



Report Identification Number: BU-15-006

Prepared by: Buffalo Regional Office

Issue Date: 2/24/2016

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
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 25 day(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 06/25/2013
Initial Date OCFS Notified: 02/10/2015

Presenting Information

Approximately two years ago, when subject mother (SM) and subject father (SF) were high from using drugs, SF brought subject child (SC) to SM to feed. SM was sleeping on the couch at the time. SM was so high she could barely remember SF bringing SC to her and does not remember feeding SC. SF then laid down on the other end of the couch. When SM and SF awoke, they found SC stuck in the cushions and not breathing. SM and SF have continued to use drugs in the home in the presence of the five surviving children ages 12, 9, 7, 6, and 2. SF is mentally unstable and has been told he cannot be alone with the children, therefore, he is not able to care for the children when SM is high on drugs. The home is very dirty. There is cat feces and urine on the floor, filth on the stove, dirty dishes all over the home. Children do not have clean clothing. The children go without meals. SF stabbed a man in presence of the children. Children un-supervised. (Condensed due to character limits)

Executive Summary

On 2/09/2015 Erie County CPS received an SCR re-report with allegations of DOA/Fatality and new allegations of ICFS, Parent's D/A misuse, Child's D/A use, LSUP, and IG against SM and SF pertaining to the surviving children. The DOA/Fatality allegation was previously investigated at the time of the fatality on 6/25/13 and EC initially incorrectly removed this allegation from the re-report. The SCR later re-added this allegation and EC DSS conducted a new fatality investigation.

SM and SF acknowledged having the SC on a couch with them during a late night bottle feeding, both falling asleep, and later waking to find the SC wedged into the couch cushions not breathing. Both parents confirmed previously being advised regarding prohibitions of safe sleep. SM reported being extremely over-tired and things being a "fog" to her the night of this incident. SF reported getting up in the night to SC crying, taking SC out of her bassinet, preparing a bottle, and bringing SC to SM on the couch before laying down himself on the other end of the couch and falling asleep. Both parents deny abusing drugs/alcohol the night of the fatality.

SC had a pre-term birth with several complications requiring ICU care for seven weeks after birth before going home. Medical records noted suspected narcotic withdrawal, respiratory distress syndrome, viral infection, and SM's history of prescription drug abuse and the use of Subutex during pregnancy.

Law enforcement reported making no charges or arrests pertaining to this fatality incident. The Medical Examiner performed an autopsy on 6/25/13 and on 8/28/13 reported the determined cause of death to be Positional Asphyxia and the Manner of Death to be Accidental

The surviving children were interviewed pertaining to the allegations of IG, ICFS, LSUP, Child's D/A use, and Parent's D/A misuse. The children denied missing meals, denied seeing their parents use drugs, and denied domestic violence in the home. Preventive and Intensive services were in place in the home. Collaterals including service workers, Schools, Pediatric offices, Early Intervention services, and extended family caretakers reported no significant concerns. There was no credible evidence found to support these allegations.



On 4/10/15, the new investigation concurred with the initial investigation and the allegations of DOA/ FATALITY, and IG, pertaining to SC, were INDICATED against SM and SF. Allegations of IG, IFCS, LSUP, Child D/A use, and Parent D/A misuse pertaining to the surviving children were UNFOUNDED with no credible evidence to support these allegations.

This family participated in preventive services since 2006. Issues regarding poor conditions of the home were persistent along with parent drug abuse concerns. On 9/9/15 all of the surviving children were removed and placed in 1017 care with their maternal grandmother following a violation petition filed by ECDSS in response to the parent's long standing pattern of neglect and failure to adequately address care concern goals. The current PPG is re-unite with parent.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

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

Explain:

Case activity appears commensurate with the 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 surviving children were placed into 1017 care with their maternal grandmother on 09/09/2015. Preventive services remain in place. PPG is reunite with parent.

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: 06/25/2013

Time of Death: Unknown

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

County where fatality incident occurred:

ERIE

Was 911 or local emergency number called?

