

**Report Identification Number: BU-14-031**

**Prepared by: Buffalo Regional Office**

**Issue Date: 5/20/2015**

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.

# NYS Office of Children and Family Services - Child Fatality Report

## Abbreviations

<b>Relationships</b>		
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
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
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	MN-Medical Neglect	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-Others	
<b>Miscellaneous</b>		
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		

## Case Information

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**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Cattaraugus  
**Gender:** Female

**Date of Death:** 07/12/2013  
**Initial Date OCFS Notified:** 10/15/2014

## Presenting Information

Early this morning June 30, 2013 the SM, was highly intoxicated and walked out of the home with SC two-months-old. Along the way, the SM became disoriented and lost her way, and as a result she knocked on someone's door for help and tried to get into their car. The SC died on July 12, 2013 and OCFS was not notified until October 15, 2014.

## Executive Summary

On June 30, 2013 CCDSS received an SCR report with allegations of IG and PDAM against SM with respect to SC. The report alleged that SM was highly intoxicated and walked out of the home with SC. Along the way the SM became disoriented and lost her way and as a result she knocked on a door for help and then tried to get into their car. The police took SM to the relatives home. The family was visiting from North Carolina (NC). On June 30, 2013 CCDSS spoke to the police who stated that the SM BAC was .11 and she had no shoes and no ID. The police did not arrest SM. On June 30, 2013 the CW completed a home visit at the paternal aunt's house and spoke to the SP and Aunt. The SM stated she only had two or three beers and the SF denied drinking at all. The record had no details of why SM went outside. The SP did not have appropriate sleeping arrangements for SC and CW discussed safe sleep with them. The SP stated that the following day they were going to PGM's home which had a pack-n-play. The SP's agreed that someone would be sober at all times.

CCDSS did not make any further contact with the family or complete any other investigative activities on the case for ten months until April 21, 2014, when they asked NC to complete a home visit with family. NC completed the home visit on June 4, 2014 and informed CCDSS that SC had passed away in July 2013. The parents stated that SC died from SIDS. NC had no safety concerns and denied the family having history in NC. It was discovered during this visit that the parents had another child who was born in May 2014.

On June 5, 2014 CCDSS unsubstantiated the allegations of IG and PDAM and unfounded the report. The basis for the determination was that SP's agreed that somebody would be sober at all times, that the family was visiting from NC and was only here for a week.

The autopsy report listed the Cause and Manner of Death as Undetermined. It was noted in the autopsy report that multiple blankets and a pillow was present in the bassinet, imparting a potentially unsafe sleep environment in which asphyxia would be a possibility

On October 15, 2014 during a routine site visit and review, OCFS became aware of the fatality. CCDSS then contacted the police, obtained police and the autopsy report, which was issued by Erie County Medical Examiner. The SC died on July 12, 2013 at PGM's home located in Jamestown NY in Chautauqua County.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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- Was sufficient information gathered to make the decision recorded on the:

- Approved Initial Safety Assessment? N/A
- Safety assessment due at the time of determination? 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? No, sufficient information was gathered to determine some allegations only.
- Was the determination made by the district to unfound or indicate appropriate? No

Was the decision to close the case appropriate? No

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

Was there sufficient documentation of supervisory consultation? Yes, signature or initials recorded (other than on FASP).

## Explain:

CCDSS was informed of the SC's death in June 2014 while it had an open case, but did not conduct a fatality investigations. The SM was found to be intoxicated with the SC, and there was no further assessment regarding the need for drug/alcohol treatment. The SF admitted to throwing water on the SM to wake her up to take care of SC. CCDSS did not assess further need for domestic violence counseling

## 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: 07/12/2013

Time of Death: 08:37 AM

County where fatality incident occurred: CHAUTAUQUA

Was 911 or local emergency number called? Yes

Time of Call: 08:43 AM

Did EMS to 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? Unable to determine

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**Total number of deaths at incident event:**

**Children ages 0-18: 1**

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	3 Month(s)
Deceased Child's Household	Father	No Role	Male	23 Year(s)
Deceased Child's Household	Mother	No Role	Female	19 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

## LDSS Response

On June 30, 2013 CCDSS received an SCR report with allegations of IG and PDAM against SM with respect to SC. The report alleged that SM was highly intoxicated and walked out of the home with SC. Along the way the SM became disoriented and lost her way and as a result she knocked on a door for help and then tried to get into their car. The police took SM to the relatives home. The family was visiting from North Carolina (NC). On June 30, 2013 CCDSS spoke to the police who stated that the SM BAC was .11 and she had no shoes and no ID. The police did not arrest SM. On June 30, 2013 the CW completed a home visit at the paternal aunt's house and spoke to the SP and Aunt. The SM stated she only had two or three beers and the SF denied drinking at all. The record had no details of why SM went outside. The SP did not have appropriate sleeping arrangements for SC and CW discussed safe sleep with them. The SP stated that the following day they were going to PGM's home which had a pack-n-play. The SP's agreed that someone would be sober at all times.

