



Report Identification Number: SY-20-039

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

Issue Date: Feb 23, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

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

Jurisdiction: Broome
Gender: Female

Date of Death: 08/26/2020
Initial Date OCFS Notified: 08/26/2020

Presenting Information

Broome County Department of Social Services (BCDSS) received an SCR report that alleged on 8/25/20 at approximately 10:00PM, the mother placed the subject child to bed in her bassinet. The subject child would normally wake up between 12:30AM and 1:30AM to eat. On 8/26/20 around 2:51AM, the mother checked on the subject child and found her unresponsive in her bassinet. Emergency Medical Services were contacted and responded; however, the child was pronounced deceased. The mother had no explanation as to how the child passed and the child had no injuries noted to her body. The father and 1yo sibling had unknown roles.

Executive Summary

This fatality report concerns the death of the 2-month-old female subject child that occurred on 8/26/20. The child was found unresponsive in her bassinette by the mother. An SCR report was made on 8/26/20 regarding the death. At the time of the child's death, she resided with her mother and 1-year-old sibling in supportive housing, which was staffed at all times. The 1-year-old sibling was in joint custody of the mother and a family friend and the mother had obtained residential custody. The father resided at his home with his children, ages 10, 9 and 7 years old. The mother had a 5-year-old child whom resided with his father.

BCDSS learned that on 8/25/20, the mother and subject child had visited the father at his home and then returned to the shelter before the mother's curfew. The mother bottle fed and burped the subject child and then placed her to sleep in a bassinette, which the mother reported was in compliance with safe sleep guidelines. The mother would typically feed the child at intervals throughout the night, but would not always wake the child if she slept through a feeding. On 8/26/20, around 2:00AM, the mother checked on the subject child and found her unresponsive. The mother contacted shelter staff and requested they call 911 and the mother performed CPR. First responders arrived and transported the child to the hospital, where she was pronounced deceased after unsuccessful life saving measures.

BCDSS coordinated investigative efforts with law enforcement upon receipt of the SCR report. Law enforcement reported they did not intend to pursue criminal charges and would be concluding their investigation. An autopsy was performed, and the preliminary results provided that there was no trauma to the subject child and no suspicion for abuse. The final results were pending toxicology and pathology reports.

The mother had an open Preventive Services case at the time of the death. The case had been opened in July 2019 due to concerns for the mother's substance use while caring for the 5-year-old sibling. The documentation in the family services stage revealed the mother had been successful with services, including recent graduation of her addiction counseling program. In addition, the case record revealed that the family services caseworker reviewed safe sleep guidance at nearly every face-to-face contact with the mother and coordinated efforts to ensure the mother's, 1-year-old sibling's and subject child's needs were met.

The information obtained within 7-days of receipt of the SCR report did not support the 1-year-old surviving child was at imminent risk of harm; however, BCDSS documented their safety assessment as such and with an incorrect safety decision. Services offered to the parents in response to the death included a fatality resource packet, funeral assistance and a referral to a community based program that assists with a variety of needs. The mother remained open with preventive services and the fatality investigation had not yet been determined at the time this report was completed.



PIP Requirement

OCFS' review resulted in citations. In response, each cited county will submit a Program Improvement Plan (PIP) to the Regional Office which will identify what action(s) the respective LDSS' have taken, or will take, to address the cited issues. For citations where a PIP is currently implemented, the respective LDSS will review the plan(s) and revise as needed to further address ongoing conce

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?** N/A
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Explain:

The record did not reflect that there was an assessment of safety to the surviving siblings within 24 hours of receipt of the SCR report; however, BCDSS documented face-to-face contact with the 5yo, 10yo, 9yo and 7yo siblings on 2/5/21 and assessed them for safety.

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:

Casework activity was commensurate with case circumstances.

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 investigation had not yet been determined at the time this fatality report was written.