Yes

Time of Call:

08:02 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? Yes

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	25 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	35 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	12 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	7 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	9 Year(s)

LDSS Response

On 2/09/2015 Erie County CPS received an SCR report with allegations of DOA/Fatality, ICFS, Parent's D/A misuse, Child's D/A use, LSUP, and IG against SM and SF. The DOA/Fatality allegation was previously investigated at the time of the fatality on 6/25/13 and EC initially incorrectly removed this allegation from the report. The SCR later re-added this allegation and EC DSS conducted a new fatality investigation.

SM and SF acknowledged having the SC on a couch with them during a late night feeding, falling asleep, and waking to find the SC wedged into the couch cushions not breathing. Both parents had previously been advised regarding prohibitions of safe sleep. SM reported being extremely over-tired and things being a "fog" to her the night of this incident. SF reported getting up in night to SC crying, taking SC out of her bassinet, preparing a bottle, and bringing SC to SM on the couch before laying down himself, on the other end of the couch. Both parents deny any drug/alcohol abuse the night of the fatality.

Collateral contacts during the investigation included extended family caretakers, law enforcement, Rural Metro EMT, Buffalo Public/Houghton schools, Pediatrician's office, Children's Hospital, Kaleida CAC, Mid-Erie services, and EC Medical Examiner.

Extended family caretakers reported no care concerns by SM or SF. Medical records detailed the need for ICU care of SC following pre-term birth with suspected narcotic withdrawal, respiratory distress syndrome, viral infection, and also noted the Subject Mother's history of prescription abuse and use of Subutex during the pregnancy.

Police reported making no charges or arrests pertaining to this fatality incident. Rural Metro EMT reported response to the 911 dispatch at 8:04 AM, making attempts to resuscitate the SC, and transporting the non-responsive SC to the Hospital. The Hospital reported the SC being DOA. EC Medical Examiner performed an Autopsy on 6/25/13.

On 8/28/13, the EC ME issued an Autopsy report pertaining to SC noting no injuries, a negative toxicology, and that metabolic/microscopic examination of organs/tissues found no abnormalities. The report determined cause of death to be Positional Asphyxia and the Manner of Death to be Accidental

The surviving children were interviewed along with the noted collateral contacts pertaining to the allegations of IG, IFCS, LSUP, Child's D/A use, and Parent's D/A misuse. The children denied missing meals, seeing their parents use drugs, or domestic violence in the home. Preventive and Intensive services were in place in the home. There was no credible evidence found to support these allegations.

On 4/10/15, the allegations of DOA/ FATALITY, and IG pertaining to SC were INDICATED against SM and SF. Basis of findings: "On 06/15/13, Rural Metro responded to a child fatality. SC was found non-responsive on family couch at approximately 8AM. SM remembers feeding SC a bottle around 1:00AM and then falling asleep on couch with SC in her arms. SF reported giving SM the SC to feed at 1:00AM and he then also fell asleep on the other side of the couch. Appropriate bedding for SC was found in the home. The parents acknowledged being aware of safe sleep practices and failing to adhere to them. Medical Examiner reports cause of death appears to be Asphyxia." Allegations of IG, IFCS, LSUP, Child D/A use, and Parent D/A misuse pertaining to the surviving children were UNFOUNDED with no credible evidence to support these allegations.

This family participated in services since 11/30/2006. Issues regarding poor conditions of the home were persistent along with parent drug abuse concerns. On 9/9/15, following a violation petition filed by ECDSS in response to the parent's long



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standing pattern of neglect and failure to adequately address care concern goals, all of the surviving children were removed and placed in 1017 care with their maternal grandmother. The current PPG is reunite with parent.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: Erie County has a multi-disciplinary team that was involved in this report investigation.

