations that UHM1 left scratches on her own daughter's neck while making her sit down on the couch.

Determination: Unfounded**Date of Determination:** 12/11/2014**Basis for Determination:**

The child was not afraid of her mother and did not believe she meant to cause the scratches. LE told OCDSS, UHM1 and MGF that parents are legally allowed to use physical discipline on their children.

**OCFS Review Results:**

Even though LE told the parents it is alright to use physical discipline with their children, OCDSS discouraged the parents from using physical discipline in the future as accidents can happen and children can get hurt.

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

Issue:
Timely/Adequate Seven Day Assessment

Summary:
7 day safety assessment was not completed on time.

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

Action:
LDSS will complete safety assessments within the regulatory amount of time.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/07/2014	Mother, Female, 13 Years	Grandparent, Male, 38 Years	Inadequate Guardianship	Unfounded	Yes
	Mother, Female, 13 Years	Grandparent, Male, 38 Years	Lacerations / Bruises / Welts	Unfounded	
	Aunt/Uncle, Female, 12 Years	Grandparent, Male, 38 Years	Inadequate Guardianship	Unfounded	
	Aunt/Uncle, Male, 10 Years	Grandparent, Male, 38 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The SCR report alleged MGF slapped BM in the face and pushed her to the floor and MGF fell on top of BM. BM began to punch MGF and he then pulled her hair. BM sustained a scratch on her right forearm.

Determination: Unfounded **Date of Determination:** 10/27/2014

Basis for Determination:

MGF admitted he slapped BM and pushed her to the ground. MGF admitted he used bad judgment and agreed to refrain from physical discipline in the future. BM admitted to punching her father and she denied having any marks or bruises from the incident. OCDSS found no negative impact on the child and unfounded the report.

OCFS Review Results:

7 day safety assessment was not completed on time and was 24 days late.

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 not completed on time.

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

Action:
LDSS will complete safety assessments within the regulatory amount of time.



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

Unrelated Home Member 1 (UHM1-MGF's partner)
5/21/99-IND-LS-for her 3 children
2/4/00-IND-IG-for her 2 children

MGM

6/2005-IND-Deplorable home conditions for BM and her 2 siblings.

6/2006-IND-Deplorable home conditions.

3/18/11-IND against MGM's husband for SA. MGM's husband had sexually abused BM.

3/30/12-IND-IG against MGM and her husband. When the husband was released from jail for the sexual abuse, MGM immediately reunited with her husband and brought him back into her home with BM and her 2 siblings.

Known CPS History Outside of NYS

There is no known history outside of New York State.

Required Action(s)

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

Yes No

Preventive Services History

Preventive services case was opened on 2/12/16 with MGM for BM's brother (11B) who was 11 years old at the time. 11B had a lot of anger, peer issues, and difficulties in school. MGM needed some furniture in the home for the family. 11B was set up with mental health counseling. MGM had chronic back issues and often took pain medication. The medication would make her very tired and she would often not wake up in the morning to make sure 11B went to school. Preventive services worker through the school worked with the family to monitor the child's attendance. School ended for the year and child went to live with his father (MGF). As of 5/30/17, 11B remained in a mental health hospital for concerns of depression, suicidal ideation and hallucinations. Case remained open.

Casework Contacts

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

Required Action(s)

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

Yes No

Foster Care Placement History



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

Legal History Within Three Years Prior to the Fatality

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

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