Required Actions Related to the Fatality

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



Issue:	Timely/Adequate Seven Day Assessment
Summary:	The information documented in the case record did not support the safety factors or safety decision chosen in the safety assessment tool.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	BCDSS will document and approve all assessments and accurately reflect the safety factors that are present.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/26/2020

Time of Death: 03:32 AM

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

Unknown

County where fatality incident occurred:

Broome

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 4 Hours

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

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 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)



Other Household 1	Father	No Role	Male	31 Year(s)
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LDSS Response

On 8/26/20, BCDSS received an SCR report regarding the death of the subject child that occurred on 8/26/20. BCDSS immediately initiated their response and within 24 hours of receipt of the SCR report spoke to the source, completed a CPS history check, spoke to law enforcement, notified the district attorney's office and interviewed the parents. At the time of the fatality the subject child resided with the mother and 1yo sibling in supportive housing for women and children. The father resided in a separate household with the 10yo, 9yo and 7yo siblings. The 5yo sibling resided with his father.

BCDSS completed joint interviews of the mother and father. It was reported the night leading up to the fatality, the mother and subject child were visiting the father at his home. The mother and child returned to their home at 9:42PM. The child had been asleep, but woke up and the mother fed her a 4-ounce bottle, burped her and placed her back to sleep in her bassinette. The mother denied there were any objects or blankets in the bassinette and when further questioned about safe sleep, the mother reported she practiced it and her family services caseworker routinely reviewed it with her. The mother stated that she realized the child had slept through her feeding time. The mother would typically feed the child every few hours throughout the night; however, it was not unusual for the child to sleep through a feeding. Sometimes if the child slept through a feeding, the mother did not wake her up but sometimes she did. The mother checked on the child and said that her chest was not moving and did not have a heart beat. The mother called down to the front desk at the shelter and asked staff to call for help. She then took the child out of the bassinette, placed her on the bed and performed CPR. The mother was not trained in CPR, but reported knowledge of it. The mother also notified the father. First responders arrived to the shelter and reported the child was warm to touch, but had no pulse and was not breathing. Life saving efforts were made as the child was transported to the hospital, where she was pronounced deceased.

The mother and father reported they had concerns about the child's breathing leading up to her death and had regular contact with the pediatrician regarding this; however, it was reported to be typical in the early stages of an infant's life. The mother reported two weeks prior to the fatality the child developed thrush in her mouth. The pediatrician was contacted and medication was prescribed. The Friday prior to the death, the child had a physical, which included immunizations. The pediatrician reported the child's weight gain was poor and she was small for age, but she was otherwise a healthy infant. Medical records from the hospital documented the cause of death to be Sudden Infant Death Syndrome.

The director and staff of the program where the mother and child resided were interviewed. It was reported that staff had conducted random room checks, including at night, since the birth of the subject child, and the mother was always found to be practicing safe sleep. The mother was reported to be doing well in her program and there were no concerns for substance use. Other service providers who had worked with the mother and child prior to the fatality, reported no concern for the mother's care of the child or the mother's sobriety. Due to the historical concerns of substance use, the mother was asked to complete a drug screen, which was completed with no concerns.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

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

Comments: BCDSS indicated in their 24-hour and 30-day Fatality Reports that the death would be referred to their Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056142 - Deceased Child, Female, 2 Month(s)	056182 - Mother, Female, 27 Year(s)	DOA / Fatality	Pending
056142 - Deceased Child, Female, 2 Month(s)	056182 - Mother, Female, 27 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 type="checkbox"/>	<input checked="" 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 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"/>



Child Fatality Report

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"/>
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Are there any safety issues that need to be referred back to the local district?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain:
The safety of all of the surviving siblings was assessed on 2/5/21.

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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Explain:
The record did not reflect an assessment of safety for the 5yo, 10yo, 9yo and 7yo surviving siblings within 24 hours, 7 days and 30 days of receipt of the SCR report. Although they did not reside in the home, the mother had weekly contact with the 5yo and assisted in caretaking responsibilities of the 10yo, 9yo and 7yo siblings.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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



Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

The mother was enrolled in services at the time of the fatality and continued her engagement in those services and began grief counseling following the death of the subject child. The record reflected the 1-year-old sibling was enrolled in early intervention through a referral by the pediatrician.

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:

BCDSS offered the siblings grief counseling services.

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

Explain:

The parents were provided with a fatality resource packet and offered assistance with funeral arrangements.