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
024319 - Deceased Child, Female, 25 Days	024320 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated
024319 - Deceased Child, Female, 25 Days	024320 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024319 - Deceased Child, Female, 25 Days	024320 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
024319 - Deceased Child, Female, 25 Days	024321 - Father, Male, 35 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024319 - Deceased Child, Female, 25 Days	024321 - Father, Male, 35 Year(s)	DOA / Fatality	Substantiated
024319 - Deceased Child, Female, 25 Days	024321 - Father, Male, 35 Year(s)	Inadequate Guardianship	Substantiated
024322 - Sibling, Male, 12 Year(s)	024321 - Father, Male, 35 Year(s)	Childs Drug / Alcohol Use	Unsubstantiated
024322 - Sibling, Male, 12 Year(s)	024321 - Father, Male, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
024322 - Sibling, Male, 12 Year(s)	024320 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
024322 - Sibling, Male, 12 Year(s)	024321 - Father, Male, 35 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
024322 - Sibling, Male, 12 Year(s)	024320 - Mother, Female, 27 Year(s)	Childs Drug / Alcohol Use	Unsubstantiated



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	Year(s)		
024322 - Sibling, Male, 12 Year(s)	024320 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024322 - Sibling, Male, 12 Year(s)	024320 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
024322 - Sibling, Male, 12 Year(s)	024321 - Father, Male, 35 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024323 - Sibling, Female, 9 Year(s)	024320 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024323 - Sibling, Female, 9 Year(s)	024320 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
024323 - Sibling, Female, 9 Year(s)	024320 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
024323 - Sibling, Female, 9 Year(s)	024321 - Father, Male, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
024323 - Sibling, Female, 9 Year(s)	024321 - Father, Male, 35 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024323 - Sibling, Female, 9 Year(s)	024321 - Father, Male, 35 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
024325 - Sibling, Male, 7 Year(s)	024320 - Mother, Female, 27 Year(s)	Lack of Supervision	Unsubstantiated
024325 - Sibling, Male, 7 Year(s)	024320 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
024325 - Sibling, Male, 7 Year(s)	024320 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024325 - Sibling, Male, 7 Year(s)	024321 - Father, Male, 35 Year(s)	Childs Drug / Alcohol Use	Unsubstantiated
024325 - Sibling, Male, 7 Year(s)	024320 - Mother, Female, 27 Year(s)	Childs Drug / Alcohol Use	Unsubstantiated
024325 - Sibling, Male, 7 Year(s)	024321 - Father, Male, 35 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024325 - Sibling, Male, 7 Year(s)	024321 - Father, Male, 35 Year(s)	Lack of Supervision	Unsubstantiated
024325 - Sibling, Male, 7 Year(s)	024320 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
024325 - Sibling, Male, 7 Year(s)	024321 - Father, Male, 35 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
024325 - Sibling, Male, 7 Year(s)	024321 - Father, Male, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
024326 - Sibling, Male, 6 Year(s)	024321 - Father, Male, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
024326 - Sibling, Male, 6 Year(s)	024321 - Father, Male, 35 Year(s)	Lack of Supervision	Unsubstantiated
024326 - Sibling, Male, 6 Year(s)	024320 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated



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	Year(s)	Shelter	
024326 - Sibling, Male, 6 Year(s)	024321 - Father, Male, 35 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
024326 - Sibling, Male, 6 Year(s)	024321 - Father, Male, 35 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024326 - Sibling, Male, 6 Year(s)	024320 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
024326 - Sibling, Male, 6 Year(s)	024320 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024326 - Sibling, Male, 6 Year(s)	024320 - Mother, Female, 27 Year(s)	Lack of Supervision	Unsubstantiated
024327 - Sibling, Female, 2 Year(s)	024320 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024327 - Sibling, Female, 2 Year(s)	024320 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
024327 - Sibling, Female, 2 Year(s)	024321 - Father, Male, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
024327 - Sibling, Female, 2 Year(s)	024321 - Father, Male, 35 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
024327 - Sibling, Female, 2 Year(s)	024321 - Father, Male, 35 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
024327 - Sibling, Female, 2 Year(s)	024320 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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documentation?				
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Additional information:

N/A

Fatality Safety Assessment Activities

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

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input 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"/>



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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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

Due to persistent failure to comply with the Court Ordered supervision requirements, a violation was filed by EC DSS and the children were removed from subject mother and subject father's home on 09/09/2015 and placed in 1017 care with their maternal grandmother. The parents are offered unlimited access with the children. The current permanency goal is reunite with parent with preventive mandated services in place.

