



Report Identification Number: SY-16-039

Prepared by: Syracuse Regional Office

Issue Date: Jun 29, 2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 9 day(s)

Jurisdiction: Broome
Gender: Female

Date of Death: 06/19/2013
Initial Date OCFS Notified: 06/20/2013

Presenting Information

The SCR report registered on August 15, 2016 stated that "approximately a year ago, SM gave birth prematurely to twins (SC and SC sibling). Both children had a positive toxicology for heroin. At birth, SC had difficulty breathing, heart problems and bleeding on the brain from the heroin. SC succumbed to the bleeding on the brain about a month after birth while in an incubator. SM allows Siblings (16) to have sexual intercourse with multiple men on an ongoing basis. Last week, SM and sibling's father left siblings (14 and 7) home alone with no food and as a result the children has not eaten for days. The parents know that sibling (14) is not an appropriate caregiver for the sibling (7). Sibling (14) has not been taking his prescribed medication for at least a week, the parents are aware and are failing to ensure that he receives his medications. SM uses Vicodin to impairment while sibling's father uses cocaine and heroin to impairment leaving no sober caregiver for the children."

Executive Summary

This fatality report concerns the death of a 9 day old infant which was originally reported to the Office of Children and Family Services (OCFS) by Broome County Department of Social Services (BCDSS) on 6/20/13 via form OCFS-7065. At the time of the SC's death on 6/19/13, there was an open CPS investigation and BCDSS determined, after assessing the family, that a new SCR report was not warranted as there was not reasonable cause to suspect that the death resulted from abuse or maltreatment and there were no surviving siblings in the care of the SM. OCFS reviewed the actions that were taken by BCDSS at the time of the SC's death in 2013 and issued report SY-13-031 on 4/21/14.

On 8/15/16, the SCR registered a report which contained the allegations of DOA/Fatality and PD/AM against the SM in regard to the SC, PD/AM and IG against the SM and SC's siblings' father in regard to the SC's siblings, LS and IF/C/S against the SM and SC's siblings' father in regard to several of the SC's siblings, LMC against the SM and SC's siblings' father in regard to one of the SC's siblings and SA against the SM in regard to one of the SC's siblings. The SC was born at 24 weeks' gestation and was immediately placed on life support due to extreme prematurity. The SC had a twin sister who was in the same condition, in the same medical facility, and also on life support. The SC was removed from life support at the recommendation of medical personnel and subsequently died on 6/19/13 at 7:45 pm. The cause of death was listed on the death certificate as respiratory failure due to extreme prematurity and brain hemorrhage. An autopsy was not performed.

BCDSS investigated the 8/15/16 SCR report by again reviewing the circumstances of the SC's death in 6/19/13 and appropriately assessing the safety and risk of the surviving siblings along with the allegations contained in the report. Several siblings had been living with relatives and it was determined that all of their needs were being met. Adequate information was obtained through interviews and relevant collateral contacts to determine the report allegations. The allegations of PD/AM, IG and IF/C/S against the SM in regard to the SC and the siblings that reside with her were appropriately substantiated and the allegations of DOA/Fatality, SA, LS and LMC against the SM were unsubstantiated as there was no credible evidence to support these allegations. The SC's death was determined to have been due to an existing medical condition and not to abuse or neglect. The SM tested positive for illegal substances during the course of the investigation and she failed to provide adequate food and shelter for the SC's siblings that remained in her care. The allegation of IG against the SC's siblings' father in regard to the SC's siblings that reside with him was appropriately substantiated and the allegations of PD/AM, LS, IF/C/S and LMC were unsubstantiated against the SC's sibling's father due to the lack of credible evidence to support them. The allegations



against the SM and SC’s siblings’ father pertaining to the SC’s siblings who are in the custody of relatives were also appropriately unsubstantiated. Prior to completing the investigation, BCDSS opened a preventive services case for the SM and the SC’s surviving siblings that reside with the SM. The SM was participating in recommended services and substance abuse treatment at the time that the investigation was completed. OCFS reviewed the records associated with this case and found that there were no compliance issues with the investigation. Casework activity was commensurate with case circumstances.