History Prior to the Fatality



Did the child have a history of alleged child abuse/maltreatment? 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? 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)	Allegation Outcome	Compliance Issue(s)
09/23/2019	Sibling, Female, 10 Years	Grandparent, Female, 50 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

BCDSS received an SCR report that alleged on approximately 8/29/19, the then 10yo sibling attempted to have sexual intercourse with a 5yo male relative that was visiting the home. The paternal grandmother was aware and separated the two children. The paternal grandmother had not taken the sibling for counseling.

Report Determination: Unfounded**Date of Determination:** 12/13/2019**Basis for Determination:**

BCDSS interviewed the children, their parents and collaterals and determined there was not enough credible evidence to substantiate the allegations.

OCFS Review Results:

BCDSS assessed for the safety of the cousins and minor uncles within 24 hours of receipt of the SCR report. A CPS history check was completed and the source was contacted. BCDSS collaborated with law enforcement and utilized the child advocacy center for interviews when needed. The record did not reflect that all face-to-face interviews were completed. Not all notification of existence letters were mailed within required time frames. The 7-day safety assessment was completed inaccurately given the information documented in the case record.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

BCDSS documented an attempted phone call to the mother of the sibling; however, there were no further efforts made to interview her.

Legal Reference:



18 NYCRR 432.1 (o)

Action:

BCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

Issue:

Failure to provide notice of report

Summary:

BCDSS provided all of the adults with notification of the SCR report in writing; however, the letter to the sibling's mother was sent late on 12/11/19.

Legal Reference:

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

Action:

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

Within 7-days of receipt of the SCR report, BCDSS made a safety plan for the family, which was signed by the father. In the 7-day safety assessment tool, BCDSS documented a safety decision 2, which should have been a safety decision 3 due to the safety plan.

Legal Reference:

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

Action:

BCDSS will document and approve all assessments and accurately reflect the safety factors that are present, along with any safety plan that has been devised.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/04/2019	Sibling, Female, 4 Hours	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 4 Hours	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

BCDSS received an SCR report that alleged on 7/4/19 the mother gave birth to the 1yo sibling. At the time of the birth the mother tested positive for cannabis and amphetamines. The mother abused drugs while pregnant and did not receive prenatal care. The sibling's test results were pending and she was reported to be doing okay after her birth.

Report Determination: Indicated

Date of Determination: 08/01/2019

Basis for Determination:

BCDSS substantiated the allegations against the mother. Through casework and collateral contacts BCDSS determined the mother and sibling tested positive for drugs at the sibling's birth and the mother admitted to drug use leading up to the birth. The sibling was placed with a friend of the mothers and a preventive services case was opened.

OCFS Review Results:

BCDSS assessed for the safety of the sibling within 24 hours of the receipt of the SCR report. The safety assessment tools, RAP and investigation were completed with accurate information and within required timeframes. BCDSS made an appropriate safety plan for the sibling given the information obtained during the investigation and necessary referrals



for services were made, including preventive services. The CPS history check for the mother was not documented in Connections until 7/30/19. The mother identified the father of the sibling; however, there were no efforts documented to contact him. A Plan of Safe Care was not documented.

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

Issue:
Review of CPS History

Summary:
A CPS history check in regards to the mother was documented in Connections more than 3 weeks after the receipt of the SCR report.

Legal Reference:
18 NYCRR 432.2(b)(3)(i)

Action:
Within 1 business day of a report, BCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, BCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

Issue:
Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:
The mother identified the father of the sibling and there were no documented efforts to interview him.

Legal Reference:
18 NYCRR 432.1 (o)

Action:
BCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

Issue:
Failure to provide notice of report

Summary:
It was not documented that the father of the sibling was notified of the SCR report in writing.

Legal Reference:
18 NYCRR 432.2(b)(3)(ii)(f)

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

Issue:
Failure to complete, document, and monitor a Plan of Safe Care

Summary:
Although BCDSS developed a safety plan for the sibling, a plan of safe care was not documented as being completed.

