

**Report Identification Number: SY-16-050**

**Prepared by: Syracuse Regional Office**

**Issue Date: Jun 19, 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:** 6 year(s)

**Jurisdiction:** Cayuga  
**Gender:** Male

**Date of Death:** 06/26/2007  
**Initial Date OCFS Notified:** 09/24/2016

### Presenting Information

In 2006, 6-year old SC passed away while in MGM's care. SC was born with several physical and mental disabilities. SC was made to sleep on cold floors, was not fed and would often become sick. MGM failed to give SC prescribed medications, which worsened his condition. On the day SC passed away, he was heard crying for long periods of time and then a loud thump was heard after MGM tossed SC into the wall or floor. MGM took SC to the hospital claiming SC was sickly, however the SC's death was a result of MGM tossing SC and his untreated medical issue. MGM currently provides care for the 11-year old, 9-year old and 8-year old half-siblings (HS).

### Executive Summary

This review concerns the death of a six-year old male child that occurred on 6/26/07. The fatality was originally reviewed in OCFS Child Fatality Report 93-07-018 which was issued 12/28/07. At the time, the SC was listed on an open ongoing CPS case as he had been previously removed from his biological mother and placed in the care and custody of the maternal grandmother. The SC had suffered from numerous medical conditions that resulted in hospitalization on 6/25/07 and ultimately death from cardiorespiratory arrest the following day. Due to the SC's known medical conditions and status at the time of death, no autopsy was performed and the cause and manner of death were declared by the attending hospital physician. At the time of the fatality there was no suspicion or evidence of abuse/maltreatment and no SCR reports were registered.

On 9/28/16, CCDSS received an SCR report alleging that the 2007 fatality was a result of abuse by adult caretakers (see Presenting narrative). The report also included multiple allegations regarding the BM and MGM's care of the half-siblings (HS), to include LMED, LSUP, IG, IFCS, EN, and SA. CCDSS conducted an investigation and found no credible evidence to substantiate any of the allegations. No new information was gathered that would have changed the original determination that the fatality was a result of natural/medical causes. The half-siblings listed on the report were found to be safe in the BM's care. The CPS report was unfounded and closed on 11/26/16 and the family continued to receive Preventive Services to assist the BM in addressing concerns regarding the children's hygiene and the home's condition.

OCFS review found that CCDSS handled the investigation appropriately and that casework activities were commensurate with case circumstances. Safety and risk were appropriately assessed and necessary services continued to be provided through the Preventive case. The investigation was unfounded and closed on 11/26/16.

### 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:**

Casework activities were commensurate with case circumstances.

**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:** 06/26/2007

**Time of Death:** Unknown

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

**County where fatality incident occurred:** CAYUGA

**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?** 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?** No

**At time of incident supervisor was:** Not impaired.

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

**Children ages 0-18:** 1



Adults: 0

### Household Composition at time of Fatality

| Household                  | Relationship   | Role                | Gender | Age        |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim      | Male   | 6 Year(s)  |
| Deceased Child's Household | Grandparent    | Alleged Perpetrator | Female | 66 Year(s) |
| Other Household 1          | Mother         | Alleged Perpetrator | Female | 41 Year(s) |
| Other Household 1          | Sibling        | Alleged Victim      | Male   | 11 Year(s) |
| Other Household 1          | Sibling        | Alleged Victim      | Female | 8 Year(s)  |
| Other Household 1          | Sibling        | Alleged Victim      | Male   | 9 Year(s)  |
| Other Household 2          | Father         | No Role             | Male   | 42 Year(s) |

### LDSS Response

Upon receipt of the SCR report, CCDSS contacted law enforcement to initiate a joint investigation per MDT protocol. The source of the report was interviewed along with all other involved parties, to include the alleged subjects and collateral sources. The children were assessed to be safe in their mother's care. Global assessments of safety and risk were conducted. CCDSS reviewed prior records related to the SC's fatality and appropriately incorporated that information into the current investigation. This was reflected in the case documentation. There was evidence of detailed supervisory consultation in the case record. CCDSS appropriately coordinated between the investigative and services units to obtain information on the family and assess service need.

