



Report Identification Number: SY-15-004

Prepared by: Syracuse Regional Office

Issue Date: 1/29/2016

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



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Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 02/11/2015
Initial Date OCFS Notified: 02/11/2015

Presenting Information

On 2/10/15 the 5 month old subject child was in full cardiac arrest and was transported to the hospital by EMS. Child was intubated and placed on life support. The family withdrew care on 2/11/15 at 12:40 PM. The child's time of death was 12:56 PM. Cause of death was Cardiac Arrest and the body was transported to the county medical examiner's office for an autopsy. The date of death for the child was 2/11/15.

Executive Summary

This fatality report concerns the death of a five month old child on 2/11/15 which was reported to the SCR on 2/11/15 with allegations of DOA/Fatality and IG against BM and her partner. On 2/10/15 SC was found unresponsive in the home by the BM's partner and was in full cardiac arrest when EMS arrived and transported SC to the hospital. SC was resuscitated, intubated and placed on life support. SC was diagnosed with anoxic encephalopathy due to respiratory arrest. Due to the poor prognosis, invasive care was withdrawn and SC expired on 2/11/15 at 12:56 pm. No diagnosis explaining the cardiorespiratory arrest was made clinically. SC had no symptoms prior to the hospitalization other than on 2/8/15, child had a low grade fever and was given a dose of infant Tylenol by the BM and her partner. SC was seen on a routine basis by a Primary Care Provider and had been given two doses of the rotavirus gastroenteritis immunization. Medical records noted that the SC took the doses with no complications. The final autopsy report determined that the cause of death was complications of rotavirus gastroenteritis and the manner natural.

At the time of death the SC was listed as a maltreated child on an open CPS report dated 12/4/14 with allegations of FX and L/B/W against the BM and allegations of FX and IG against the BM's partner. This SCR report was made after the SC was diagnosed with a left radial fracture to the arm and presented with what appeared to be bruising to the back and left shoulder. At the time that the report was made, it had not been determined if these spots were actually bruises as the child had a history of Mongolian spots. BM's partner stated that while putting on the SC's coat, three cracks were heard and child started to cry. BM was not home at the time. A follow up skeletal survey conducted on 12/19/14 was unremarkable with no further injuries noted. It was determined that the injury could have been caused by accidental mechanisms. During the final autopsy, the medical examiner removed and examined the left radius and no gross or histologic evidence of healing/remote fracture was detected.

OCDCFS initiated their investigation at the hospital on 2/11/15 prior to the SC being removed from life support. CW and Supervisor provided emotional support to BM and her partner and were responsive to their needs following the death of the SC. Referrals were made to community based services and bereavement counseling was offered. Caseworker also arranged for SC's personal belongings to be returned to the family and met with them to explain the final autopsy results. There were no surviving children in the home. The BM had two other children for whom her parental rights were terminated in March 2012. Investigation was conducted in collaboration with LE. The case remained open until the final autopsy report was issued. The allegations of IG and DOA/Fatality were unfounded against BM and her partner on 6/8/15. Allegations from the prior report of FX against BM and her partner, IG against



BM's partner and L/B/W against BM were all unfounded on 4/3/15. Allegation determinations were made based on the final autopsy report from the medical examiner, child's medical records and information gathered during the investigations.

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? Yes

Determination:

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

Explain:

No additional comment

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:

No additional comments

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	Other than law enforcement, the record did not reflect collateral contact or interview with First Responders/EMS personnel who could provide information pertinent to decision making regarding the fatality investigation.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	OCDFS will develop a plan to ensure that investigations contain appropriate and thorough collateral contacts. Supervisors will ensure that collateral contacts are adequately documented in the case record.

Fatality-Related Information and Investigative Activities



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Incident Information

Date of Death: 02/11/2015

Time of Death: 12:56 PM

Date of fatal incident, if different than date of death: 02/10/2015

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

County where fatality incident occurred:

ONONDAGA

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to respond to the scene?