Legal Reference:
17-OCFS-LCM-03 & 18-OCFS-LCM-06

Action:
BCDSS will complete, document & monitor a plan of safe care that specifically addresses the child(ren) affected by substance abuse and the affected caregiver. BCDSS will complete the required form (OCFS-2196 Plan of Safe Care), when developing and documenting the Plan of Safe Care with the family.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/29/2019	Sibling, Female, 9 Years	Other Adult - Unrelated , Male, 43 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 8 Years	Other Adult - Unrelated , Male, 43 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Other Adult - Unrelated , Male, 43 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 9 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 9 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 8 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 8 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 8 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 6 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 6 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 6 Years	Other Adult - Mother of 9yo, 8yo and 6yo siblings, Female, 30 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 8 Years	Other Adult - Unrelated, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Unrelated , Male, 17 Years	Other Adult - Unrelated, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Years	Other Adult - Unrelated, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Other Adult - Unrelated, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Other Adult - Unrelated , Male, 28 Years	Inadequate Guardianship	Substantiated	
Sibling, Male, 8 Years	Other Adult - Unrelated , Male, 28 Years	Inadequate Guardianship	Substantiated		



Sibling, Female, 6 Years	Other Adult - Unrelated , Male, 28 Years	Inadequate Guardianship	Substantiated
Other Child - Unrelated , Male, 17 Years	Other Adult - Unrelated , Male, 28 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 9 Years	Other Adult - Unrelated , Male, 22 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 8 Years	Other Adult - Unrelated , Male, 22 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 6 Years	Other Adult - Unrelated , Male, 22 Years	Inadequate Guardianship	Substantiated
Other Child - Unrelated , Male, 17 Years	Other Adult - Unrelated , Male, 22 Years	Inadequate Guardianship	Substantiated
Other Child - Unrelated , Male, 17 Years	Other Adult - Unrelated , Male, 22 Years	Lacerations / Bruises / Welts	Unsubstantiated
Other Child - Unrelated , Male, 17 Years	Other Adult - Unrelated , Male, 22 Years	Swelling / Dislocations / Sprains	Unsubstantiated

Report Summary:

Delaware County Department of Social Services (DCDSS) received an SCR report that alleged on the evening of 4/19/19, the parent substitute of the siblings became angry with the sibling's mother. He proceeded to destroy property and break items inside the house. He had a knife during the incident and was cutting things. The sibling's mother called 911 but the parent substitute took the phone and cut it. The siblings were present but were not physically injured. On 6/7/19, a subsequent report was received regarding additional incidents of violence in the presence of the children.

Report Determination: Indicated

Date of Determination: 08/14/2019

Basis for Determination:

DCDSS gathered a substantial amount of information from collateral contacts by way of face-to-face interviews, telephone contacts, and copies of records. The information gathered supported the basis for indicating the report, as it was learned the sibling's mother and different paramours engaged in physical altercations in the presence of the children. The siblings went to live with the father during the investigation.

OCFS Review Results:

DCSSS assessed for safety of the children following the initial and subsequent SCR report. The source of the reports were contacted and appropriate collaterals were spoken to. Notification of existence letters were not provided to all of the adults. The notes were not entered contemporaneously with their event date. There was no CPS history check documented within 1 business day of receipt of the SCR report.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

DCDSS entered approximately 25 progress notes more than a month after their event date.

Legal Reference:

18 NYCRR 428.5

Action:

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

**PIP Requirement:**

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. DCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

Issue:

Review of CPS History

Summary:

A CPS history check was not documented within 1 business day of receipt of the SCR report.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within one business day, DCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly

PIP Requirement:

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

Issue:

Failure to provide notice of report

Summary:

Although some adults were provided with notice of the SCR report in writing, it was not documented that 3 of the unrelated adults were provided with notification of existence letters.

Legal Reference:

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

Action:

DCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

PIP Requirement:

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. DCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

The mother of the siblings had been providing regular care for the siblings and there was nothing preventing them from spending time with her in the future. Therefore, the sibling's mother should have been listed as the secondary caretaker of the Risk Assessment Profile and she was not.

Legal Reference:

18 NYCRR 432.2(d)

Action:

DCDSS will accurately reflect the current caretakers of children in risk assessments, and accurately assess and document each respective risk element identified into the Risk Assessment Profile.