### 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:** The fatality investigation was appropriately conducted per MDT protocol.

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

**Comments:** Cayuga County does not have a CFRT.

### SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|-------------------|------------------------|---------------|--------------------|
|                   |                        |               |                    |



|                                      |  |                                      |                 |
|--------------------------------------|--|--------------------------------------|-----------------|
| 037581 - Deceased Child, Male, 6 Yrs | 037621 - Grandparent, Female, 66 Year(s) | DOA / Fatality                       | Unsubstantiated |
| 037581 - Deceased Child, Male, 6 Yrs | 037621 - Grandparent, Female, 66 Year(s) | Inadequate Guardianship              | Unsubstantiated |
| 037581 - Deceased Child, Male, 6 Yrs | 037621 - Grandparent, Female, 66 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 037581 - Deceased Child, Male, 6 Yrs | 037621 - Grandparent, Female, 66 Year(s) | Lack of Medical Care                 | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037861 - Mother, Female, 41 Year(s)      | Lack of Medical Care                 | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037621 - Grandparent, Female, 66 Year(s) | Sexual Abuse                         | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037861 - Mother, Female, 41 Year(s)      | Sexual Abuse                         | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037861 - Mother, Female, 41 Year(s)      | Swelling / Dislocations / Sprains    | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037861 - Mother, Female, 41 Year(s)      | Emotional Neglect                    | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037621 - Grandparent, Female, 66 Year(s) | Lack of Supervision                  | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037861 - Mother, Female, 41 Year(s)      | Lacerations / Bruises / Welts        | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037861 - Mother, Female, 41 Year(s)      | Inadequate Guardianship              | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037861 - Mother, Female, 41 Year(s)      | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037861 - Mother, Female, 41 Year(s)      | Lack of Supervision                  | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037621 - Grandparent, Female, 66 Year(s) | Inadequate Guardianship              | Unsubstantiated |
| 037862 - Sibling, Male, 11 Year(s)   | 037621 - Grandparent, Female, 66 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 037863 - Sibling, Male, 9 Year(s)    | 037621 - Grandparent, Female, 66 Year(s) | Lack of Supervision                  | Unsubstantiated |
| 037863 - Sibling, Male, 9 Year(s)    | 037861 - Mother, Female, 41 Year(s)      | Lack of Supervision                  | Unsubstantiated |
| 037863 - Sibling, Male, 9 Year(s)    | 037621 - Grandparent, Female, 66 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 037863 - Sibling, Male, 9 Year(s)    | 037861 - Mother, Female, 41 Year(s)      | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 037863 - Sibling, Male, 9 Year(s)    | 037861 - Mother, Female, 41 Year(s)      | Inadequate Guardianship              | Unsubstantiated |
| 037863 - Sibling, Male, 9 Year(s)    | 037621 - Grandparent, Female, 66 Year(s) | Sexual Abuse                         | Unsubstantiated |
| 037863 - Sibling, Male, 9 Year(s)    | 037861 - Mother, Female, 41 Year(s)      | Sexual Abuse                         | Unsubstantiated |



|  |   |                                      |                 |
|--|---|--------------------------------------|-----------------|
| Year(s)                                | Year(s)                                     |                                      |                 |
| 037863 - Sibling, Male, 9<br>Year(s)   | 037621 - Grandparent, Female, 66<br>Year(s) | Inadequate Guardianship              | Unsubstantiated |
| 037864 - Sibling, Female, 8<br>Year(s) | 037861 - Mother, Female, 41<br>Year(s)      | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 037864 - Sibling, Female, 8<br>Year(s) | 037861 - Mother, Female, 41<br>Year(s)      | Inadequate Guardianship              | Unsubstantiated |
| 037864 - Sibling, Female, 8<br>Year(s) | 037621 - Grandparent, Female, 66<br>Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 037864 - Sibling, Female, 8<br>Year(s) | 037621 - Grandparent, Female, 66<br>Year(s) | Inadequate Guardianship              | Unsubstantiated |

