



Report Identification Number: SY-17-026

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

Issue Date: Dec 05, 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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

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

Jurisdiction: Onondaga
Gender: Female

Date of Death: 06/16/2017
Initial Date OCFS Notified: 06/18/2017

Presenting Information

On 6/16/17, SC died as a result of injuries sustained in a motor vehicle accident. SM placed SC in a forward facing car seat located in the back seat of the vehicle. The car seat was not properly secured. The car seat was ejected from the vehicle during the car accident. SM was in the backseat with SC.

Executive Summary

On 6/18/17, the SCR received a report alleging DOA/Fatality & IG against the SM of her 2yo daughter (SC). Onondaga County Department of Social Services (OCDSS) began their investigation and coordinated efforts with LE upon receipt of this report. There were 3 SS (age 9 and 4yo twins) who were not involved in the car accident.

The investigation revealed that on 6/16/17, SM and SC were passengers in the rear seat of a vehicle, driven by SM's friend (OA). In the rear middle seat, SC was buckled into a forward-facing car seat; however, the bottom buckle of the car seat was not buckled. The car buckle was placed across SC's lap in front of the car seat instead of through the back of the car seat. At approximately 10:30AM, the friend driving the vehicle attempted to pass another vehicle on a double solid line at the crest of a hill, and had a head-on collision with a pickup truck. Also in the vehicle were the driver's 3yo son, and a male friend in his twenties. The male friend did not survive. The driver, her son, SM, and SC were all transported to a hospital with serious injuries. SC was pronounced dead at 11:30AM.

SM and the other passengers of the vehicle were on their way to an event at the school of SM's oldest daughter (SS3). SS3 and the twins (SS1 and SS2) went with SM's MU while SM was in the hospital. CW first went to the hospital to speak with SM who was in significant pain and could not talk very long. SM provided CW with MU's contact information. CW contacted MU and agreed to meet at his home and assess the safety of the SS. CW assessed the safety of the SS within the first 24 hours.

OCDSS completed all safety assessments and fatality reports accurately and on time. CW obtained medical records for the family, interviewed friends and family, completed a CPS history search, obtained a preliminary autopsy report from ME, and LE records. At the time of the case closing, no criminal charges had been filed. LE was considering charging SM with endangering the welfare of a child as it was common practice for SM to not properly secure SC in her car seat. The allegations of DOA/Fatality and IG were substantiated as it was reasonable to conclude that by not properly securing SC into her car seat, there was a higher risk of injury, and SC ultimately sustained fatal injuries as the result of a car accident. This case was indicated and closed on 9/14/17.

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? Yes

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:

Casework was commensurate with case circumstance.

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: 06/16/2017

Time of Death: 11:30 AM

Time of fatal incident, if different than time of death: 10:30 AM

County where fatality incident occurred: Cayuga

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

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

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.



Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	26 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Other Household 1	Father	No Role	Male	28 Year(s)
Other Household 2	Sibling	No Role	Female	9 Year(s)

LDSS Response

On 6/18/17, OCDSS initiated their investigation by confirming the reported information with source and coordinating their investigation with LE. The ME and DA were both notified of SC's death.

On 6/18/17, CWs went to the hospital to visit SM. CWs introduced themselves to SM, expressed condolences and explained they were there regarding the death of SC. SM explained they were on the way to her 9yo daughter's field days. SM remembered OA passing a car and the lines turned solid and she yelled at OA to hurry up and get over. SM remembered going off the road and then LE saying to be still so they could take the door off. There were several relatives in SM's hospital room who provided their contact information. SM stated the twins were with her uncle, and SM provided his contact information. SM identified SC's BF and stated he was in jail. SM appeared to be in pain so CW gave the family information regarding burial expenses and bereavement services and left the room. CW spoke with the hospital SW who said she would provide records to OCDSS. CW then called the MU to arrange to meet with him and the SS after leaving the hospital.

On 6/18/17 CW went to MU's home and assessed the safety of all three SS. MU previously had the twins for 2 weeks while SM completed rehab for drug use. MU had adequate sleeping arrangements, supplies for the twins, and could transport SS to and from school. CW provided MU with resources that may have been useful in explaining to the twins the death of their sister. CW encouraged MU to reach out to the school SW as a support.