PIP Requirement:

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. DCDSS will continue to work on this issue and revise their current PIP if deemed necessary.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/26/2019	Sibling, Female, 9 Years	Other Adult - Mother of 9yo, 8yo and 5yo siblings, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 9 Years	Other Adult - Mother of 9yo, 8yo and 5yo siblings, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 8 Years	Other Adult - Mother of 9yo, 8yo and 5yo siblings, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Years	Other Adult - Mother of 9yo, 8yo and 5yo siblings, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 5 Years	Other Adult - Mother of 9yo, 8yo and 5yo siblings, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Other Adult - Mother of 9yo, 8yo and 5yo siblings, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

Delaware County Department of Social Services (DCDSS) received a report that alleged the sibling's mother was using marijuana on a regular basis in the same room as the siblings and the smoke was thick enough to impair the siblings. The 8yo sibling was playing with the sibling's mother's marijuana pipe. The sibling's mother was the sole caretaker and her ability to care for the sibling's was questioned due to her impairment. The 8yo sibling was autistic and required a higher level of care.

Report Determination: Unfounded

Date of Determination: 03/29/2019

Basis for Determination:

DCDSS gathered information from interviews and the information gathered supported the basis for unsubstantiating the allegations, as it was learned the sibling's mother admitted to marijuana use; however, denied use in the home or while the children were awake. The parent substitute confirmed he was the caretaker for the siblings when their mother used marijuana.

OCFS Review Results:

DCDSS assessed for the safety of the siblings, contacted the source, conducted a CPS history check and made a home visit within 24 hours of receipt of the SCR report. Notification letters were mailed within required time frames. DCDSS assisted the sibling's mother in meeting the medical needs of the siblings and made referrals for necessary services. Not all required face-to-face contact was documented.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

Although the father was contacted regarding the SCR report via telephone, it was not documented that efforts were made to interview him face-to-face.

Legal Reference:

18 NYCRR 432.1 (o)

Action:



DCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

PIP Requirement:

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/13/2018	Sibling, Male, 4 Years	Other Adult - Father of 4yo sibling, Male, 33 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 4 Years	Other Adult - Father of 4yo sibling, Male, 33 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

Tioga County Department of Social Services (TCDSS) received an SCR report that alleged the father of the now 5yo sibling had a history of drinking alcohol to the point of impairment while caring for the sibling and was engaging in physical altercations with people. On 12/1/18, while intoxicated, the sibling's father physically assaulted someone in the presence of the sibling. He proceeded to put the sibling in the vehicle and drove erratically while he was intoxicated. The sibling was not injured during the altercation.

Report Determination: Indicated

Date of Determination: 02/06/2019

Basis for Determination:

TCDSS determined through casework and collateral contacts that there was credible evidence to substantiate the allegations. It was determined that the sibling's father had consumed alcohol to the point of impairment and engaged in a physical altercation with his girlfriend with the sibling in the home. The sibling's father then put the sibling in a car without a secured car seat and drove while he was impaired.

OCFS Review Results:

TCDSS completed assessments with accurate information and within required time frames. There was supervisory consultation present throughout the investigation. Collateral contacts were documented. Not all required face-to-face contact was made. Services were not offered to the sibling's father and it was not documented that a legal consultation took place about a family court petition, despite the investigation being the third indicated report regarding the sibling's father's alcohol use and domestic violence within the year.

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

Issue:

Failure to offer services

Summary:

It was not documented that the sibling's father was offered services regarding the substantiated allegations.

Legal Reference:

SSL §424(10);18 NYCRR 432.3(p)

Action:

Based on the investigation and evaluation conducted, TCDSS will offer to the family such services for its acceptance or refusal as appear appropriate for a child, family, or both.

PIP Requirement:

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

Issue:



Assessment as to need for Family Court Action

Summary:

The investigation was the third indicated report within the year of 2018 regarding the sibling's father's alcohol use and acts of domestic violence in the presence of the children; however, the record did not reflect a legal consultation took place regarding a family court petition.

Legal Reference:

SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)

Action:

TCDSS shall, in all cases where a child abuse or maltreatment report is being investigated, assess whether the best interests of the child require Family Court or Criminal Court action and shall initiate such action, whenever necessary.

