



Report Identification Number: SY-18-006

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

Issue Date: Aug 07, 2018

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

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

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

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

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

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

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

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 1 day(s)

Jurisdiction: Broome
Gender: Male

Date of Death: 02/15/2018
Initial Date OCFS Notified: 02/15/2018

Presenting Information

The SCR report alleged SM was given a recommendation to not engage in drug use because her pregnancy was high risk. SM did not follow through with the recommendation and continued to use drugs. As a result, SM went into preterm labor at 27 weeks and she was positive for methamphetamine at the time of birth. SC had complications with underdeveloped lungs and died several hours later. The 8 yo SS had an unknown role.

Executive Summary

On 2/15/18, Broome County Department of Social Services (BCDSS) received an SCR report about the death of the 1-day-old SC.

On 2/14/18, SM was bleeding and having contractions when she arrived at the hospital around 1:00 PM. SC was born via emergency caesarian section at 27 weeks gestation at 6:04 PM. SC weighed 2.91 pounds and due to his extreme prematurity, his lungs were underdeveloped. SC was unable to survive and lived for just under 8 hours. SC was pronounced deceased by the hospital physician at 1:58 AM on 2/15/18.

An autopsy was performed and the cause of death was “complications of prematurity due to maternal chorioamnionitis.” The manner of death was “natural”. When asked about SM’s drug use and lack of prenatal care, the ME could not say that it caused the death of SC. LE did not open an investigation regarding the incident.

SM resided with the MGM, MA, PS and UHM. The 8 yo SS resided with his BF and visited SM regularly. SS was assessed to be safe in his BF’s care and due to concerns for SM’s drug use, a safety plan was developed that the BF would supervise SM’s contact with the SS. BCDSS adequately assessed the SS’s safety throughout the investigation, although the identified safety factors and safety plan were not reflected in the 24-hour, 7-day and 30-day safety assessment tools. This discrepancy was corrected and a Safety Modification safety assessment was completed that accurately reflected the safety factors and safety plan. SM was referred for substance abuse and DV services. BF filed a petition in Family Court to modify the Article 6 custody order to allow only supervised visitation.

BCDSS completed a thorough investigation into the incident, contacted all necessary collaterals and requested all appropriate records. SM failed to complete a substance abuse evaluation or engage in DV services. The CPS report had not yet been determined at the time this report was written. The SS remained in the care of his BF with SM’s visitation being supervised and the BF’s modification petition was pending in Family Court.

PIP Requirement

BCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the BCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, BCDSS 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? No

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 CPS report had not yet been determined 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:

Casework activity and supervisory consultations were commensurate with case circumstances.

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: 02/15/2018

Time of Death: 01:58 AM

County where fatality incident occurred: Broome

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
 Other

Eating

Unknown

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: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	92 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Day(s)
Deceased Child's Household	Grandparent	No Role	Female	63 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Mother's Partner	No Role	Male	40 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	78 Year(s)
Other Household 1	Other Adult - SS's BF	No Role	Male	44 Year(s)
Other Household 1	Sibling	Alleged Victim	Male	8 Year(s)

LDSS Response

BCDSS initiated their investigation by speaking to the hospital Social Worker to gather more information. It was learned SM received no prenatal care and denied knowing she was pregnant until she arrived at the hospital on 1/30/18, leaking amniotic fluid. At that time, SM tested positive for marijuana and amphetamines. On 2/3/18, SM signed herself out of the hospital against medical advice. She then arrived at the hospital with contractions and bleeding on 2/14/18 and reported her contractions and discharge started on 2/13/18. SM refused a drug test at the time of SC's birth. SC was drug tested, although the results of the test were not received by BCDSS. SM did not list a BF on SC's birth certificate and placed an X through that section. SM declined an autopsy, although one would be performed. BCDSS inquired with the New York State Police as to whether they would investigate the incident and they declined.

SM and SS's BF were spoken to at the hospital on 2/15/18. SM admitted to regular use of marijuana and crystal methamphetamine and stated her boyfriend (parent substitute, PS) regularly used crystal methamphetamine. SM reported there had been incidents of DV, perpetrated by PS, with LE involvement. SM denied knowledge of her pregnancy until 1/30/18, with no prenatal care prior to that date. SM reported PS was the father of SC, although PS denied paternity. SM and SS's BF shared joint custody of SS, with the BF having physical custody and SM having visitation. PS was ordered to stay away from SS under the Article 6 custody order due to an incident in 2016 where PS choked SS. Due to the concerns for SM's drug use, BCDSS initiated a safety plan in which the BF would supervise SM's visitation with SS and SM was referred for a substance abuse evaluation and DV services.