On 6/19/17, CW received the preliminary autopsy from the ME's office. SC's autopsy exam was done on 6/18/17 with the cause of death listed as "blunt force trauma of torso due to automobile-pick-up truck collision" and the manner was accidental. The autopsy showed extensive internal and external injuries.

On 6/20/17, CW attempted a visit with SM at the hospital but SM was asleep. SM's sister (MA) was present and reported she lives in the home with SM and SM's children. MA agreed to meet with CW at home. At the home visit, MA showed CW the bedrooms of the CHN as well as the rest of the home. There was plenty of food and no visible safety concerns.

CW received hospital records for SC and placed them in the case file. CW spoke with the funeral director who was helpful in providing information to help cover costs of the funeral.



CW met with BF in jail and BF expressed having a difficult time dealing with the loss of his daughter. CW offered to mail information to BF regarding help during this process. BF provided his mailing address and signed releases for CW to contact his CHN's medical providers. CW later mailed bereavement information to BF.

On 7/5/17, CW made a home visit with SM. All SS were home at the time. CW offered condolences and SM began to describe the car accident. SM stated SC was in her car seat but the bottom buckle of the car seat was not buckled because it was too tight and pinched SC's legs. SM did not remember much from the accident. Following the fatality, SM continued to go to counseling do deal with the loss of SC. SM said there was nothing further she needed from CW and said she had a lot of family support.

On 9/14/17, CW received the collision reconstruction report and placed it in the case file. The primary contributing factor in the collision was the driver of the vehicle in which SC and SM were passengers. The driver attempted to pass another vehicle where passing was prohibited.

Allegations of DOA/Fatality and IG were substantiated and the report was IND and closed.

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
041801 - Deceased Child, Female, 2 Yrs	041802 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
041801 - Deceased Child, Female, 2 Yrs	041802 - Mother, Female, 30 Year(s)	DOA / Fatality	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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 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"/>

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?	No
Was the child acutely ill during the two weeks before death?	No

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)
01/17/2016	Deceased Child, Female, 10 Months	Father's Partner, Female, 21 Years	Lacerations / Bruises / Welts	Unfounded	Yes
	Sibling, Male, 3 Years	Father's Partner, Female, 21 Years	Burns / Scalding	Unfounded	
	Sibling, Male, 3 Years	Father, Male, 26 Years	Burns / Scalding	Unfounded	
	Sibling, Male, 3 Years	Father's Partner, Female, 21 Years	Lacerations / Bruises / Welts	Unfounded	
	Other Child - OC1, Male, 10 Months	Father's Partner, Female, 21 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Female, 10 Months	Father, Male, 26 Years	Lacerations / Bruises / Welts	Unfounded	
	Deceased Child, Female, 10 Months	Father's Partner, Female, 21 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 3 Years	Father's Partner, Female, 21 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 3 Years	Father, Male, 26 Years	Lacerations / Bruises / Welts	Unfounded	
	Sibling, Male, 3 Years	Father's Partner, Female, 21 Years	Inadequate Guardianship	Unfounded	

Report Summary:

Between 1/15/16 and 1/17/16, SS1&2 and SC were visiting their BF, BF's girlfriend (GF) and her 10-month-old son (OC1). During the visit, SC sustained a bite mark that drew blood to her back inflicted by OC1, SS2 sustained a burn mark to his face, and SS1 sustained a bruise to his back where BF hit him. GF and BF could not provide explanations for SC's bite mark or SS2's burn mark. SM had an unknown role.

Determination: Unfounded

Date of Determination: 06/30/2016

Basis for Determination:

CW interviewed all parties and did observe a small bite mark on SC. BF said OC1 did bite SC as OC1 was trying to stand up, and was using SC to pull himself up. BF stated he and his GF jumped right up and he immediately grabbed SC, and GF grabbed OC1. BF said the skin was not broken but there was a small bite mark. BF stated that SS2 had a small rug burn on his chin when he arrived to his home for a visit. BF said BM tended to make everything into a big deal. BF's roommates were interviewed and had no concerns for the care of the children.