PIP Requirement:

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

The record did not reflect that there were efforts made to speak to the mother of the child or interview her face-to-face.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

TCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

PIP Requirement:

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/28/2018	Other Child - Unrelated child , Male, 10 Years	Other Adult - Mother of unrelated 6yo male and 10yo male childre, Female, 29 Years	Inadequate Guardianship	Substantiated	Yes
	Other Child - Unrelated child , Male, 10 Years	Other Adult - Mother of unrelated 6yo male and 10yo male childre, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Other Child - Unrelated child , Female, 6 Years	Other Adult - Father of 3yo sibling, Male, 33 Years	Inadequate Guardianship	Substantiated	
	Other Child - Unrelated child , Female, 6 Years	Other Adult - Father of 3yo sibling, Male, 33 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Other Child - Unrelated child , Female, 6 Years	Other Adult - Mother of unrelated 6yo male and 10yo male childre, Female, 29 Years	Inadequate Guardianship	Substantiated	

Other Child - Unrelated child , Female, 6 Years	Other Adult - Mother of unrelated 6yo male and 10yo male childre, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Male, 3 Years	Other Adult - Father of 3yo sibling, Male, 33 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 3 Years	Other Adult - Father of 3yo sibling, Male, 33 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Male, 3 Years	Other Adult - Mother of unrelated 6yo male and 10yo male childre, Female, 29 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 3 Years	Other Adult - Mother of unrelated 6yo male and 10yo male childre, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Male, 3 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 3 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Unrelated , Male, 10 Years	Other Adult - Mother of unrelated 6yo male and 10yo male childre, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated
Other Child - Unrelated , Male, 10 Years	Other Adult - Father of 3yo sibling, Male, 33 Years	Inadequate Guardianship	Substantiated
Other Child - Unrelated , Male, 10 Years	Other Adult - Father of 3yo sibling, Male, 33 Years	Parents Drug / Alcohol Misuse	Substantiated
Other Child - Unrelated , Male, 10 Years	Other Adult - Mother of unrelated 6yo male and 10yo male childre, Female, 29 Years	Inadequate Guardianship	Substantiated
Other Child - Unrelated child , Male, 6 Years	Other Adult - Mother of unrelated 6yo male and 10yo male childre, Female, 29 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Unrelated child , Male, 6 Years	Other Adult - Mother of unrelated 6yo male and 10yo male childre, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Unrelated child , Male, 10 Years	Other Adult - Father of 3yo sibling, Male, 33 Years	Inadequate Guardianship	Substantiated
Other Child - Unrelated child , Male, 10 Years	Other Adult - Father of 3yo sibling, Male, 33 Years	Parents Drug / Alcohol Misuse	Substantiated

Report Summary:

Tioga County Department of Social Services (TCDSS) received an SCR report that alleged on 7/28/18, the father of the sibling and his girlfriend engaged in a physical altercation in the presence of the children. The girlfriend cut herself with a knife. The children were not harmed. Law enforcement was involved. On 8/14/18, a subsequent report was received with concerns about the girlfriend's drug use while caring for her children. On 9/19/18, a subsequent report was received with concerns about the father and mother's drug use while caring for the then 3yo sibling.



Report Determination: Indicated **Date of Determination:** 09/26/2018

Basis for Determination:
TCDSS determined the sibling's father and his girlfriend had a history of domestic violence while impaired, and continued to spend time with each other. In addition, there was credible evidence that there was at least one incident where the father and his girlfriend were impaired while caring for their children. Allegations against the mother were unfounded, as she had not had contact with the then 3yo sibling in 2 years. The allegations regarding the girlfriend's then 6yo child were unfounded, as it was determined he was in the care of his grandmother when the incidents involving his mother occurred.

OCFS Review Results:
TCDSS assessed for safety of all the children, contacted the source of each SCR report and completed the investigation and assessments within regulatory timeframes. Several collateral contacts were made. Services were offered to the sibling's father's girlfriend; however, it was not documented that the sibling's father was offered services. The mother's location was unknown during the investigation, and TCDSS documented a search for her information and attempted a phone call with her to discuss the report. Not all required face-to-face contacts were documented.

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

Issue:
Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:
The record did not reflect the father of the unrelated 10yo male child was interviewed regarding the SCR report.

Legal Reference:
18 NYCRR 432.1 (o)

Action:
TCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

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

Issue:
Failure to offer services

Summary:
The father of the then 3yo sibling had substantiated allegations against him and there were needs identified in the RAP regarding his alcohol use; however, the record did not reflect he was offered services.