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input 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"/>



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Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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: N/A							

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:
On-going services were presented, but the parents did fail to cooperate with getting the children to grief counseling.

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

Explain:
On-going services were provided including preventive services, DSS supervision, mental health counseling, and substance abuse treatment.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



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Was not noted in the case record to have any of the issues listed

Infant was born:

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/12/2010	7214 - Sibling, Male, 3 Years	7211 - Father, Male, 29 Years	Inadequate Guardianship	Indicated	No
	7213 - Sibling, Female, 5 Years	7211 - Father, Male, 29 Years	Inadequate Guardianship	Unfounded	
	7214 - Sibling, Male, 3 Years	7211 - Father, Male, 29 Years	Inadequate Guardianship	Unfounded	
	7213 - Sibling, Female, 5 Years	7210 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	7214 - Sibling, Male, 3 Years	7210 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	7214 - Sibling, Male, 3 Years	7211 - Father, Male, 29 Years	Lacerations / Bruises / Welts	Indicated	
	7212 - Sibling, Male, 8 Years	7210 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	7215 - Sibling, Male, 2 Years	7210 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	7212 - Sibling, Male, 8 Years	7211 - Father, Male, 29 Years	Inadequate Guardianship	Unfounded	
	7215 - Sibling, Male, 2 Years	7211 - Father, Male, 29 Years	Inadequate Guardianship	Unfounded	

Report Summary:

SM and SF were evicted from their home. The home is unsanitary. There are dog feces, urine, and garbage all over the home. The toilet and bathtub were not working. Police removed the parent's pit-bull dog. Children were living with grandmother during the week, but parents had children on weekends. Parents exposed the children to the unsanitary conditions.

Determination: Indicated

Date of Determination: 08/18/2010

Basis for Determination:

SF denied the allegations, but acknowledged he accidentally hit the surviving sibling child in the mouth when the child startled him at a football game. Child reported SF intentionally hit him in the mouth as discipline after child accidentally kicked his older brother when they were visiting at the parent's new home.

OCFS Review Results:

No apparent concerns upon OCFS review.

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



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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/28/2011	7208 - Sibling, Male, 6 Years	7205 - Mother, Female, 25 Years	Inadequate Guardianship	Indicated	No
	7208 - Sibling, Male, 6 Years	7205 - Mother, Female, 25 Years	Lack of Supervision	Unfounded	

Report Summary:

The grandmother has custody of surviving siblings age 8, 5, 4, and 2 because SM neglected them previously. SM is only to visit the children supervised in grandmother's home. Despite this, on 2/25/11, the grandmother allowed SM to take surviving sibling age 4. SM was arrested the same day and had the child with her. It is unknown if this is the first time the child has been alone with the SM. It is unknown if the other children have been alone with SM. The roles of grandmother's husband and adult son are unknown.

Determination: Indicated **Date of Determination:** 03/23/2011

Basis for Determination:

Grandmother left child with his Aunt and did not know the Aunt would have contact with SM and be involved with SM in shoplifting. The report was UNFOUNDED against the grandmother and INDICATED against the Aunt and SM as they were arrested for shoplifting and had child present with them.