**OCFS Review Results:**

The seven day safety assessment was not completed on time. The seven day safety assessment was completed 5 months late on 6/30/17, the same day the case closed.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The seven day safety assessment was not completed until 6/30/16, the same day the case closed.

Legal Reference:

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

Action:

Safety assessments will be completed within the first seven days of receiving a report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/11/2016	Deceased Child, Female, 10 Months	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unfounded	Yes
	Deceased Child, Female, 10 Months	Mother, Female, 28 Years	Inadequate Guardianship	Unfounded	

Report Summary:

SM resided with her four children. SM had a history of drug use, relapsed and abused marijuana and cocaine. SM was using drugs to impairment while caring for the youngest child. It was unknown if SM's drug use had an impact on the three older children.

Determination: Unfounded

Date of Determination: 06/17/2016

Basis for Determination:

SM and several collaterals denied SM used drugs. CW never observed SM under the influence of substances, nor did CW observe and drugs or drug paraphernalia in the home at any time. SM was on parole and was regularly drug tested.

OCFS Review Results:

The seven day safety assessment was not completed on time. The safety assessment was done the same day the case closed. BM's parole officer should have been contacted to verify drug test results.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

This case was received on 1/11/16 and the seven day safety assessment was not completed until 6/17/16, which was the same day the case closed.

Legal Reference:

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

Action:

Seven day safety assessments will be completed within the first seven days of receiving a report.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:



SM was alleged to be using drugs, which she denied, stating she was on parole and was drug tested regularly. SM's parole officer would have had information to address the allegation and was not contacted. CW never attempted contact with the parole officer.

Legal Reference:

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

Action:

Contact will be made with Collaterals that have relevant information pertaining to the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/03/2015	Sibling, Female, 8 Years	Mother's Partner, Male, 22 Years	Inadequate Guardianship	Indicated	No
	Sibling, Male, 2 Years	Mother's Partner, Male, 22 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 6 Months	Mother's Partner, Male, 22 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 2 Years	Mother's Partner, Male, 22 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 8 Years	Mother's Partner, Male, 22 Years	Lacerations / Bruises / Welts	Indicated	

Report Summary:

On 10/3/15 around 4AM, SM's boyfriend (PS), went outside to smoke something. PS returned inside and became violent. PS picked up SS3 and threw her through a glass table. SS3 sustained abrasions and lacerations on her body. PS then went after SC, but SM was able to stop PS. SM then took the CHN into a room, locked it, and called LE. PS was arrested. SM had no role.

Determination: Indicated**Date of Determination:** 11/16/2015**Basis for Determination:**

SS3 sustained bruises and scratches from PS throwing her through a glass table and was seen and treated at a local hospital. PS had to be subdued by 6 police officers so he could be arrested. SM took appropriate actions to intervene on behalf of her children. PS admitted to smoking drugs and throwing the child through a glass table. SS3 was interviewed and confirmed the allegations.

OCFS Review Results:

CW confirmed the report with LE and obtained history on PS from LE. SM, SC, SS3, SS2 & SS1 were all at a family friend's home and CW was able to visit and assess the safety of the CHN the day the report was received. SM told CW she will not allow PS around her and the children again. CW spoke to several collaterals such as school personnel, SS3's MH counselor, the children's physician. CW reviewed safe sleep with SM, confirmed she was receiving WIC & SNAP, observed the home to have ample food, and free of safety concerns. CW showed excellent documentation and contact with collaterals. CW did not see SM's history when the history search was done. Please be ware of multiple PIDS.

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

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

2/13/08-4/9/08 UNF- SA against SM regarding her niece

5/17/08-7/7/08 UNF- IG & PD/AM against SM for SS3

9/18/08-10/27/08 UNF- IG against SM for SS3

12/1/09-12/15/09 UNF- IG, L/S & PD/AM against MGM for SS3



3/18/10-5/11/10 UNF-IG & PD/AM against SM for SS3

5/13/10-6/1/10 UNF- IG & B/S against SM for SS3

11/1/10-11/4/10 UNF- XCP against SM for SS3

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

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