Legal Reference:
SSL §424(10);18 NYCRR 432.3(p)

Action:
Based on the investigation and evaluation conducted, TCDSS will offer to the family such services for its acceptance or refusal as appear appropriate for a child, family, or both.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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06/23/2018	Sibling, Female, 8 Years	Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Female, 8 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 7 Years	Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 7 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 8 Years	Father's Partner, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 8 Years	Father's Partner, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 7 Years	Father's Partner, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 7 Years	Father's Partner, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Father's Partner, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 5 Years	Father's Partner, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

BCDSS received an SCR report that alleged the residence where the father, the siblings and parent substitute resided was in filthy condition. There were piles of laundry strewn around, the kitchen sink was stacked with dirty dishes, there was loose trash left around the home and there was used toilet paper left on the floor in the bathroom. The father and parent substitute were not providing a clean and safe environment for the children. In addition, the father and parent substitute slapped the siblings across the face repeatedly. On one occasion, the parent substitute pushed the 5yo sibling against a wall.

Report Determination: Unfounded

Date of Determination: 09/25/2018

Basis for Determination:

BCDSS interviewed the children, their parents and completed home visits and determined there was not enough credible evidence to substantiate the allegations. There were concerns with the condition of the home, but the siblings had not been residing with the father and BCDSS determined there was no impact on the siblings.

OCFS Review Results:

BCDSS assessed for the safety of the siblings, spoke to the source, and made a home visit within 24 hours of the receipt of the SCR report. Notification letters were provided within required time frames. The CPS history check was documented late in Connections and the Risk Assessment Profile did not reflect accurate information. The 7-day safety assessment tool was completed after it's due date.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:



The record reflected concerns with the father's residence at two home visits; however, this was not reflected in question 4 on the RAP.

Legal Reference:

18 NYCRR 432.2(d)

Action:

BCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Issue:

Review of CPS History

Summary:

Although BCDSS did complete a CPS history check, it was documented late on 9/4/18.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, BCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, BCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

Issue:

Timely/Adequate Seven Day Assessment

Summary:

BCDSS documented an assessment of the children's safety within 7 days of receipt of the SCR report; however, the assessment tool was recorded late on 7/2/18.

Legal Reference:

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

Action:

BCDSS will document and approve all safety assessments within the required timeframe

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/15/2018	Sibling, Male, 3 Years	Other Adult - Father of 3yo sibling , Male, 32 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 3 Years	Other Adult - Father of 3yo sibling , Male, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Other Child - Unrelated, Male, 10 Years	Other Adult - Father of 3yo sibling , Male, 32 Years	Inadequate Guardianship	Substantiated	
	Other Child - Unrelated, Male, 10 Years	Other Adult - Father of 3yo sibling , Male, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Other Child - Unrelated , Female, 6 Years	Other Adult - Father of 3yo sibling , Male, 32 Years	Inadequate Guardianship	Substantiated	
	Other Child - Unrelated , Female, 6 Years	Other Adult - Father of 3yo sibling , Male, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Other Child - Unrelated, Male, 10 Years	Other Adult - Father of 3yo sibling , Male, 32 Years	Inadequate Guardianship	Substantiated	
	Other Child - Unrelated, Male, 10 Years	Other Adult - Father of 3yo sibling , Male, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

Tioga County Department of Social Services (TCDSS) received an SCR report that alleged on 4/14/18, while intoxicated the father of the then 3yo sibling assaulted his girlfriend in the presence of their children. The sibling's father pushed his girlfriend and threatened her. The sibling's father then threw the 3yo sibling and girlfriend's 6yo child into a wall and cursed at them. The children did not sustain any injuries at the time of the incident.

Report Determination: Indicated

Date of Determination: 06/12/2018

Basis for Determination:

TCDSS determined that while intoxicated, the father of the sibling engaged in an altercation with his girlfriend in the presence of their children.

OCFS Review Results:

TCDSS assessed for safety of all the children, and completed the investigation, notes and assessments within regulatory timeframes. Several collateral contacts were made. There was supervisory consultation documented. Services were discussed with the sibling's father's girlfriend; however, it was not documented that the sibling's father was offered services. Not all required face-to-face contacts were documented.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

Although locating information was provided to TCDSS for the mother, efforts were not documented to interview her. In addition, the record did not reflect the father of the 10yo unrelated child was interviewed.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

TCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

PIP Requirement:

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

Issue:

Review of CPS History

Summary:

A CPS history check was documented on 4/20/18; however, there was no history check documented within 1 business day of receipt of the SCR report.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within one business day, TCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly

PIP Requirement:

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

Issue:



Failure to offer services

Summary:

The father of the then 3yo sibling had substantiated allegations against him and there were needs identified in the RAP regarding his alcohol use; however, the record did not reflect he was offered services.