CCDSS did not make any further contact with the family or complete any other investigative activities on the case for ten months until April 21, 2014, when they asked NC to complete a home visit with family. NC completed the home visit on June 4, 2014 and informed CCDSS that SC had passed away in July 2013. The parents told NC that SC died from SIDS. A SCR report was not made. NC had no safety concerns and denied the family having history in NC. It was discovered during this visit that the parents had another child who was born in May 2014.

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On October 15, 2014 during a routine site visit and review, OCFS became aware of the fatality. CCDSS then contacted the police and obtained police and the autopsy report, which was issued by Erie County Medical Examiner. The SC died on July 12, 2013 at PGM's home located in Jamestown NY in Chautauqua County. The autopsy report listed the Cause and Manner of Death as Undetermined. It was noted in the autopsy report that multiple blankets and a pillow was present in the bassinet, imparting a potentially unsafe sleep environment in which asphyxia would be a possibility.

## Official Manner and Cause of Death

**Official Manner:** Undetermined

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**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

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

**Comments:** Cattaraugus did not consult with the CFRT.

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Planners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

CCDSS did not conduct a child fatality investigation surrounding the death of SC.

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to
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				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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

## Placement Activities in Response to the Fatality Investigation

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

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## Legal Activity Related to the Fatality

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

## Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

CCDSS did not complete a fatality investigations and no services were offered.

**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? No**

**Explain:**

CCDSS did not conduct a fatality investigation. CCDSS did not interview SS's regarding the fatality.

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

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**fatality?** No

**Explain:**

CCDSS did not conduct a fatality investigation. CCDSS did not interview SP's regarding the fatality.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

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

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/12/2010	1829-Mother, Female, 15 Years	1830-Father, Male, 20 Years	Inadequate Guardianship	Unfounded	Yes
	1829-Mother, Female, 15 Years	1830-Father, Male, 20 Years	Sexual Abuse	Unfounded	

**Report Summary:**

Fifteen year old female child is pregnant as the result of having sexual intercourse with twenty year old male, who lives in the family home.

**Determination:** Unfounded

**Date of Determination:** 05/18/2010

**Basis for Determination:**

CPS investigated conclusion stated CHD and boyfriend planned to be married sometime in the future and CPS was provided documentation from the MO and FA, giving their permission for the union. Parents stated that they did not

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know about the relationship until they were told CHD was pregnant. It seems as if this was not a sexual abuse relationship as there is no evidence that the boyfriend groomed CHD, rather a typical boyfriend/girlfriend relationship. Although boyfriend was 3.5 years older than CHD, he did not sexually abuse her. Based on interviews conducted and due to the fact CHD and boyfriend plan to marry with parents permission, the allegations of IG and SA cannot be substantiated.

**OCFS Review Results:**

A 15-year-old Child is not old enough to legally consent to a sexual relationship with 20 year old boyfriend. Boyfriend was living with CHD and CHD was pregnant with boyfriend's baby. CHD and boyfriend admitted to having a sexual relationship. Whether the child and the boyfriend who was an adult were to become married at some point was not relevant to whether sex abuse occurred.

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

**Issue:**

Appropriateness of allegation determination

**Summary:**

The fifteen-year-old child was pregnant with the twenty-year-old boyfriend's child. The child and boyfriend admitted to having a sexual relationship and were currently living together and continued to have a relationship. The parents allowed the child and boyfriend to live together in their home. Despite this CCDSS improperly unsubstantiated the allegations and unfounded the report.

**Legal Reference:**

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

**Action:**

CCDSS must make appropriate determinations. When the investigations reveals some credible evidence that child abuse or maltreatment has occurred the report must be indicated.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/30/2013	1844-Deceased Child,Female, 2 Months	1841-Mother,Female, 19 Years	Inadequate Guardianship	Unfounded	Yes
	1844-Deceased Child,Female, 2 Months	1841-Mother,Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

Early this morning the SM, was highly intoxicated and walked out of the home with 2-month old SC. Along the way, the mother became disoriented and lost her way, and as a result she knocked on someone's door for help and tried to get into their car. The roles of the SF and SS are unknown.

