



## Report Identification Number: SV-18-055

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

Issue Date: Mar 04, 2019

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

<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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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	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	
<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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 0 day(s)

**Jurisdiction:** Orange  
**Gender:** Female

**Date of Death:** 09/11/2018  
**Initial Date OCFS Notified:** 09/14/2018

## Presenting Information

On 9/13/18, the death of the SC was reported to OCFS by the Orange County Department of Social Services (OCDSS) through the required Agency Reporting Form 7065. On 9/11/18, the SC died less than 24 hours after birth from a medical condition while at the Westchester Medical Center. The infant was born on 9/11/18 and never left the hospital.

## Executive Summary

The fatality report concerns the death of an infant that occurred on 9/11/18. At the time of the SC’s death, there was an ongoing Preventive Services case which began 9/1/16. The Preventive Services case initially opened because the mother was living a transient lifestyle and abusing illicit substances. The mother had several arrests just prior to beginning services and was not meeting the needs of the surviving siblings, who were 2 and 3 years old at the time, and had significant delays. The siblings were placed in Foster Care under an Article 10 finding of Abuse/Neglect on 11/21/16 due to the mother’s failure to engage in services and meet the needs of her children.

It was determined the SC’s death was the result of a medical condition and not caused by abuse or maltreatment. The mother had been receiving regular prenatal care since finding out she was pregnant on 6/20/18. The SC was born at 9:43 AM on 9/11/18 at Westchester Medical Center. The SC was born with a congenital heart defect that was determined to be fatal. The SC passed away at approximately 3PM on the same date.

OCDSS was notified on 9/12/18 of the SC’s passing and they immediately made diligent efforts to assess the safety of the surviving siblings who were in foster care placement. It was deemed LE involvement was not necessary due to the circumstances surrounding SC’s death. It was also determined that an SCR report was not necessary due to medical records reflecting the death being the result of a medical complication.

The case record showed attempts to obtain the deceased child’s biological father’s information, but the mother was not forthcoming with information. OCDSS was able to contact the biological father of the surviving siblings, but he was unable to provide information on the deceased child as he had been incarcerated prior to the mother’s pregnancy and child’s birth.

The mother was offered grief counseling and was already receiving mental health services. The surviving siblings were already engaged in mental health treatment per court ordered mandates. At the time of this writing, the siblings are on a trial discharge with their mother, but remain in the custody of OCDSS. The mother was engaged in substance abuse counseling and had obtained stable housing with her mother. The maternal grandmother acted as a resource for the mother and siblings. The children and mother were receiving all necessary services. MGM provided regular transportation to the children and caretaking responsibilities while the mother was attending her own services.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

**Determination:**

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

This fatality occurred during an open Preventive Services case and was not an SCR reported child fatality.

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:**

This fatality occurred during an open Preventive Services case at the time the child died, and the case remained open at the time of this writing.

**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: 09/11/2018

Time of Death: 03:00 PM (Approximate)

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

County where fatality incident occurred: Westchester

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

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

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

At time of incident supervisor was: Not impaired.



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

**Children ages 0-18: 1**

**Adults: 0**

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	0 Day(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Other Household 1	Sibling	No Role	Female	4 Year(s)
Other Household 1	Sibling	No Role	Female	5 Year(s)
Other Household 2	Father	No Role	Male	25 Year(s)

**LDSS Response**

On 9/13/18, OCDSS submitted a 7065 Reporting Form to notify OCFS about the death of the SC, which occurred two days prior. At the time of the SC's death, there was an open Preventive Services case, which began 9/1/16. The mother was not following the recommendations of the service providers during the open Preventive Services case. Concerns leading to the surviving sibling's placement in foster care included the mother's substance abuse and transient lifestyle as well as her failure to meet the needs of her children who were developmentally delayed.

On 9/11/18, OCDSS was contacted by the outside agency working with the family and notified that the mother was at Westchester Medical Center and had given birth to the subject child on that date. OCDSS made contact with professionals at Westchester Medical Center and learned the child was born at 9:43AM on 9/11/18 with a congenital heart defect and it was determined that life saving measures were not available. The SC was born full term and there were no complications during pregnancy. The SC passed away at approximately 3PM on the same date.

OCDSS made multiple visits to assess the safety of the surviving siblings, both of whom were in foster care placement. Face to face contacts were made at the foster home where the siblings resided. The children were assessed to be safe during each visit. The surviving siblings began a trial discharge with their mother on 10/5/18, with continued oversight from OCDSS. The mother was engaged in substance abuse treatment and had found safe and stable housing with the maternal grandmother.

OCDSS interviewed the mother following the child's death. The mother advised the department that medical professionals made her aware the child would be born with some medical concerns, but she did not expect the child to pass away as a result. OCDSS offered bereavement counseling for the mother as well as assistance with funeral costs. OCDSS made efforts to gather information regarding the biological father of the subject child, but the mother was not forthcoming with identifying information, though she alluded to the child's medical condition coming from the father's side of the family.