Yes

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

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 2 Hours

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

1

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Female	20 Year(s)

LDSS Response

OCDCFS initiated their investigation at the hospital on 2/11/15 prior to the SC being removed from life support. CW and Supervisor provided emotional support to BM and her partner and were responsive to their needs following the death of the SC. Caseworker offered to transport them to church after they expressed that that wanted to attend but had a difficult time getting there. Referrals were made to community based services and bereavement counseling was offered. Caseworker also arranged for SC's personal belongings to be returned to the family and met with them to explain the final



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autopsy results. A joint investigation was conducted with the Abused Person's Unit of the local police department. BM and her partner were both interviewed. A home visit was made on 2/13/15, which was when the family returned home following the death of the child. Child's medical records and autopsy report were requested and received. Referrals were made for both BM and her partner to community based services. Although an adequate review of CPS history was conducted in a timely manner for the open report dated 12/4/14, it was not done for the subsequent 2/11/15 fatality report until 3/11/15.

The open report from 12/4/14 was closed on 4/3/15 with the allegations of FX against BM and her partner, IG against BM's partner and L/B/W against BM all unfounded based on information gathered from the autopsy report and medical staff. The fatality report was closed on 6/8/15 with the allegations of IG and DOA/Fatality unfounded against BM and her partner on 6/8/15 as evidence supported that the child died of natural causes and not due to maltreatment. There were no surviving siblings.

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: 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
021401 - Deceased Child, Female, 5 Mons	021403 - Mother's Partner, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
021401 - Deceased Child, Female, 5 Mons	021402 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated
021401 - Deceased Child, Female, 5 Mons	021403 - Mother's Partner, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
021401 - Deceased Child, Female, 5 Mons	021402 - Mother, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

Additional information:

Several progress notes were entered up to 3 months after the event date

Other than law enforcement the record did not reflect collateral contact or interview with First Responders to assess the condition of caregivers upon arrival at the home

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"/>

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	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to
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	Death	Refused	if Used	Offered	Unavailable		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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:
 Medicaid Service Coordination referral was made as they qualified for service coordination, prevocational programs and community habilitation. Mom was also referred for services to support her mental, developmental and emotional needs.

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? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? Yes



Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- 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)
12/04/2014	6494 - Deceased Child, Female, 5 Months	6493 - Mother's Partner, Female, 20 Years	Fractures	Unfounded	Yes
	6494 - Deceased Child, Female, 5 Months	6492 - Mother, Female, 37 Years	Lacerations / Bruises / Welts	Unfounded	
	6494 - Deceased Child, Female, 5 Months	6492 - Mother, Female, 37 Years	Fractures	Unfounded	
	6494 - Deceased Child, Female, 5 Months	6493 - Mother's Partner, Female, 20 Years	Inadequate Guardianship	Unfounded	

Report Summary:

Report alleged that the 3 month old child was diagnosed with a left radial arm fracture that was caused by the mother's partner putting on the child's coat using excessive force. Mother's partner disclosed that while putting on the child's coat, three cracks were heard and child began to cry. There were additional concerns that child had bruising to the back and shoulder. It was unknown if these marks were from the reported injury or Mongolian spots that child did have. Mother's role was unknown as she was not at home at the time of the injury.

Determination: Unfounded

Date of Determination: 04/03/2015

Basis for Determination:

Information gathered indicated that the injuries to the child were accidental. Investigation was worked in collaboration with the local Police Department Abused Persons Unit and that investigation was closed pending further information. Initial diagnosis on 12/4/14 was probable left radial neck fracture. Child was again examined on 12/18/14 and a repeat skeletal survey was ordered to follow up on possible accidental mechanism and/or radial head dislocation vs. fracture. No fracture or evidence of injury was detected on the follow up survey completed on 12/19/14. No fracture detected on postmortem xrays. No gross or histologic evidence of healing/remote fracture.

OCFS Review Results:

OCFS reviewed the records in this case and found compliance issues related to the overall completeness and adequacy of the investigation. Safety and Risk were not accurately assessed. Safety factors identified at the time of the 7-Day Safety Assessment required follow up and monitoring based on SC's suspected physical injury. Initial home visit was made on 12/5/14 then no follow up visits with the family until 2/10/15. Additionally, there was no documentation that needed



services were recommended or provided to the family. Collateral contacts were not sufficiently made. There were significant gaps in casework activity that were cause for concern for the safety of the child.

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

Issue:
Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:
Child and family were seen at the initial home visit then no significant contact for 9 weeks despite the identification of safety factors which caused physical injury to the child. 7-Day Safety Assessment addresses a safety plan and the need for monitoring. Caretakers both had very limited cognitive skills and were delayed. Safety and Risk were not adequately explored.