SM's and the SS's BF's homes were assessed to be safe throughout the investigation. SS was assessed to be healthy and safe in his BF's care and SS reported no concerns for SM or his BF. SM resided with the MGM and two elderly boarders that MGM cared for; a MA and an UHM. MGM, MA and UHM had no concerns for SS in BF's care. MGM suspected SM



was pregnant a few weeks prior to her hospitalization on 1/30/18, and she was unaware SM left the hospital on 2/3/18 against medical advice. MGM had concerns for DV between SM and PS and had no knowledge of SM and PS's drug use. BCDSS had multiple unsuccessful attempts to speak to PS.

BCDSS consulted with their legal department and a letter was mailed to SM recommending she complete a substance abuse evaluation and follow any recommendations. The ME's office was consulted and since SC's death was determined to be caused by prematurity due to an infection SM sustained, they could not say that SM's drug use or lack of prenatal care caused SC's death.

The CPS investigation remained open and SS's BF's modification petition was pending in Family Court at the time this report was written. The BF agreed to continue to supervise SM's visitation until she complied with substance abuse services.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? 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
047041 - Deceased Child, Male, 1 Days	047042 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Pending
047041 - Deceased Child, Male, 1 Days	047042 - Mother, Female, 36 Year(s)	DOA / Fatality	Pending
047041 - Deceased Child, Male, 1 Days	047042 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Pending
047049 - Sibling, Male, 8 Year(s)	047042 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Pending

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" 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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Explain:
Although the SS's safety was thoroughly assessed and an appropriate safety plan was initiated upon receipt of the report, the 24-hour, 7-day and 30-day safety assessments did not accurately reflect the documented safety factors. A Safety Modification safety assessment was completed on 4/3/18, that accurately reflected the safety factors and safety plan.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
 Risk was adequately assessed and the appropriate service needs were identified. SM was referred for substance abuse and DV services, although she did not cooperate with the referral.

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?
 Family Court Criminal Court Order of Protection

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)		
Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	SS's BF filed a modification petition to the current Article 6 custody order requesting supervised visitation for SM as a result of her untreated drug concerns.	

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 Bereavement counseling, funeral assistance and family planning were not offered and it was not explored if SM could benefit from these services.

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 engaged in counseling with his school counselor.

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

Explain:
 SM was referred to substance abuse and DV services, although she did not cooperate with the referral.

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
 - Had heavy alcohol use
 - Misused over-the-counter or prescription drugs
 - Smoked tobacco



- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/29/2016	Sibling, Male, 7 Years	Mother's Partner, Male, 38 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 7 Years	Mother, Female, 35 Years	Other	Unsubstantiated	
	Sibling, Male, 7 Years	Other Adult - SS's BF, Male, 42 Years	Other	Unsubstantiated	

Report Summary:

BCDSS was ordered by Family Court to conduct a 1034 Investigation into the homes of SM and SS's BF regarding SS.

Report Determination: Indicated

Date of Determination: 09/22/2016

Basis for Determination:

BCDSS appropriately added and substantiated the allegation of IG against PS regarding SS and unsubstantiated the allegation of Other against SM and SS's BF regarding SS. SS made a consistent and credible disclosure that he was choked by PS at SM's home. SS was afraid of PS and cried. SS continued to reside in his BF's home and PS was not allowed in SM's home when SS visited her.

OCFS Review Results:

BCDSS interviewed SM, PS, SS, SS's BF and MGM. Notice of Existence and Notice of Indication letters were provided to the required persons. Safety assessments were completed accurately and on time. The necessary collaterals were contacted and evidence was gathered to support the determination. SM shared joint custody of SS, had regular visitation and was listed a subject of the report, therefore should have been listed as a secondary caretaker on the RAP.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

No secondary caretaker was identified in the RAP when it was known that SM had a regular caretaking role for the SS.

Legal Reference:

18 NYCRR 432.2(d)

Action:

BCDSS will accurately reflect the current caretakers of children in risk assessments, and accurately assess and document each respective risk element identified into the RAP.

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

There is no CPS history more than 3 years prior to the fatality.



Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

Even though caseworker progress notes reflected proper assessments, OCFS determined 24 hour, 7 and 30 day assessment paperwork for surviving sibling was not sufficient. Again, although documented in progress notes, secondary caretaker/mother was not identified and added in separate risk assessment paperwork. So, in safety factor form it was not documented child was having regular unsupervised contact with mother. Broome DSS will be working with casework and supervisory staff to ensure in addition to progress notes, OCFS' mandated risk assessment paperwork reflects all caretakers that regularly have contact with child, regardless of who has ongoing residency.

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