OCDSS had regular and consistent contact with the biological father of the surviving siblings. The father was incarcerated on charges unrelated to child welfare and could not provide information regarding the subject child or the child's death.

OCDSS and the contract agency working with the family did not enter progress notes into CONNECTIONS contemporaneously. The case record found many of the notes were entered up to 6 months after the event date. Once entered, the notes were clear and concise.

**Official Manner and Cause of Death**



**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

### Multidisciplinary Investigation/Review

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes**

### 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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Risk Assessment / Risk Assessment Profile

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



**Explain:**

The family was receiving services related to the surviving siblings placement in foster care and additional services regarding bereavement were offered to the mother.

**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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

At the time of the fatality, the family was already working with OCDSS and Berkshire Prevention Program with regard to services unrelated to the fatality. OCDSS provided referrals for bereavement counseling and continued to work with the mother in regard to the surviving siblings and their return to her care.

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:**

The surviving siblings were already receiving services related to mental health counseling and foster care services.

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

**Explain:**

Bereavement services were offered to the mother as well as funeral assistance. The case record does not reflect whether funeral assistance was utilized.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? 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)
10/22/2016	Sibling, Female, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 4 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Other Child - Aunt's Child, Female, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Aunt/Uncle, Female, 36 Years	Inadequate Guardianship	Substantiated	



Sibling, Female, 4 Years	Aunt/Uncle, Female, 36 Years	Inadequate Guardianship	Substantiated
Other Child - Aunt's Child, Female, 5 Years	Aunt/Uncle, Female, 36 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 5 Years	Mother, Female, 25 Years	Lack of Supervision	Substantiated
Sibling, Female, 4 Years	Mother, Female, 25 Years	Lack of Supervision	Substantiated

**Report Summary:**

Report alleged the mother and two SS were residing with the maternal aunt. The mother had a history of not taking her prescribed medications resulting in her erratic behaviors. Mother was caught shoplifting on multiple occasions. The mother left the 2 SS inside a running vehicle while she went into a store for an unknown length of time. The 5YO SS had been biting the 4YO SS and another child residing in the home and the mother had not done anything to mediate the situation.

**Report Determination:** Indicated

**Date of Determination:** 01/03/2017

**Basis for Determination:**

OCDSS determined that there was credible evidence to support the allegations against the SM regarding the children. The mother was arrested for shoplifting with the CHN present. Additionally, the mother refused to cooperate with intensive preventive services and was transient- living in her car and motels. Ultimately, the siblings were removed from mother's care after she consented to a 1021 removal. A Neglect Petition was filed and CHN's placement in Foster Care continued.

**OCFS Review Results:**

It was found that OCDSS made diligent efforts to gather information to determine the report as well as remove the CHN and file Neglect against the SM. OCDSS was not diligent in recording the information they received with regard to this case. The notes were entered into the case records 2-3 months after the event date.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

OCDSS entered 14 of the 21 progress notes more than 30 days after the event date.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

All progress notes will be entered as contemporaneously as possible to their event dates.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/27/2016	Sibling, Female, 5 Years	Mother, Male, 25 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 5 Years	Mother, Male, 25 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 4 Years	Mother, Male, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Mother, Male, 25 Years	Lack of Supervision	Substantiated	

**Report Summary:**

A report was received on 8/27/16 alleging the mother left the CHN unsupervised in a vehicle approximately one month ago. On 8/27/16, mother left the CHN unsupervised in an unlocked running vehicle which was out of her sight for a



minimum of 15 minutes. BM was arrested for leaving the CHN in the car and charged with endangering the welfare of a child.

**Report Determination:** Indicated **Date of Determination:** 02/07/2017

**Basis for Determination:**  
 OCDSS found that BM did not appropriately supervise the CHN while she was inside the mall for a minimum of 15 minutes and her CHN were alone in the car unsupervised. Intensive Preventive Services were initiated for the BM, but she refused to work with the services. Ultimately, CHN were removed from BM's care and placed in Foster Care.

**OCFS Review Results:**  
 OCDSS did not enter notes in a timely manner. All notes were entered 4-5 months after the event date. OCDSS did not add, notify, or interview the biological father.

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

**Issue:**  
 Failure to provide notice of report

**Summary:**  
 OCDSS failed to provide a Notice of Existence letter to the father or make an effort to speak with him about the report.