OCFS Review Results:

No apparent concerns upon OCFS review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/28/2013	7198 - Sibling, Female, 9 Months	7199 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	No
	7202 - Sibling, Female, 7 Years	7199 - Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Indicated	
	7203 - Sibling, Male, 6 Years	7200 - Father, Male, 33 Years	Inadequate Guardianship	Indicated	
	7204 - Sibling, Male, 5 Years	7200 - Father, Male, 33 Years	Inadequate Guardianship	Indicated	
	7201 - Sibling, Male, 10 Years	7199 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	
	7203 - Sibling, Male, 6 Years	7199 - Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Indicated	
	7203 - Sibling, Male, 6 Years	7199 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	
	7204 - Sibling, Male, 5 Years	7199 - Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Indicated	
	7198 - Sibling, Female, 9 Months	7200 - Father, Male, 33 Years	Inadequate Food / Clothing / Shelter	Indicated	
	7201 - Sibling, Male, 10 Years	7200 - Father, Male, 33 Years	Inadequate Guardianship	Indicated	



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7202 - Sibling, Female, 7 Years	7200 - Father, Male, 33 Years	Inadequate Guardianship	Indicated
7203 - Sibling, Male, 6 Years	7200 - Father, Male, 33 Years	Inadequate Food / Clothing / Shelter	Indicated
7204 - Sibling, Male, 5 Years	7200 - Father, Male, 33 Years	Inadequate Food / Clothing / Shelter	Indicated
7198 - Sibling, Female, 9 Months	7199 - Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Indicated
7201 - Sibling, Male, 10 Years	7199 - Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Indicated
7202 - Sibling, Female, 7 Years	7199 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated
7204 - Sibling, Male, 5 Years	7199 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated
7198 - Sibling, Female, 9 Months	7200 - Father, Male, 33 Years	Inadequate Guardianship	Indicated
7201 - Sibling, Male, 10 Years	7200 - Father, Male, 33 Years	Inadequate Food / Clothing / Shelter	Indicated
7202 - Sibling, Female, 7 Years	7200 - Father, Male, 33 Years	Inadequate Food / Clothing / Shelter	Indicated

Report Summary:

SM and SF allow the children ages 10, 7, 5, 4, and 9 months to reside in the home that is filthy and disgusting. There is garbage and dirty clothes all over the home. There are dirty dishes everywhere and the adults force the children to eat off dirty plates and drink out of dirty cups and bottles. The home has a strong offensive odor. The children walk through and play in the garbage.

Determination: Indicated **Date of Determination:** 02/08/2013

Basis for Determination:

CW conducted home visits and observed the home to be in disarray with clothes strewn about, piles of dirty dishes, floors obstructed with clothes and misc. items limiting mobility within the apartment. Additionally, there is no clear pathways to move, small items on the floor which are a choking hazard to 9 month old baby whom is mobile on the floor. The baby was also co-sleeping on a mattress on the floor with clothes and other misc. items strewn in proximity to the mattress. These condition put the children are risk of harm. The children have been removed in the past due to the poor conditions of the home. Court ordered services already in place. Neglect Petition written.

OCFS Review Results:

No apparent concerns upon OCFS review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/22/2013	7194 - Sibling, Female, 8 Years	7191 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	No
	7195 - Sibling, Male, 5 Years	7191 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	
	7196 - Sibling, Male,	7191 - Mother, Female,	Lack of Supervision	Unfounded	