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

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:

BCDSS opened a preventive services case for the SM prior to completing the investigation.

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: 06/19/2013

Time of Death: 07:45 PM

Date of fatal incident, if different than date of death: 06/10/2013



County where fatality incident occurred: BROOME

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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

Child's activity at time of incident:

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

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

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 01

Adults: 00

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	9 Day(s)
Deceased Child's Household	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	10 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)
Other Household 1	Grandparent	No Role	Female	55 Year(s)
Other Household 1	Grandparent	No Role	Male	59 Year(s)
Other Household 1	Sibling	Alleged Victim	Female	16 Year(s)
Other Household 1	Sibling	Alleged Victim	Female	16 Year(s)
Other Household 1	Sibling	Alleged Victim	Male	15 Year(s)
Other Household 2	Grandparent	No Role	Female	49 Year(s)
Other Household 2	Grandparent	No Role	Male	74 Year(s)
Other Household 2	Sibling	Alleged Victim	Female	3 Year(s)
Other Household 3	Father	No Role	Male	46 Year(s)
Other Household 4	Father	No Role	Male	38 Year(s)
Other Household 4	Father	Alleged Perpetrator	Male	42 Year(s)

LDSS Response

BCDSS began their investigation upon receipt of the SCR report on 8/15/16. Records that had previously been obtained at



the time of the fatality in 6/13 were again reviewed and the circumstances of the death of the SC were investigated. BCDSS obtained adequate information to address all of the allegations in the report pertaining to the SC and the SC's siblings. The allegations were addressed during interviews with the SM, the SC's siblings' father and the relatives with whom many of the siblings reside. Safety and Risk of the surviving siblings were appropriately assessed throughout the investigation and multiple contacts were made with the family and with appropriate collaterals. Safety assessments were completed as required.

Sufficient information was gathered and all report allegations were appropriately determined by BCDSS. The allegations of PD/AM, IG and IF/C/S against the SM in regard to the SC and the siblings that reside with her were appropriately substantiated and the allegations of DOA/Fatality, SA, LS and LMC against the SM were unsubstantiated as there was no credible evidence to support these allegations. The allegation of IG against the SC's siblings' father in regard to the SC's siblings that reside with him was appropriately substantiated and the allegations of PD/AM, LS, IF/C/S and LMC were unsubstantiated against the SC's sibling's father due to the lack of credible evidence to support them. The allegations against the SM and SC's siblings' father pertaining to the SC's siblings who are in the custody of relatives were also appropriately unsubstantiated. All casework activity was commensurate with case circumstances. A preventive services case was opened for the SM and the surviving siblings residing with her. The family was offered bereavement counseling after the SC's death.

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 investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: 2013 investigation for this fatality conducted by MDT

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

Comments: Case was reviewed after SC's death in 2013

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
034681 - Deceased Child, Female, 9 Days	034682 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
034681 - Deceased Child, Female, 9 Days	034682 - Mother, Female, 36 Year(s)	DOA / Fatality	Unsubstantiated
034691 - Sibling, Female, 16 Year(s)	034688 - Father, Male, 42 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
034691 - Sibling, Female, 16 Year(s)	034682 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
034691 - Sibling, Female, 16 Year(s)	034688 - Father, Male, 42 Year(s)	Inadequate Guardianship	Unsubstantiated