**Determination:** Unfounded

**Date of Determination:** 06/05/2014

**Basis for Determination:**

All CHD were seen to be clean and dressed appropriately with no signs of abuse or neglect at the time of alleged incident. SM agreed that she would not drink while caring for the CHD. SF agreed that if SM were to have a drink that he would take over for caring for the CHD. This family was visiting from NC. They were only here for a week. The case was not closed while they were here. North Carolina Onslow County CPS went to the home and had no concerns about the family. During the course of the home visit it was learned that SC had passed away in July. The death was determined to be SIDS. Onslow County had no concerns. Therefore the allegations of IG and PDAM were unsubstantiated.

**OCFS Review Results:**

The determination to unfound was not appropriate on the facts or the law. The police found SM intoxicated wandering the streets in the middle of the night and lost with SC and had to bring them home. CCDSS did not observe the other family's home and confirm appropriate sleeping arrangements. SC died in NY state while family was on vacation, while

CPS report was open. Initial Home visit was completed on June 30, 2013 and no further contact with family until April 21, 2014. CCDSS was informed child was deceased and did not notify OCFS or complete a fatality investigation. The 7 day safety assessment was late and had no safety factor's on it. The Rap was inaccurately filled out.

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

**Issue:**

Appropriateness of allegation determination

**Summary:**

The police found SM intoxicated and lost with SC and had to bring them home. The SM had a blood alcohol level of .11. The SM was intoxicated and unable to provide adequate care for the child. Despite the police finding SM intoxicated wondering the streets with SC, CPS unsub the allegations and unfounded the report. SM failed to exercise a minimum degree of care and placed the SC imminent risk.

**Legal Reference:**

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

**Action:**

CCDSS must make appropriate determinations. When the investigations reveals some credible evidence that child abuse or maltreatment has occurred the report must be indicated.

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

After the initial visit, CCDSS did not make contact with the family or complete the investigation until June 2014. Assessment of the children's sleeping and living arrangements was not assessed in NYS or North Carolina (NC). When NC CPS made contact in June 2014 it was found that SC had died in July 2013 while CCDSS had an open investigation. Another child was born and not added to case.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

CCDSS must conduct an appropriate investigation of each report of suspected abuse or maltreatment.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

CCDSS completed the 7 day safety assessment nineteen days late and marked no safety factors. The SM was found intoxicated with the SC. The safety assessment should have reflected this safety concern. A safety assessment of SS was not done following the fatality until June 5, 2014.

**Legal Reference:**

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

**Action:**

CCDSS must complete all safety assessments on time with accurate safety factors and safety decisions.

**Issue:**

Requirement to Report Death of a Child receiving CPS or Preventive Services

**Summary:**

The SC died on July 12, 2013 while Cattaraugus County had an open CPS investigation. CCDSS became aware of the death on June 5, 2014. Buffalo Regional Office was not notified of the fatality. BRO became aware of the fatality during an OMA review on October 15, 2014.

**Legal Reference:**

06-OCFS-LCM-13

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**Action:**

CCDSS must notify OCFS immediately of the death of a child who is named an open CPS investigation, who's family is receiving preventive services or who is in foster care.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The case record did not contain documentation that any collateral contacts were made for any of the children.

**Legal Reference:**

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

**Action:**

CCDSS must make sure that all appropriate collateral contacts are completed and documented for all child protective services investigations.

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

The SP had no previous history as alleged subject involving the SC or SS's. The SM was the maltreated child in two indicated SCR reports in 2000 for CD/A, PDAM and IG against MGM and in 1997 for LOS against MGM.

### Known CPS History Outside of NYS

No known history outside of NYS. The family resided in North Carolina and CCDSS did confirm with North Carolina Onslow County Department of Social Services and the family had no previous CPS interventions.

### Services Open at the Time of the Fatality

### Required Action(s)

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

Yes  No

### Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
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# NYS Office of Children and Family Services - Child Fatality Report

Were face-to-face contacts with the child in the child's placement location made with the required frequency?

## Required Action(s)

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

Yes  No

## Foster Care Placement History

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

## Legal History Within Three Years Prior to the Fatality

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

## Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes?  Yes  No

<b>Action:</b>	CCDSS has a history of CPS investigation determinations being significantly beyond the required 60 days within which a determination must be made. OCFS has identified this as an issue and will be communicating with CPS outside of this report.
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Are there any recommended prevention activities resulting from the review?  Yes  No