



Report Identification Number: SY-17-038

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

Issue Date: Feb 05, 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 Found Alive
Age: 1 year(s)

Jurisdiction: Tompkins
Gender: Female

Date of Death: Unknown
Initial Date OCFS Notified: 08/14/2017

Presenting Information

An SCR report was received with concerns that sometime between 6/1/17 and 8/1/17, SM and PS failed to supervise SC and the SS. As a result, the older SS put SC into a bath tub full of water, and SC died from drowning. There were no further details reported or known.

Executive Summary

This fatality report concerns the alleged death of a 10-month-old female (SC), date of death reported as unknown. A report was made to the SCR on 8/14/17, and Tompkins County Department of Social Services (TCDSS) conducted a thorough investigation surrounding the allegations. It was promptly determined SC was alive and there were no concerns surrounding her health or safety.

TCDSS interviewed all individuals named on the report, and observed and assessed the safety of SC, SS1 (2-year-old sibling), and SS2 (6-year-old sibling). Allegations unrelated to the fatality investigation were addressed as they arose. From the time the investigation began to the time of its closure, TCDSS followed up with collateral contacts, assessed home environments, and documented no concerns regarding any of the children. TCDSS did not assess the safety of SS2 within 24 hours, and the Risk Assessment Profile was not completed accurately. The record did not reflect if SM's mental health provider was contacted as a collateral; this provider had expressed concerns regarding SM in the past and may have had information regarding her abilities to care for her CHN. TCDSS unfounded and closed the investigation.

PIP Requirement

Review of this investigation resulted in citations related to casework practices. In response, TCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) TCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, TCDSS will review the plan(s) and revise as needed to further address on-going concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** No
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:



Child Fatality Report

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:
Sufficient information was gathered to assess the safety of the CHN at the close of the investigation; however, contacting SM's MH counselor could have provided information regarding potential risk. The decision to UNF the report was appropriate.

- 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:
SC was found to be alive and well, and the SS were deemed safe. TCDSS promptly and thoroughly addressed concerns received in subsequent reports. TCDSS appropriately unsubstantiated the allegations and closed the case.

Required Actions Related to the Fatality

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

Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	The questions in the RAP regarding domestic violence and mental health were answered inaccurately. CPS history showed SM had a domestic violence history with PS. The record also noted SM struggled with ongoing mental health concerns in the past.
Legal Reference:	18 NYCRR 432.2(d)
Action:	TCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	During the investigation, SM reported to the CW she was engaged in parenting classes as well as mental health counseling. The record does not reflect that TCDSS contacted these providers as collateral sources.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	TCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

Fatality-Related Information and Investigative Activities

Household Composition at time of Fatality



Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	10 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Other Household 1	Other Adult - BF of 6yo SS	No Role	Male	32 Year(s)
Other Household 1	Sibling	No Role	Female	6 Year(s)
Other Household 2	Other Adult - SM's Ex-Boyfriend	Alleged Perpetrator	Male	34 Year(s)

LDSS Response

On 8/14/17, TCDSS received a report regarding the alleged death of SC. TCDSS initiated their investigation within 24 hours, and initially coordinated their efforts with LE. TCDSS contacted the source of the report, who confirmed the narrative and reviewed CPS history involving the family. Upon speaking with collateral sources, including LE and relatives of SM, TCDSS quickly determined SC was alive and well in the care of SM, along with SS1.

On 8/15/17, TCDSS spoke with SM via phone, and she reported none of her children were deceased and the allegations in the report were false. It was discovered SS2 had resided with her biological father since he obtained custody in 2013, but did visit regularly with SM, SC, and SS1 on the weekends. SM also reported to TCDSS that she was pregnant and PS was the father of that child, but not the biological father to any of the other children; SM denied she and PS were in a relationship at the time of the report. Further, it was discovered SS1's father was deceased and SC's father was unknown.

TCDSS completed a face to face interview with SM on 8/16/17, and observed SC and SS1 to be healthy and safe in SM's care. During that interview, TCDSS discovered SM and the children did not have stable housing, and were living with friends, relatives, and staying at a local homeless shelter. During the investigation, TCDSS assisted SM with finding appropriate housing, and this was attained and the home deemed safe prior to the case closing. TCDSS interviewed PS via phone, as he was uncooperative and refused a face to face meeting.

On 8/23/17, a subsequent report was received with concerns unrelated to the fatality investigation. TCDSS addressed the allegations with the family and found nothing concerning. On 11/2/17, TCDSS met with SS2 and her biological father, assessed the home environment, and interviewed SS2; no concerns were noted and this child was deemed safe.

Throughout the investigation, TCDSS contacted collateral sources, including LE, the children's pediatrician, family members, and the children's previous service provider. TCDSS educated SM surrounding safe sleep practices. There was no evidence found to support the allegations in the report, therefore TCDSS appropriately unsubstantiated the allegations and closed.