Year(s)	Year(s)		
034691 - Sibling, Female, 16 Year(s)	034682 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
034692 - Sibling, Female, 16 Year(s)	034682 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
034692 - Sibling, Female, 16 Year(s)	034688 - Father, Male, 42 Year(s)	Inadequate Guardianship	Unsubstantiated
034692 - Sibling, Female, 16 Year(s)	034682 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
034692 - Sibling, Female, 16 Year(s)	034682 - Mother, Female, 36 Year(s)	Sexual Abuse	Unsubstantiated
034692 - Sibling, Female, 16 Year(s)	034688 - Father, Male, 42 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
034694 - Sibling, Male, 15 Year(s)	034688 - Father, Male, 42 Year(s)	Inadequate Guardianship	Unsubstantiated
034694 - Sibling, Male, 15 Year(s)	034688 - Father, Male, 42 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
034694 - Sibling, Male, 15 Year(s)	034688 - Father, Male, 42 Year(s)	Lack of Supervision	Unsubstantiated
034694 - Sibling, Male, 15 Year(s)	034688 - Father, Male, 42 Year(s)	Lack of Medical Care	Unsubstantiated
034694 - Sibling, Male, 15 Year(s)	034688 - Father, Male, 42 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
034694 - Sibling, Male, 15 Year(s)	034682 - Mother, Female, 36 Year(s)	Lack of Supervision	Unsubstantiated
034694 - Sibling, Male, 15 Year(s)	034682 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
034694 - Sibling, Male, 15 Year(s)	034682 - Mother, Female, 36 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
034694 - Sibling, Male, 15 Year(s)	034682 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
034694 - Sibling, Male, 15 Year(s)	034682 - Mother, Female, 36 Year(s)	Lack of Medical Care	Unsubstantiated
034695 - Sibling, Male, 10 Year(s)	034688 - Father, Male, 42 Year(s)	Inadequate Guardianship	Substantiated
034695 - Sibling, Male, 10 Year(s)	034682 - Mother, Female, 36 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
034695 - Sibling, Male, 10 Year(s)	034688 - Father, Male, 42 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
034695 - Sibling, Male, 10 Year(s)	034688 - Father, Male, 42 Year(s)	Lack of Supervision	Unsubstantiated
034695 - Sibling, Male, 10 Year(s)	034682 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
034695 - Sibling, Male, 10 Year(s)	034682 - Mother, Female, 36 Year(s)	Lack of Supervision	Unsubstantiated



034695 - Sibling, Male, 10 Year(s)	034682 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
034695 - Sibling, Male, 10 Year(s)	034688 - Father, Male, 42 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
034696 - Sibling, Female, 6 Year(s)	034682 - Mother, Female, 36 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
034696 - Sibling, Female, 6 Year(s)	034682 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
034696 - Sibling, Female, 6 Year(s)	034688 - Father, Male, 42 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
034696 - Sibling, Female, 6 Year(s)	034682 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
034696 - Sibling, Female, 6 Year(s)	034688 - Father, Male, 42 Year(s)	Inadequate Guardianship	Substantiated
034697 - Sibling, Female, 3 Year(s)	034682 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Placement Activities in Response to the Fatality Investigation

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



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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 family was offered bereavement counseling after the subject child's death.

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

**Explain:**

The mother began receiving recommended services and substance abuse treatment.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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)	Status/Outcome	Compliance Issue(s)
08/21/2015	13771 - Sibling, Male, 15 Years	13767 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	No
	13772 - Sibling, Male, 10 Years	13767 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	13770 - Sibling, Female, 16 Years	13767 - Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	13770 - Sibling, Female, 16 Years	13767 - Mother, Female, 36 Years	Lack of Supervision	Unfounded	
	13771 - Sibling, Male, 15 Years	13767 - Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	13772 - Sibling, Male, 10 Years	13767 - Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded	



13772 - Sibling, Male, 10 Years	13767 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
13773 - Sibling, Female, 6 Years	13767 - Mother, Female, 36 Years	Lack of Supervision	Unfounded
13770 - Sibling, Female, 16 Years	13767 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded
13770 - Sibling, Female, 16 Years	13767 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
13771 - Sibling, Male, 15 Years	13767 - Mother, Female, 36 Years	Lack of Supervision	Unfounded
13771 - Sibling, Male, 15 Years	13767 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
13772 - Sibling, Male, 10 Years	13767 - Mother, Female, 36 Years	Lack of Supervision	Unfounded
13773 - Sibling, Female, 6 Years	13767 - Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded
13773 - Sibling, Female, 6 Years	13767 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded
13773 - Sibling, Female, 6 Years	13767 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