Legal Reference:
432.1 (o)

Action:
OCDCFS will develop a plan to ensure that adequate Face to Face contacts are made with the child and family based on case circumstances. Supervisors will monitor casework progress and activity to ensure compliance.

Issue:
Contact/Information From Reporting/Collateral Source

Summary:
Collateral contacts were not sufficiently made. The record did not indicate whether contacts were made with mental health and service providers that would have information necessary for an adequate risk assessment/evaluation.

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

Action:
OCDFS will develop a plan to ensure that investigations contain appropriate and thorough collateral contacts. Supervisors will ensure that collateral contacts are adequately documented in the case record.

Issue:
Predetermination/Assessment of Current Safety and Risk

Summary:
Safety and Risk were not adequately assessed. Safety factors identified at the time of the 7-Day Safety Assessment required follow up and monitoring based on SC's suspected physical injury. Both caretakers were delayed and had limited cognitive skills. The case record did not indicate whether any services were recommended or provided to the family.

Legal Reference:
18 NYCRR 432.1(aa)

Action:
OCDCFS will develop a plan to ensure that Safety and Risk are thoroughly assessed and documented throughout the investigation. Supervisors will monitor casework activities and progress to ensure compliance.

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

Between October 2004 and May 2011, there were 6 CPS reports involving surviving siblings prior to the TPR. The BM was a confirmed subject on an indicated report from 10/04. This report was substantiated for Lack of Medical Care and IG. The legal custodian of the children was the subject of an indicated report from 11/07 with substantiated allegations of IG



and Abrasions. There was an unfounded report from 3/08 with unsubstantiated allegations of IG/LS. The legal custodian was the subject of an indicated report from 4/08 with substantiated allegations of IG and PD/AM. The mother was listed as having No Role on an indicated report from 2/11 which was substantiated for IF/C/S and IG. There was an unfounded report from 5/11 with unsubstantiated allegations of IG and L/B/W. Throughout this time, the mother had no involvement in the lives of these 2 children and custody was granted by default to an alternate caregiver. Both children were removed from that caregiver and placed in foster care in 4/08. They were returned to that caregiver in 4/09 and voluntarily placed in foster care again in 12/09. They were returned to their guardian/caregiver in 7/10 and again removed in 2/11 after a neglect petition was filed. Mother's parental rights to these children were terminated in 3/12 and guardianship and custody were revoked at the same time for their legal guardian/caregiver (who was not the adoptive parent). Both children were adopted with subsidies in 11/13.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
Yes No

Preventive Services History

History of Preventive Services for the surviving siblings & their custodian prior to the TPR:

10/05 - A services case was opened involving the surviving siblings as a result of the 10/04 indicated report for Lack of Medical Care and IG and the past history of the custodian. This was a voluntary request for services as custodian was filing for custody. Services case closed voluntarily 1/06.

11/07 to 3/08 - A services case was opened involving the surviving siblings as a result of the 11/07 Indicated CPS report for IG and Abrasions and the lack of suitable housing for the family. They had been living in a shelter for an extended period of time. Case was closed as the custodian of the children no longer wanted the services.

4/08 to 9/10 - A services case was opened involving the surviving siblings after they were placed in foster care. During this time their custodian engaged in treatment and parenting classes. This case was closed in 9/10 following the ending of court ordered services.

2/11 to 6/12 - A services case was opened for the children's custodian as a result of the 2/11 indicated CPS report for IF/C/S and IG. Case was closed after a neglect petition was filed and guardianship and custody were revoked.

5/12 to 11/13 - A services case was opened for the surviving siblings to support them throughout the adoption process. They were both successfully adopted 11/13



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Casework Contacts

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

Required Action(s)

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

Yes No

Foster Care Placement History

The following records pertain to the surviving siblings regarding the other caregiver/legal custodian:

Placed in foster care in 4/08 after a neglect petition was filed and they were removed from their legal custodian. They were returned to that caregiver in 4/09 with court ordered supervision.

Children placed in foster care voluntarily in 12/09 after custodian was unable to care for them due to medical issues. Children were returned to that custodian in 7/10.

Children placed in foster care after a neglect petition was filed in 2/11. Guardianship and custody were revoked in 3/12 and BM's parental rights were also terminated at that time.

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