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4 Years	27 Years		
7193 - Sibling, Male, 10 Years	7192 - Father, Male, 35 Years	Inadequate Food / Clothing / Shelter	Indicated
7194 - Sibling, Female, 8 Years	7192 - Father, Male, 35 Years	Inadequate Guardianship	Indicated
7194 - Sibling, Female, 8 Years	7192 - Father, Male, 35 Years	Lack of Supervision	Unfounded
7197 - Sibling, Female, 1 Years	7192 - Father, Male, 35 Years	Inadequate Food / Clothing / Shelter	Indicated
7193 - Sibling, Male, 10 Years	7191 - Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Indicated
7193 - Sibling, Male, 10 Years	7191 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated
7195 - Sibling, Male, 5 Years	7191 - Mother, Female, 27 Years	Lack of Supervision	Unfounded
7196 - Sibling, Male, 4 Years	7191 - Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Indicated
7196 - Sibling, Male, 4 Years	7191 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated
7197 - Sibling, Female, 1 Years	7191 - Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Indicated
7193 - Sibling, Male, 10 Years	7192 - Father, Male, 35 Years	Lack of Supervision	Unfounded
7195 - Sibling, Male, 5 Years	7192 - Father, Male, 35 Years	Inadequate Food / Clothing / Shelter	Indicated
7195 - Sibling, Male, 5 Years	7192 - Father, Male, 35 Years	Inadequate Guardianship	Indicated
7195 - Sibling, Male, 5 Years	7192 - Father, Male, 35 Years	Lack of Supervision	Unfounded
7193 - Sibling, Male, 10 Years	7191 - Mother, Female, 27 Years	Lack of Supervision	Unfounded
7194 - Sibling, Female, 8 Years	7191 - Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Indicated
7194 - Sibling, Female, 8 Years	7191 - Mother, Female, 27 Years	Lack of Supervision	Unfounded
7195 - Sibling, Male, 5 Years	7191 - Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Indicated
7197 - Sibling, Female, 1 Years	7191 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated
7197 - Sibling, Female, 1 Years	7191 - Mother, Female, 27 Years	Lack of Supervision	Unfounded
7193 - Sibling, Male, 10 Years	7192 - Father, Male, 35 Years	Inadequate Guardianship	Indicated
7194 - Sibling, Male, 10 Years	7192 - Father, Male, 35 Years	Inadequate Food /	Indicated



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Female, 8 Years	Years	Clothing / Shelter	
7196 - Sibling, Male, 4 Years	7192 - Father, Male, 35 Years	Inadequate Food / Clothing / Shelter	Indicated
7196 - Sibling, Male, 4 Years	7192 - Father, Male, 35 Years	Inadequate Guardianship	Indicated
7196 - Sibling, Male, 4 Years	7192 - Father, Male, 35 Years	Lack of Supervision	Unfounded
7197 - Sibling, Female, 1 Years	7192 - Father, Male, 35 Years	Inadequate Guardianship	Indicated
7197 - Sibling, Female, 1 Years	7192 - Father, Male, 35 Years	Lack of Supervision	Unfounded

Report Summary:

Several days ago, SF engaged in a physical altercation in the presence of his five minor children names and ages unknown. During the altercation SF stabbed a male associate. SF was arrested and remains in Police custody. No report of the children being injured, but they were exposed to the volatile incident. SM's role is unknown.

Determination: Unfounded**Date of Determination:** 07/14/2013**Basis for Determination:**

Allegations of IG are UNFOUNDED. An acquaintance of SF entered the home uninvited and attempted to cause physical harm to SF with a knife. SF disarmed the man and pushed him out of the home. The man returned with six others and SF stabbed him in self defense. 10 year old child was present. Another child was asleep. SM was in the hospital. Other children were staying with relatives.

Subsequent report regarding extreme poor conditions of home INDICATED.

Subsequent report regarding LSUP with children playing with fireworks. UNFOUNDED.

OCFS Review Results:

No apparent concerns upon OCFS review.

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

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

None of these reports involved the fatality child as she was not yet born.

11/29/06 IND IG SM and SF regarding DV and unsanitary home. Family moved with relative until new apt. was found. IHBS in place. Stay away OOP against SF.

11/15/07 UNF Unknown person not in home.

5/15/07 IND IFCS, IG SM and SF. Poor conditions in home. IHBS referral made. Safety plan to clean home. Home cleaned. Children returned to home.

9/22/08 UNF IG SM and SF. Home found to be adequate.

3/10/09 UNF IG, LSUP, LMC, and Parent D/A against SM and SF. Home adequate. Preventive services in place.

6/19/09 IND IG against SM. Home found dirty, gnats, vermin, strong urine odors. Service in place. Violation filed.

7/20/09 IND IG against SM and SF. ECDSS has supervision due to poor conditions of home and SF drug use. Violation petition filed. SF not compliant with treatment. OOP against SF. UNFOUNDED for Parent A/D.