SM abuses drugs to the point of impairment and as a result of her substance abuse she is unable to adequately care for her children. SM locks herself in her room and abuses drugs. SM stays in her room and does not come out. She does not watch the children, cook for them or provide food for them. There is no food in the home. The children are going without eating. The children all wander the community unsupervised and engage in delinquent activities. SM has been made aware of the children's behaviors and that they are too immature to be unsupervised, but does nothing to address the concerns.

Determination: Unfounded**Date of Determination:** 10/19/2015**Basis for Determination:**

INV is unfounded for IF/C/S, IG, LS, and PD/AM. SM had food in the home on an unannounced visit. She states she gets low on food at times during the summer because her older kids are visiting but her mother helps out when needed. SM goes to the methadone clinic on a daily basis and her counselors report consistently negative drugs screens. SM is in compliance with her treatment at the methadone clinic. There is no credible evidence that SM allows her children to engage in delinquent activities.

OCFS Review Results:

OCFS reviewed the records for this case and determined that adequate safety and risk assessments were conducted and casework contacts, home visits and collateral contacts were appropriately made. Allegations were appropriately determined and casework activity was commensurate with case circumstances.

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)
10/30/2014	13765 - Sibling, Male, 10 Years	13757 - Mother's Partner, Male, 31 Years	Inadequate Guardianship	Unfounded	No
	13765 - Sibling, Male,	13757 - Mother's Partner,	Lack of	Unfounded	



10 Years	Male, 31 Years	Supervision	
13765 - Sibling, Male, 10 Years	13760 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded
13765 - Sibling, Male, 10 Years	13760 - Mother, Female, 36 Years	Lack of Supervision	Unfounded

Report Summary:

SC's 10 year old sibling was unsupervised outside for about two hours. While he was outside, the child played with a knife. The child attempted to attack two other children in the neighborhood. SM and SC's sibling's father were inside their home at this time. On several occasions, the child was outside unsupervised causing trouble. The child has mental health issues and requires a higher level of supervision. The parents fail to provide adequate supervision for the child.

Determination: Unfounded**Date of Determination:** 12/16/2014**Basis for Determination:**

INV is unfounded for allegations of IG and LS of SC's sibling by SM and SC's sibling's father. The allegations were that sibling plays outside unsupervised for hours and attempted to attack children in the neighborhood with a knife. The family and New York State PD reported that sibling was outside playing with numerous children including older siblings. The sibling did not attack any of the children in the trailer park with a knife but he was swinging one over his head. SM and SC's sibling's father were not aware that sibling had brought a knife outside. The children are assessed to be safe.

OCFS Review Results:

OCFS reviewed the records for this case and determined that adequate safety and risk assessments were conducted and casework contacts, home visits and collateral contacts were appropriately made. Allegations were appropriately determined and casework activity was commensurate with case circumstances.

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)
05/13/2014	13755 - Sibling, Male, 10 Years	13753 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	No
	13755 - Sibling, Male, 10 Years	13753 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	13756 - Sibling, Female, 6 Years	13753 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	13756 - Sibling, Female, 6 Years	13753 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

SM is enrolled in a Methadone Program. She has a history of drug misuse. On April 18,2014 the SM tested positive for Cocaine. On May 5,2014 the SM tested positives for Opiates. SM's drug misuse impairs her ability to care for the 6 year old and 10 year old siblings of the SC.

Determination: Unfounded**Date of Determination:** 05/30/2014**Basis for Determination:**

INV is UNF for allegations of IG and PD/AM of SC's siblings by SM. Allegations that SM is using drugs in the presence of the children is UNF. SM is compliant with treatment at the Methadone Clinic. SM is attending all of her groups and sessions at the Methadone Clinic. The children deny any knowledge of SM's recent drug usage. The children are assessed to be safe. The case remained open for services.