## CPS Fatality Casework/Investigative Activities

|   | Yes                                 | No                       | N/A                      | Unable to Determine                 |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| All children observed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| When appropriate, children were interviewed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Alleged subject(s) interviewed face-to-face?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| All 'other persons named' interviewed face-to-face?   | <input 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"/>            |
| Was a death-scene investigation performed?  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/>            |

Additional information:

N/A

## Fatality Safety Assessment Activities

|   | Yes                                 | No                       | N/A                      | Unable to Determine      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: |                                     |                          |                          |                          |
| Within 24 hours?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



|  |                                     |                                     |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| At 7 days?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | <input 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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

### 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"/> |

**Explain as necessary:**  
Safety was appropriately assessed throughout the investigation.

### 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional information, if necessary:**

Bereavement services were offered to the family at the time of the actual fatality.

**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:**  
At the time of the actual fatality, bereavement services were offered to the family. At the time of this SCR report, the family was involved in Preventive/Protective services.

### History Prior to the Fatality



### Child Information

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

### 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) |
|--------------------|----------------------------------|----------------------------------|--------------------------------------|----------------|---------------------|
| 09/22/2016         | 16944 - Sibling, Female, 8 Years | 16941 - Mother, Female, 41 Years | Inadequate Guardianship              | Unfounded      | No                  |
|                    | 16943 - Sibling, Male, 11 Years  | 16941 - Mother, Female, 41 Years | Sexual Abuse                         | Unfounded      |                     |
|                    | 16942 - Sibling, Male, 9 Years   | 16941 - Mother, Female, 41 Years | Inadequate Guardianship              | Unfounded      |                     |
|                    | 16943 - Sibling, Male, 11 Years  | 16941 - Mother, Female, 41 Years | Inadequate Guardianship              | Unfounded      |                     |
|                    | 16944 - Sibling, Female, 8 Years | 16941 - Mother, Female, 41 Years | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | 16944 - Sibling, Female, 8 Years | 16941 - Mother, Female, 41 Years | Lack of Medical Care                 | Unfounded      |                     |
|                    | 16942 - Sibling, Male, 9 Years   | 16941 - Mother, Female, 41 Years | Sexual Abuse                         | Unfounded      |                     |

**Report Summary:**

Report alleged that for four years, the 7-year-old HS had been coming to school in dirty clothing, urine soaked diapers and with poor hygiene. HS came to school with feces dried on her buttocks to the point that it was raw, food in her hair, a urine soaked diaper, dirt caked on her body and clothing, her feet so dirty they are black, and her clothing soiled and smelling of urine. HS's clothing and hygiene was so poor, that she needed to be wiped down with baby wipes, her hair needed to be washed, and her clothing has to be changed for her to be able to remain in the school. HS had sores in her mouth for two weeks, and they have gone unaddressed medically and continue to persist.

**Determination:** Unfounded

**Date of Determination:** 11/26/2016

**Basis for Determination:**

Although the children's hygiene has been an ongoing concern, it had not placed the children at risk of harm. The children were seen by their pediatrician and no concerns were noted. The home had been assessed and found to be safe and appropriate for the children. At that time, the children appeared to be safe in the care of BM. Preventive Services continued with the family's cooperation.

During the investigation, allegations arose that the BM was not preventing the oldest two HSs from having sexual contact with one another. These allegations were unsubstantiated as well.