Legal Reference:

SSL §424(10);18 NYCRR 432.3(p)

Action:

Based on the investigation and evaluation conducted, TCDSS will offer to the family such services for its acceptance or refusal as appear appropriate for a child, family, or both.

PIP Requirement:

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

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

Between 2014 and 2016, the mother had two unfounded CPS investigations with allegations of IG, LS and PD/AM. There were three indicated CPS investigations with allegations of IG and PD/AM. Allegations were in regard to the now 5yo sibling. Additionally, between 2015 and 2018, there were two unfounded CPS investigations with allegations of IG, IF/C/S and PD/AM in regard to the now 5yo sibling against the sibling's father and the maternal grandparents.

Between 2013 and 2016, there were two indicated CPS investigations with allegations of IG against a day care provider and the sibling's mother regarding the now 10yo, 9yo and 7yo siblings. In addition, there were two unfounded CPS investigations with allegations of XCP, IF/C/S and PD/AM against the sibling's mother regarding the now 10yo, 9yo and 7yo siblings.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 07/30/2019

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<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"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

BCDSS opened a mandated preventive case for the mother after an indicated CPS investigation due to the mother's substance use. The 1-year-old sibling was in an alternative placement through a safety plan developed by BCDSS and the mother while the mother engaged in services.

Preventive Services History

In 2015, the mother had a voluntary preventive case after an indicated CPS investigation due to her substance abuse. The now 5yo sibling went to reside with the paternal grandmother as part of a safety plan while the mother engaged in addictions counseling services and domestic violence services. On 2/13/16, the mother and sibling's father were awarded joint legal custody of the sibling with primary residential to the sibling's father. The mother was given supervised visits every other weekend and the preventive case was closed.



In July 2019, BCDSS opened a mandated preventive case for the mother after an indicated CPS investigation due to the mother's substance use and positive toxicology for the now 1-year-old sibling. The 1-year-old sibling was sent to live with a family friend as a safety plan developed by BCDSS and the mother. BCDSS recommended the mother enroll in mental health counseling and complete addictions counseling services and parenting classes. The case was open at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

BCDSS agrees with OCFS' findings. BCDSS coordinated investigative efforts with LE and adequately assessed the family's need for services.

8/26/20 fatality report-BCDSS' 7-day imminent risk assessment finding was completed as if the SS was returned to SM, rather than residing with relative who had joint custody.

7/4/19- OCFS found the "Father was not contacted by CPS." The SM provided the name of a man not listed on the birth certificate for whom paternity was not established. As of 8/27/20 paternity was still not established for this SS. OCFS found a Plan of Safe Care form was not completed. The CW worked with the SM on Tx plans specifically for substance abuse and coordination with the SM's service providers. The CW also facilitated 2 signed safety plans detailing expectations about caring for the SS and documented them.

Comments about reports for CHN unrelated to the SM who did not reside in SM's home:

9/23/19-BCDSS CW was not able to contact the BM of the CHN unrelated to the SM (half siblings); however, she had OCFS' mandated "NOE" mailed to her on 12/11/19. BCDSS asked the BF to sign a safety contract to supervise CHN at all times; therefore, #2 was chosen on the safety assessment tool.

6/23/18- OCFS RAP Form #4 states there are serious health and safety concerns with the home. During 2 home visits the CW noted the home was cluttered and dirty. During these times the CHN had not been in the home for extended periods of time. Upon request, the BF cleaned the home. BCDSS completed OCFS' mandated 7-day safety assessment on 7/2/18.

TCDSS 4/15/18 Failure to offer services: We dispute this finding. There was no Hx of alcohol use brought to TCDSS' attention in prior cases. At the time of case closure, it appeared to be an isolated incident. The RAP requires an assessment regarding alcohol use impacting parenting or daily functioning which in this case was a "yes." This citation suggests that for any risk identified LDSS is required to offer services.

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