Multidisciplinary Investigation/Review

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

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: Tompkins County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
043506 - Deceased Child, Female, 10 Month(s)	043512 - Other Adult - SM's Ex-Boyfriend, Male, 34 Year(s)	Lack of Supervision	Unsubstantiated
043506 - Deceased Child, Female, 10 Month(s)	043505 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
043506 - Deceased Child, Female, 10 Month(s)	043512 - Other Adult - SM's Ex-Boyfriend, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
043506 - Deceased Child, Female, 10 Month(s)	043512 - Other Adult - SM's Ex-Boyfriend, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
043506 - Deceased Child, Female, 10 Month(s)	043505 - Mother, Female, 27 Year(s)	Lack of Supervision	Unsubstantiated
043506 - Deceased Child, Female, 10 Month(s)	043505 - Mother, Female, 27 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
043506 - Deceased Child, Female, 10 Month(s)	043505 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
043507 - Sibling, Male, 2 Year(s)	043512 - Other Adult - SM's Ex-Boyfriend, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
043507 - Sibling, Male, 2 Year(s)	043505 - Mother, Female, 27 Year(s)	Lack of Supervision	Unsubstantiated
043507 - Sibling, Male, 2 Year(s)	043512 - Other Adult - SM's Ex-Boyfriend, Male, 34 Year(s)	Lack of Supervision	Unsubstantiated
043507 - Sibling, Male, 2 Year(s)	043505 - Mother, Female, 27 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:



TCDSS contacted collateral sources throughout the investigation, and found SC to be alive and well. TCDSS did not contact SM's parenting class provider, or mental health provider, who expressed concerns regarding SM in the past.

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

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

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

Explain:
The questions in the RAP regarding domestic violence (DV) and mental health (MH) were answered inaccurately. CPS history showed SM had a DV history with PS as a victim. History also noted SM struggled with on-going MH concerns in the past.

Placement Activities in Response to the Fatality Investigation



	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: There was no removal necessary regarding SS1. The biological father of SS2 has had custody since 2013.				

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

It was determined SC was alive and well, and there was no fatality. TCDSS noted in the case record "no services recommended"; however, services available to the family could have been offered based upon history.

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:

It was determined SC was alive and well; there was no fatality. No additional services were offered to the family.

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

Explain:

It was determined SC was alive and well; there was no fatality. No additional services were offered 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?	Yes
Was the child acutely ill during the two weeks before death?	No

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)
10/21/2015	Sibling, Male, 1 Years	Other Adult - Babysitter, Female, 19 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Years	Mother's Partner, Male, 32 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Years	Other Adult - Babysitter, Female, 19 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

Cortland County Department of Social Services (CDSS) received a report with concerns SM and PS left SS1 in the care of a known drug user to babysit while they went to a party. As a result, this caregiver used drugs while caring for SS1, and got into a physical altercation with PS.

Determination: Indicated

Date of Determination: 04/08/2016

**Basis for Determination:**

CCDSS noted they gathered enough evidence to substantiate the allegations. SM and SS1 moved out of county by the end of the investigation. CCDSS indicated and closed.

OCFS Review Results:

The record does not reflect UNF history was reviewed. Phone contacts between CW and SM's MH provider occurred; the provider expressed serious concerns regarding SM and her ability to care for CHN. CCDSS never had a conversation with SM about her MH. When SM moved out of county, CCDSS stated the new county (Cayuga) would not complete a HV. The MH provider still had serious concerns prior to the close of the investigation. CCDSS was unable to make phone contact with SM prior to case closing. CCDSS failed to make an SCR report regarding these concerns so the new county in which SM resided could address them. Safety was not addressed sufficiently. The caregiver was never interviewed.

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

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

Throughout the investigation, SM's MH provider expressed serious concerns regarding SM's ability to appropriately care for children. CCDSS closed the investigation due to SM moving out of county and being unable to make phone contact. Further efforts should have been made to address these concerns prior to case closure.

Legal Reference:

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

Action:

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

Issue:

Mandated reporters did not report potential abuse or maltreatment of a child

Summary:

CCDSS was unable to reach SM after she moved to Cayuga County. At the time, there were concerns surrounding SM's MH that had yet to be addressed. CCDSS reported Cayuga County would not take secondary to address concerns or assess safety. CCDSS closed the case with no further action. An SCR report should have been made so Cayuga County could have addressed these concerns with SM.

Legal Reference:

SSL 413 and 415

Action:

Mandated reporters are required to report or cause a report to be made when they have reasonable cause to suspect that a child is being abused or maltreated, or is at risk of such abuse or maltreatment.

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

CCDSS did not interview SS1's babysitter, who was named as a subject on the report. It was reported SS2 visited SM every other weekend, but no attempts were made to observe or interview this child.

Legal Reference:

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

Action:

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



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

7/10/12: UNF against SM for IF/C/S and IG regarding unrelated CHN.

11/6/12: IND against SM for IF/C/S, LS, and IG regarding SS2; UNF for PD/AM.

8/6/13: IND against SM and PS for PD/AM, IG; IND against SM for OTH/COI; UNS for OTH/COI against BF, all regarding SS2.

6/1/14: UNF against SM for IF/C/S, PD/AM, and IG regarding SS2.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Preventive Services History

TCDSS attempted to engage SM in a preventive services case on 2/4/14 due to homelessness and on-going MH concerns. SM refused services, and the case was closed on 2/25/14.

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