**OCFS Review Results:**



OCFS review found that the case was investigated appropriately. Family court-ordered services remained in place and the 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) |
|--------------------|----------------------------------|----------------------------------|--------------------------------------|----------------|---------------------|
| 03/07/2016         | 16932 - Sibling, Male, 11 Years  | 16931 - Mother, Female, 40 Years | Inadequate Guardianship              | Unfounded      | Yes                 |
|                    | 16933 - Sibling, Male, 9 Years   | 16931 - Mother, Female, 40 Years | Inadequate Guardianship              | Unfounded      |                     |
|                    | 16934 - Sibling, Female, 7 Years | 16931 - Mother, Female, 40 Years | Inadequate Guardianship              | Unfounded      |                     |
|                    | 16934 - Sibling, Female, 7 Years | 16931 - Mother, Female, 40 Years | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | 16932 - Sibling, Male, 11 Years  | 16931 - Mother, Female, 40 Years | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | 16933 - Sibling, Male, 9 Years   | 16931 - Mother, Female, 40 Years | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | 16932 - Sibling, Male, 11 Years  | 16931 - Mother, Female, 40 Years | Lacerations / Bruises / Welts        | Unfounded      |                     |

#### Report Summary:

Report alleged that HSs all had special needs and lived in an unsafe and hazardous environment. BM failed to keep food, toys, garbage and clothes off the floor making it difficult to maneuver in the home. The upstairs bathroom was unsanitary and had feces filled diapers all over. BM pulled the hood of the oldest HS's sweatshirt to prevent him from leaving the home. As a result, HS sustained a red mark around his throat. BM frequently did not know HS's whereabouts because HS would hide in the home or leave and go to a friend's house to avoid the chaos in the home. BM spanked youngest HS with excessive force causing her pain. HS would then bang her head on the wall resulting in red marks.

**Determination:** Unfounded

**Date of Determination:** 04/19/2016

#### Basis for Determination:

No credible evidence was found to substantiate the allegations. The oldest HS would not speak with caseworkers, but did not have any visible marks or injuries present. HS did leave the home without telling BM, but BM addressed the situation appropriately. The youngest HS had a history of hitting her head on the wall, but service providers reported that it is characteristic of her developmental diagnosis. BM did not appear to use excessive corporal punishment with any of the children. The home was in satisfactory condition. The family was working with court-ordered Preventive Services, and the children appeared to be safe in BM's care.

#### OCFS Review Results:

OCFS review found that there were insufficient attempts made to investigate the allegation regarding the oldest HS having a red mark on his neck as a result of the BM's actions. Although the HS historically was reluctant to speak with CPS, there was no documented attempt to interview him in this case. Further it did not appear that the BM was interviewed about the alleged incident specifically.

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

#### Issue:

Overall Completeness and Adequacy of Investigation

#### Summary:

OCFS review found that there were insufficient attempts made to investigate the allegation regarding the oldest HS having a red mark on his neck as a result of the BM's actions. Although the HS historically was reluctant to speak with



CPS, there was no documented attempt to interview him in this case. Further it did not appear that the BM was interviewed about the alleged incident specifically.

**Legal Reference:**

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

**Action:**

CCDSS has a plan in place that was implemented after this report which addresses the gathering of sufficient information to assess safety/risk and determine allegations. No further corrective action required.

| Date of SCR Report | Alleged Victim(s)               | Alleged Perpetrator(s)           | Allegation(s)                        | Status/Outcome | Compliance Issue(s) |
|--------------------|---------------------------------|----------------------------------|--------------------------------------|----------------|---------------------|
| 11/09/2015         | 16922 - Sibling, Male, 10 Years | 16921 - Mother, Female, 40 Years | Inadequate Guardianship              | Unfounded      | Yes                 |
|                    | 16922 - Sibling, Male, 10 Years | 16921 - Mother, Female, 40 Years | Malnutrition / Failure to Thrive     | Unfounded      |                     |
|                    | 16922 - Sibling, Male, 10 Years | 16921 - Mother, Female, 40 Years | Inadequate Food / Clothing / Shelter | Unfounded      |                     |

**Report Summary:**

Report alleged that the BM did not allow the 10-year-old HS to eat on a regular basis. She withheld food from the child for unknown reasons. The child was extremely thin and was at the point of malnutrition. The child had extremely poor hygiene and had a foul odor.