OCFS Review Results:

OCFS reviewed the records for this case and determined that adequate safety and risk assessments were conducted and casework contacts, home visits and collateral contacts were appropriately made. Allegations were appropriately



determined and casework activity was commensurate with case circumstances.

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)
03/03/2014	13747 - Sibling, Female, 16 Years	13737 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	No
	13747 - Sibling, Female, 16 Years	13737 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	13749 - Sibling, Male, 15 Years	13737 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	13750 - Sibling, Male, 10 Years	13737 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	13748 - Sibling, Female, 16 Years	13737 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	13750 - Sibling, Male, 10 Years	13737 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	13751 - Sibling, Female, 6 Years	13737 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	13751 - Sibling, Female, 6 Years	13737 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	13748 - Sibling, Female, 16 Years	13737 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	13749 - Sibling, Male, 15 Years	13737 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

SM is allowing SC's 6 year old, 10 year old, 15 year old and 16 year old siblings' to watch pornography. As a result one of the siblings was acting out aggressively, had advanced knowledge of sexual content and was repeating sexually explicit phrases and using inappropriate sexual language. SM was aware of her son's activities and she did not address them.

Determination: Unfounded

Date of Determination: 05/30/2014

Basis for Determination:

INV is UNF for allegations of IG and PD/AM of SC's siblings by SM. There was no credible evidence found to support the allegation that the SM allowed the SC's siblings to view pornographic movies. The allegations that SM is using drugs in the presence of the children is UNF. SM is compliant with treatment at the Methadone Clinic. SM is attending all of her groups and sessions at the Methadone Clinic. The children deny any knowledge of SM recent drug usage. The children are assessed to be safe. The case remained open for services.

OCFS Review Results:

OCFS reviewed the records for this case and determined that adequate safety and risk assessments were conducted and casework contacts, home visits and collateral contacts were appropriately made. Allegations were appropriately determined and casework activity was commensurate with case circumstances.

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)
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11/20/2013

13734 - Sibling, Male, 15 Years	13727 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
13735 - Sibling, Male, 10 Years	13728 - Grandparent, Female, 55 Years	Inadequate Guardianship	Unfounded
13735 - Sibling, Male, 10 Years	13727 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded
13736 - Sibling, Female, 6 Years	13727 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded
13733 - Sibling, Female, 16 Years	13727 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded
13733 - Sibling, Female, 16 Years	13727 - Mother, Female, 36 Years	Sexual Abuse	Unfounded
13734 - Sibling, Male, 15 Years	13727 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded
13734 - Sibling, Male, 15 Years	13728 - Grandparent, Female, 55 Years	Inadequate Guardianship	Unfounded
13732 - Sibling, Female, 16 Years	13727 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded
13735 - Sibling, Male, 10 Years	13728 - Grandparent, Female, 55 Years	Lack of Supervision	Unfounded
13733 - Sibling, Female, 16 Years	13728 - Grandparent, Female, 55 Years	Inadequate Guardianship	Unfounded
13732 - Sibling, Female, 16 Years	13728 - Grandparent, Female, 55 Years	Inadequate Guardianship	Unfounded
13732 - Sibling, Female, 16 Years	13727 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
13736 - Sibling, Female, 6 Years	13728 - Grandparent, Female, 55 Years	Inadequate Guardianship	Unfounded
13736 - Sibling, Female, 6 Years	13727 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
13733 - Sibling, Female, 16 Years	13727 - Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded

No

Report Summary:

SM is aware that SC's 16 year old sibling is sexually active with her boyfriend. SM allows boyfriend to sleep over and sleep in the same bed with sibling. SM has a history of misusing methamphetamine, heroin and crack cocaine while being the sole care taker of her children. SM is often intoxicated which has become an ongoing issue. MGM is aware of this and allows the children to stay with SM.

