



Report Identification Number: SY-17-048

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

Issue Date: Mar 26, 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: 0 day(s)

Jurisdiction: Oneida
Gender: Female

Date of Death: 10/09/2017
Initial Date OCFS Notified: 10/15/2017

Presenting Information

On 10/09/2017 at 2:00 AM, SM gave birth to SC. At the time of birth, SM disclosed she had consumed cocaine and alcohol prior to admission. As a result of SM's drug and alcohol use, she had a placental abruption which caused her to deliver the SC at 22 weeks gestation. At 4:10 AM, the SC was pronounced dead.

Executive Summary

On 10/11/2017, Oneida County Department of Social Services (OCDSS) notified the Syracuse Regional Office of the death of the SC in an open services case. On 10/13/2017, an SCR report was received regarding the death of the SC with allegations of DOA/Fatality, IG and PD/AM against SM.

On 10/9/2017 at 1:46 AM, SM arrived at St. Luke's Hospital in labor. SM admitted to using cocaine and drinking alcohol prior to her admission. SM had a placental abruption and delivered SC at 22 weeks gestation at 2:00 AM. SC was not viable due to her pre-maturity, therefore life saving measures were not performed. SC was pronounced deceased by the hospital physician at 4:10 AM. There was no autopsy performed and a drug test was not conducted since SM admitted to drug use. According to hospital records, SM's placental abruption and premature labor were caused by her drug use. SM refused to meet with OCDSS during her hospitalization and was unable to be located after her discharge from the hospital. OCDSS contacted LE and a criminal investigation was conducted into the death of SC. LE tested SM's blood for substances, although the results were still pending.

SM had 5 additional children; 4 lived out of state and were placed in Foster Care or in the custody of relatives and 1 was in the custody of the MGM in Albany County. The 5 children were removed from SM's custody due to substance abuse and MH concerns. SM's rights were terminated for 2 of the children and SM had no contact with the children.

OCDSS added the SS's alleged BF to the case, sent a Notice of Existence letter and made attempts to contact him. He refused to speak to OCDSS, other than denying paternity. SM did not disclose the BF of SC, therefore the BF was unknown. OCDSS contacted several collaterals including LE, hospital staff, Albany County Department for Children, Youth and Families (ACDCYF), SM's MH counselor, SS's pediatrician, Early Intervention, and the MGM. OCDSS was unable to refer SM to bereavement services due to her lack of cooperation with the investigation. The open services case did not have a CPS Monitor assigned and did not meet the regulatory requirements for monitoring of the ongoing CPS concerns.

The LE investigation remained open and criminal charges had not been filed at the time this report was written. The fatality investigation remained open and court ordered ongoing CPS and Foster Care services continued.

PIP Requirement

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

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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The case remained open for investigation at the time this report was written.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

The case remained open for investigation at the time this report was written.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/09/2017

Time of Death: 04:10 AM

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

02:00 AM

County where fatality incident occurred:

Oneida

Was 911 or local emergency number called?

No



Did EMS respond to the scene?

No

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

N/A

Child's activity at time of incident:

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

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

Is the caretaker listed in the Household Composition? 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	Female	2 Hour(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Other Household 1	Sibling	No Role	Female	9 Month(s)
Other Household 2	Other Adult - BF of SS	No Role	Male	39 Year(s)

LDSS Response

On 10/10/2017, OCDSS was informed that SM went into early labor and gave birth to SC who passed away. OCDSS went to the hospital to see SM on 10/11/2017 and she refused to meet with the caseworker. The hospital social worker shared SM admitted to using cocaine and drinking alcohol before going to the hospital, therefore a drug toxicology was not done. SM did not have prenatal care. No life save saving measures were taken as SC was not considered viable, and SC lived 2 hours before passing away. OCDSS obtained the hospital death record and sent it to OCFS with form 7065.