**Determination:** Unfounded

**Date of Determination:** 01/10/2016

**Basis for Determination:**

No credible evidence was found to substantiate the allegations. The family was working with Preventive Services, and the caseworker was monitoring the children’s medical appointments, mental health appointments, and other services appointments. The school advised that the half-sibling was a healthy child, and noted no changes in his health. The child appeared to be very healthy and active. There was an ample supply of food in the home. The home was currently safe and appropriate for the children.

**OCFS Review Results:**

OCFS review determined that insufficient collateral contact was made in investigating and determining the allegations. Although the half-sibling was documented as appearing healthy, there was no documented contact with the child's medical professionals either during the CPS report or Services case during that timeframe.

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

**Issue:**

Overall Completeness and Adequacy of Investigation

**Summary:**

OCFS review determined that insufficient collateral contact was made in investigating and determining the allegations. Although the half-sibling was documented as appearing healthy, there was no documented contact with the child's medical professionals either during the CPS report or Services case during that timeframe.

**Legal Reference:**

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

**Action:**

No further corrective action required.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|-------------------|------------------------|---------------|----------------|---------------------|
|--------------------|-------------------|------------------------|---------------|----------------|---------------------|



|            |                                  |                                  |                                      |           |    |
|------------|----------------------------------|----------------------------------|--------------------------------------|-----------|----|
| 07/14/2015 | 16912 - Sibling, Male, 10 Years  | 16911 - Mother, Female, 40 Years | Inadequate Food / Clothing / Shelter | Indicated | No |
|            | 16913 - Sibling, Male, 8 Years   | 16911 - Mother, Female, 40 Years | Inadequate Food / Clothing / Shelter | Indicated |    |
|            | 16913 - Sibling, Male, 8 Years   | 16911 - Mother, Female, 40 Years | Inadequate Guardianship              | Indicated |    |
|            | 16914 - Sibling, Female, 7 Years | 16911 - Mother, Female, 40 Years | Inadequate Guardianship              | Indicated |    |
|            | 16912 - Sibling, Male, 10 Years  | 16911 - Mother, Female, 40 Years | Inadequate Guardianship              | Indicated |    |
|            | 16914 - Sibling, Female, 7 Years | 16911 - Mother, Female, 40 Years | Inadequate Food / Clothing / Shelter | Indicated |    |

**Report Summary:**

Report alleged that on 7/14/15, while at the Circus, BM was observed hitting and slamming unknown the youngest HS with excessive physical force, out of anger, in an out of control manner. It was unknown if child sustained any marks or bruises as a result.

**Determination:** Indicated**Date of Determination:** 09/23/2015**Basis for Determination:**

The report was indicated due to the home being in an unsafe and unsanitary condition. The children were removed and placed under Article 10 with the MGM.

**OCFS Review Results:**

OCFS review found that the agency took appropriate action to insure the safety of the children and the case determination was appropriate. When Preventive services failed to alleviate the safety issues in the home, the agency sought Family Court intervention and the children were removed and placed first into foster care, then with the MGM.

Although there was a lack of substantial collateral contact during the CPS investigation, there was collateral contact during this time period via the Services case as well as other CPS reports open during this timeframe.

**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) |
|--------------------|----------------------------------|----------------------------------|-------------------------|----------------|---------------------|
| 06/08/2015         | 16902 - Sibling, Male, 10 Years  | 16901 - Mother, Female, 40 Years | Sexual Abuse            | Unfounded      | No                  |
|                    | 16902 - Sibling, Male, 10 Years  | 16901 - Mother, Female, 40 Years | Inadequate Guardianship | Indicated      |                     |
|                    | 16903 - Sibling, Male, 8 Years   | 16901 - Mother, Female, 40 Years | Inadequate Guardianship | Indicated      |                     |
|                    | 16904 - Sibling, Female, 7 Years | 16901 - Mother, Female, 40 Years | Inadequate Guardianship | Indicated      |                     |
|                    | 16903 - Sibling, Male, 8 Years   | 16901 - Mother, Female, 40 Years | Sexual Abuse            | Unfounded      |                     |

**Report Summary:**

Report alleged that BM was aware that the 8-year-old HS had sexually abused the 10-year-old HS in the past. BM was not taking effective action to prevent further sexual abuse from taking place. HS was sexually abusing HS on an ongoing basis and was threatening to kill him. HS was afraid to stay in BM's home and was having bad dreams due to the



situation.