Determination: Unfounded**Date of Determination:** 12/18/2013**Basis for Determination:**

INV unfounded. While the sibling was engaged in sexual activity with her boyfriend there was no evidence that SM or MGM were condoning the behavior.

SM does have a serious drug history but is currently in the methadone program where she is compliant and goes daily. Children were all aware of their mother's drug use and all report that she is doing better.

No concerns were identified in regards to the MGM during the investigation. Case remained open for services.

OCFS Review Results:



OCFS reviewed the records for this case and determined that adequate safety and risk assessments were conducted and casework contacts, home visits and collateral contacts were appropriately made. Allegations were appropriately determined and casework activity was commensurate with case circumstances.

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)
09/04/2013	13723 - Sibling, Male, 10 Years	13721 - Mother, Female, 36 Years	Other	Unfounded	No
	13724 - Sibling, Female, 6 Years	13721 - Mother, Female, 36 Years	Other	Unfounded	
	13723 - Sibling, Male, 10 Years	13722 - Aunt/Uncle, Female, 62 Years	Other	Unfounded	
	13724 - Sibling, Female, 6 Years	13722 - Aunt/Uncle, Female, 62 Years	Other	Unfounded	

Report Summary:

Broome County Family Court Judge issued a 1034 court ordered investigation (COI) The Honorable judge instructed the local child protective services to conduct an investigation on behalf of the children. The allegation of 'other' refers to COI.

Determination: Unfounded

Date of Determination: 09/18/2013

Basis for Determination:

INV is unfounded for allegation of Other regarding SC's 6 year old and 10 year old siblings. Relative petitioned Family Court for custody of the children after she agreed to be a safety plan for the children. The children were removed from Relative's home as a safety plan after it was reported that there was an active warrant for relative's arrest from PA. The children were placed with MGM, who had custody of SM's older children. The children were assessed to be safe. A Family Services case was opened.

OCFS Review Results:

OCFS reviewed the records for this case and determined that adequate safety and risk assessments were conducted and casework contacts, home visits and collateral contacts were appropriately made. Allegations were appropriately determined and casework activity was commensurate with case circumstances.

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

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

6/7/04-6/15/04 IF/C/S, IG, EN, LS, M/FTTH, LMC,OTH 3 SC siblings IND SM and Aunt
 8/27/07-10/31/07 IF/C/S, IG, 1 SC siblings UNF
 10/31/07-1/7/08 IF/C/S, IG, PD/AM, LS 3 SC siblings UNF
 12/10/08-5/4/09 IG 1 SC sibling UNF
 11/10/08-6/9/09 OTH/COI, PD/AM, IG SC sibling, 1 unrelated ch IND SM and sibling's FA
 3/9/09-11/10/10 PD/AM 3 SC siblings UNF
 2/9/10-11/10/10 IG, PD/AM 3 SC siblings UNF
 6/19/11-8/15/11 IG, PD/AM 4 SC siblings IND for sibling's FA
 1/6/12-1/18/12 IG 4 SC siblings UNF
 5/19/12-7/3/12 PD/AM, IG 4 SC siblings UNF
 8/23/12-11/14/12 PD/AM 3 SC siblings IND SM



3/4/13-4/4/13	IG	2 SC siblings	UNF
6/11/13-8/27/13	IG, PD/AM	SC and 1 Sibling	IND SM
4/19/13-6/13/13	PD/AM, IF/C/S, IG,	3 SC siblings	IND SM, Sibling Parent, AUNT, Sibling Parent
5/13/13-7/3/13	IG, LS, II	3 SC siblings	UNF
7/10/13-8/8/13	OTH/COI, IG	2 SC siblings	UNF

Known CPS History Outside of NYS

No known CPS history outside of NYS.

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.

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

Are there any recommended prevention activities resulting from the review? Yes No