The CPS caseworker obtained case history information from the Case Manager and the contract agency providing Foster Care services to the 1 yo SS. OCDSS assessed the safety of the SS by contacting the foster parent by phone on 10/12/2017 and conducted a foster home visit on 10/13/2017. There were no concerns for the care of the SS or the safety of the foster home. A safe sleep environment was observed and the foster parent was aware of and practicing safe sleep guidelines. The foster parent shared SS had some developmental delays that were being assessed and treated by the pediatrician and a referral was sent to Early Intervention. Pediatrician records were reviewed for SS and there were no concerns noted. SS had a protective program choice and the permanency goal for the SS was return to parent. The casework contact requirements were met regarding the SS, although OCDSS made continued efforts to locate SM and engage her in the service plan goals without success. There was no documentation that CPS met the requirements for monitoring the continued safety of the SS and the service plan for the open services case.



OCDSS spoke to MGM and a home visit was conducted by ACDCYF to assesses the safety of the 15 yo SS. MGM denied that she was in contact with SM and declined to have 1 yo SS placed in her home. It was learned MGM had custody of the 15 yo SS, SM's rights were terminated and SM did not have contact with the child. OCDSS attempted to obtain additional information regarding SM's other 4 children, although limited information was available. Through a review of CPS history, it was learned they resided in Connecticut, although their location was unknown. The children were removed from SM's care due to substance abuse and MH issues and they were in Foster Care or in the custody of relatives. SM's rights were terminated to at least one of the children and SM had no contact with the children.

Upon discharge from the hospital, SM did not apply for emergency housing or report to treatment as planned, and her whereabouts were unknown. OCDSS made attempts to locate and interview SM throughout the case and were unsuccessful. SM did not disclose the BF of SC, and therefore the BF was unknown. There was no BF listed on SS's birth certificate; OCDSS attempted to interview the alleged BF of SS, although he refused to speak to OCDSS and denied paternity.

Review of medical records showed SM had a MH diagnosis but was not compliant with treatment. SM admitted to using crack cocaine, which led to placental abruption and premature birth of the SC. No autopsy was performed and both CPS and criminal investigations were ongoing at the time of this writing. Foster Care and CPS services cases were ordered to continue.

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 investigation conducted by a Multidisciplinary Team (MDT)? Yes

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
044616 - Deceased Child, Female, 2 Hour(s)	044624 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Pending
044616 - Deceased Child, Female, 2 Hour(s)	044624 - Mother, Female, 37 Year(s)	DOA / Fatality	Pending
044616 - Deceased Child, Female, 2 Hour(s)	044624 - Mother, Female, 37 Year(s)	Parents Drug / Alcohol Misuse	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input checked="" 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"/>



Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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 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 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"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

OCDSS didn't observe SC since they were not aware of SC's birth until after her death. SM refused to meet with OCDSS at the hospital and they couldn't locate SM after she was discharged and homeless. SC's BF was unknown. SS's BF refused an interview.

Fatality Safety Assessment Activities

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

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



Child Fatality Report

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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The SS was in Foster Care at the time of SC's death. SM was uncooperative; she refused to meet with OCDSS while she was hospitalized and OCDSS was unable to locate SM when she was discharged. SM's service needs related to the fatality were unable to be explored.				

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
 Bereavement counseling services, family planning and parenting services were not offered due to SM refusing to speak to OCDSS and her whereabouts being unknown. SM was not engaged in MH counseling and substance abuse treatment, as referred by OCDSS. SM refused housing assistance or economic support despite being homeless.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 OCDSS attempted to interview SM in the hospital but she refused to speak to the caseworker. After discharge, OCDSS was unable to locate SM to offer 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? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? 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)
03/27/2017	Sibling, Female, 3 Months	Mother, Female, 37 Years	Inadequate Guardianship	Indicated	No
	Sibling, Female, 3 Months	Mother, Female, 37 Years	Lack of Supervision	Indicated	
	Sibling, Female, 3 Months	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

An SCR report was received that alleged on 3/27/2017, SM violently attacked another woman in the presence of the SS. During the attack she stepped on SS while she was in her car seat. Subsequent reports were received on 4/19/2017 and 4/22/2017 that alleged SM left SS unsupervised at home for an extended period of time on two separate occasions to use cocaine.