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

**Action:**  
 OCDSS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

**Issue:**  
 Timely/Adequate Case Recording/Progress Notes

**Summary:**  
 OCDSS did not enter notes contemporaneously. All notes were entered 4-5 months after the event date.

**Legal Reference:**  
 18 NYCRR 428.5

**Action:**  
 All progress notes will be entered as contemporaneously as possible to the event date.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/29/2016	Sibling, Female, 4 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Grandparent, Male, 62 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Grandparent, Male, 62 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Grandparent, Female, 55 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Grandparent, Female, 55 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Substantiated	



Sibling, Female, 4 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
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**Report Summary:**

A report was received regarding a shoplifting incident on 5/29/16 where the mother had the CHN present, exposing them to criminal activity. The mother was arrested and charged with endangering the welfare of a child. A subsequent report was received on 7/18/16 which alleged the mother was abusing drugs and engaging in illegal sexual acts.

**Report Determination:** Indicated **Date of Determination:** 01/20/2017

**Basis for Determination:**

OCDSS found credible evidence that the mother was not providing the CHN with adequate supervision. BM brought the CHN to the store where she proceeded to shoplift in their presence. During a subsequent incident, BM left the CHN alone and unsupervised in a running car and was arrested. BM was transient throughout the investigation and did not have a viable resource for the children. She was living out of her car and not providing adequate food for the CHN. BM was referred to Intensive Preventive Services, but refused to engage. As a result, BM consented to the removal of the CHN who were placed in Foster Care.

**OCFS Review Results:**

OCDSS did not conduct a review of CPS history until 50 days after the receipt of the report. Once completed, CPS history review was not accurate in that it did not reflect any history for the family, despite several historical cases. Several progress notes entered were 5 months after the event date. There were numerous people in the case composition that were never interviewed. The safety assessments were not completed accurately in that the safety decision the safety decision chosen was no safety factors present, when, in fact, there were concerns that warranted the children's removal and placement in Foster Care.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Several progress notes were entered 5 months after the event date.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

All progress notes will be entered as contemporaneously as possible to their event dates.

**Issue:**

Adequacy of Documentation of Safety Assessments

**Summary:**

The safety assessments did not accurately reflect the safety factors present that warranted the initiation of a safety plan and then placement of the children in Foster Care, which included the mother's substance abuse, inability to provide safe and stable housing, and her arrest for leaving the children in the car alone. Safety decision 1, which reflects No Safety Factors was chosen.

**Legal Reference:**

18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

**Action:**

The results of each safety assessment must be accurately documented in the case record to reflect case circumstances with regard to safety.

**Issue:**

Review of CPS History

**Summary:**



The CPS history check was not completed within 24 hours, a history check was not completed until 50 days after the receipt of the report. The completed history check was inaccurate in that the note reflected there was no history in CONNECTIONS when there was history for the family including the mother and CHN.

**Legal Reference:**

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

**Action:**

Within one business day, LDSS 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.

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

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

#### Known CPS History Outside of NYS

There is no known history outside of the state of New York.

### 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: 09/01/2016**

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

**Date the Child Protective Services case was opened: 09/01/2016**

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

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

### Closing



# Child Fatality Report

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

### 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:**  
 Berkshire Farms Placement Prevention program became involved with the family due to the mother's progress with OCDSS Services and impending discharge of the children to her care. At the time of this writing, Berkshire remained in place to continue working with the family.

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	Many of the progress notes were entered up to 5 months after the event date.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	All progress notes will be entered as contemporaneously as possible to their event dates.

### Preventive Services History

A Preventive Service case was opened on 9/1/16 and remained open for Foster Care and Preventive Services at the time of this writing related to the mother's chronic homelessness and failure to provide food, clothing, and shelter to the two surviving siblings. The children were subsequently removed and received Foster Care services. At the time of this writing, the mother had been successfully discharged from substance abuse treatment and was receiving mental health services. The mother has shown an ability to maintain employment and was compliant with court orders related to the neglect of the 2 SS. The 2 SS went to the mother's home on a trial discharge on 10/5/18 and remained home on a trial discharge at the time of this writing. The children continue to receive services in school related to their cognitive and developmental delays. The mother has her mother as a support as she helps with transportation of the CHN and their supervision when the mother is working or engaging in her own services.

### Foster Care Placement History

On 11/15/16, the siblings were placed in Foster Care on the mother's consent due to her chronic homelessness and failure to provide adequate food, clothing, and shelter for the CHN. The CHN were initially placed with the PGF, but it was determined that PGF could not meet their developmental needs and the CHN were moved to a therapeutic foster home. The CHN received Foster Care services and remained in OCDSS' custody and on a trial discharge with the mother at the time of this writing.

### Legal History Within Three Years Prior to the Fatality



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

Family Court

Criminal Court

Order of Protection

**Family Court Petition Type: FCA Article 10 - CPS**

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
11/17/2016	Adjudicated Neglected	Foster Care Placement to Continue
<b>Respondent:</b>	049154 Mother Female 23 Year(s)	
<b>Comments:</b>	The children were removed on their mother's consent and placed in Foster Care on 11/15/16. A Neglect Petition was filed on 11/17/16 with a hearing on 11/21/16. The children remained in Foster Care and were adjudicated neglected.	

**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