9/16/09 IND SM & SF . Stay away OOP. Violation OOP.

11/10/09 UNF IG SM. Depression and anxiety. Mandated treatment. Missed appointments. Services in place.

12/29/09 UNF IG SM and SF. History of marijuana use and DV.



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4/28/10 IND Parent D/A and IG against SM & SF. Positive toxys opiates. History dirty house. Home found filthy, dog feces, garbage. Children remand 5/7/10 on violation filed.

05/24/10 UNF SM Burns/Scalding and IG. Old mark appeared to be from a cigarette. The mark was documented by CAC at pre-placement physical on 05/10/10. Source misunderstood information

Known CPS History Outside of NYS

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

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: 08/14/2008

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input 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"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided



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	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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 Preventive Services and Intensive Services have been provided since 11/30/06 first on a voluntary basis and then on a Court Ordered basis starting on 8/1/08. Services continued through the fatality date on 6/25/13 by the Buffalo Urban League and Erie County DSS CW. Services continued after the fatality as long term neglect concerns remained.

Required Action(s)

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

Yes No

Preventive Services History

The family participated in voluntary preventive services starting 11/30/06. After two IND CPS reports, on 08/1/08, EC DSS filed a Neglect Petition in Family Court and was given supervision. The family received court ordered preventive services beginning 11/19/08. Violations of Supervision were filed in May 2010. The surviving children were placed into 1017 Foster Care and then into Kinship placement with their maternal Grandmother. The family continued to have INDICATED reports and supervision violations during visitations due to the conditions of the home and parent drug use/treatment compliance. The subject parents did eventually complete their Court requirements. The children were



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returned home to SM and SF's care in March 2012.

The family has had an open services case from 2008 through receipt of the initial Fatality report of 06/25/13 and continuing through receipt of this SCR Fatality re-report of 02/09/2015.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

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

Yes No

Foster Care Placement History

Subject mother and subject father have no placement history.

Subject child had no placement history.

Due to the parent's on-going substance abuse and poor conditions of the home, the surviving children were in 1017 custody Kinship placement with maternal grandmother prior to birth of the fatality child from 05/2010 until 03/19/2012 when they returned home to their parent's care.

On 9/9/15 all of the surviving children were removed and placed in 1017 care with their maternal grandmother following a violation petition by ECDSS in response to the parent's long standing pattern of neglect and failure in adequately addressing care concern goals. PPG is reunite with parent.

Legal History Within Three Years Prior to the Fatality

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

Family Court Criminal Court Order of Protection

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)

Date Filed:	Fact Finding Description:	Disposition Description:
04/27/2011	There was not a fact finding	Custody Transferred to Relative or Non-Relative Foster Care
Respondent:	None	
Comments:	Fatality child not born yet. Surviving children previously placed into 1017 foster care 05/07/2010 then	



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transferred to 1017 care with maternal grandmother on 06/01/2010. Discharged to parent's care and Court Ordered Supervision.

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
02/11/2013	There was not a fact finding	Not LDSS Custody
Respondent:	024320 Mother Female 27 Year(s)	
Comments:	Petition filed before birth of subject fatality child. Disposition includes Court Ordered Supervision.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
02/11/2013	There was not a fact finding	Not LDSS Custody
Respondent:	024321 Father Male 35 Year(s)	
Comments:	Petition filed before birth of subject fatality child. Disposition includes Court Ordered Supervision.	

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship		
Date Filed:	Fact Finding Description:	Disposition Description:
10/28/2011	There was not a fact finding	Direct Custody Transferred toContinued with Relative (Article 10)
Respondent:	None	
Comments:	1089 Permanency Hearing involving Surviving children prior to subject fatality child being born.	

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship		
Date Filed:	Fact Finding Description:	Disposition Description:
11/23/2010	There was not a fact finding	Custody Transferred to Relative or Non-Relative Foster Care
Respondent:	None	
Comments:	1089 Permanency Hearing involving Surviving children prior to subject fatality child being born.	

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