Determination: Indicated

Date of Determination: 05/30/2017

Basis for Determination:

There was no credible evidence to support the allegation SM stepped on SS during an altercation. Although SM admitted to hitting a woman in the presence of SS, the SS was not harmed as a result. OCDSS substantiated the allegations of IG, LS and PD/AM against SM as it was determined SM left SS home alone for 2 hours on 4/14/2017 and on 4/22/2017, while she relapsed and used crack cocaine. SS was found home alone on both occasions by staff at SM's supported living shelter. SM had a history of substance abuse and MH issues, and lost custody of 5 other children as a result. An Article 10 Neglect Petition was filed against SM and SS was placed in Foster Care.

OCFS Review Results:

OCDSS appropriately merged the subsequent reports into the initial report, substantiated the allegations and placed the SS in Foster Care. OCDSS interviewed SM, staff at the supported living shelter, and attempted contact with SS's BF. OCDSS contacted SM's substance abuse treatment provider, MH counselor, friend, Connecticut CPS and Case Planner for the Foster Care case. Referrals were made for appropriate services, although SM did not cooperate with OCDSS or re-engage in services.

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

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

There was no CPS history more than 3 years prior to the fatality in New York State.

Known CPS History Outside of NYS

SM had 4 Indicated reports in Connecticut, dated 9/9/2014, 1/25/2012, 7/25/2006 and 8/2/2004, for physical neglect of 4 additional SS. All 4 SS were removed from SM's care as a result of the physical neglect and placed in either Foster Care or with relatives, and remain in Connecticut. Limited information was available to OCDSS, except that SM's rights were terminated regarding at least 1 of the SS and SM had no contact with the 4 SS. The case record showed OCDSS contacted the Department of Children and Families in Connecticut and no further information was forthcoming.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 05/09/2017



Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

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

Yes No

Issue:	Failure to Monitor
Summary:	The documentation did not show that CPS monitoring requirements were met. There was no CPS Monitor assigned and no documentation that the service plan was monitored or of contact with the primary caseworker or service providers.
Legal Reference:	18 NYCRR 432.2(b)(5)
Action:	OCDSS will meet all monitoring requirements for the CPS Service Monitor.

Foster Care Placement History

OCDSS opened a Foster Care case on 5/9/2017. The 1 yo SS was removed from SM's custody on 4/22/2017 and placed in a foster boarding home after SM left the SS home alone for several hours on two occasions at the supported living shelter, while she used drugs. OCDSS contracted with House of Good Shepard to provide Foster Care services. SM did not cooperate with OCDSS and was unable to be located until she was incarcerated on 7/27/2017. SM had one visit with SS in August 2017 and was released from jail in September 2017. OCDSS was unable to locate SM until she arrived at the



hospital on 10/9/2017, in labor with SC. SM was again unable to be located after discharge from the hospital. The permanency goal for SS was return to parent, although SM was not working toward her service plan goals, refused to meet with OCDSS and was not exercising her visitation with SS. OCDSS met all NYS Foster Care Regulations and requirements regarding casework contacts with SS and reasonable efforts were made to meet the requirements regarding SM. The foster boarding home licensing requirements were met. OCDSS planned to file a termination of parental rights petition based on abandonment. The Foster Care case remained open at the time of this writing.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
04/24/2017	Adjudicated Neglected	Foster Care Placement to Continue
Respondent:	044624 Mother Female 37 Year(s)	
Comments:	An Article 10 Neglect Petition was filed against SM and SS was removed and placed in Foster Care on 4/24/2017. On 9/14/2017, SM admitted to Neglect and it was court ordered SS was to remain in Foster Care.	

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