**Determination:** Indicated **Date of Determination:** 07/24/2015

**Basis for Determination:**

CCDSS found no credible evidence to substantiate the allegations that the BM was failing to protect the HS. BM had a plan of supervision in place in which the HSs were not left alone with one another. The BM continued to fail to keep her house safe and clean for the children, so Family Court intervention was initiated.

**OCFS Review Results:**

OCFS review found that case the allegations were investigated appropriately and the case determination was consistent with case circumstances. Family Court intervention was being sought at the closure of the investigation due to the mother's continuing inability to maintain a safe household.

**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) |
|--------------------|----------------------------------|----------------------------------|-----------------------------------|----------------|---------------------|
| 05/17/2015         | 16894 - Sibling, Female, 7 Years | 16891 - Mother, Female, 39 Years | Inadequate Guardianship           | Indicated      | No                  |
|                    | 16892 - Sibling, Male, 10 Years  | 16891 - Mother, Female, 39 Years | Swelling / Dislocations / Sprains | Unfounded      |                     |
|                    | 16892 - Sibling, Male, 10 Years  | 16891 - Mother, Female, 39 Years | Inadequate Guardianship           | Indicated      |                     |
|                    | 16893 - Sibling, Male, 8 Years   | 16891 - Mother, Female, 39 Years | Inadequate Guardianship           | Indicated      |                     |

**Report Summary:**

Report alleged that the HS, age 10, had a pronounced bump on the top of his head that was inflicted by BM. This occurred either when she drove his head into the dresser after "kneeing" him to his back with force, while the child was on his knees on the floor, or the bump was from BM repeatedly punching him on his head with her knuckles. BM was always screaming at the half-siblings, who are special needs children.

**Determination:** Indicated **Date of Determination:** 08/06/2015

**Basis for Determination:**

There was no credible evidence found to substantiate the allegations in the report. However, the home was found to be below minimum standards so the report was indicated for IG against the mother regarding the half-siblings.

**OCFS Review Results:**

OCFS review found that the allegations were appropriately investigated and the determination was appropriate. The family was offered Family Preservation services to assist the BM in maintaining a safe household for the half-siblings.

**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) |
|--------------------|----------------------------------|----------------------------------|--------------------------------------|----------------|---------------------|
| 03/23/2015         | 16884 - Sibling, Female, 7 Years | 16881 - Mother, Female, 39 Years | Inadequate Food / Clothing / Shelter | Unfounded      | Yes                 |
|                    | 16884 - Sibling, Female, 7 Years | 16881 - Mother, Female, 39 Years | Inadequate Guardianship              | Unfounded      |                     |
|                    | 16883 - Sibling, Male, 8 Years   | 16881 - Mother, Female, 39 Years | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | 16883 - Sibling, Male,           | 16881 - Mother,                  | Inadequate Guardianship              | Unfounded      |                     |



|                                |                                  |                                      |           |
|--------------------------------|----------------------------------|--------------------------------------|-----------|
| 8 Years                        | Female, 39 Years                 |                                      |           |
| 16882 - Sibling, Male, 9 Years | 16881 - Mother, Female, 39 Years | Inadequate Food / Clothing / Shelter | Unfounded |
| 16882 - Sibling, Male, 9 Years | 16881 - Mother, Female, 39 Years | Inadequate Guardianship              | Unfounded |

**Report Summary:**

Report alleged that BM regularly punched the 9-year old half-sibling causing bruises. BM also verbally abuses the half-sibling. The 8-year old HS was defecating and then smearing feces all over the walls. This was a health hazard to everyone in the home. BM has not tried to stop his actions. The home was in deplorable condition. There is trash everywhere. The 8-year old sticks his fingers in the 9-year old's rectum to hurt him.

**Determination:** Unfounded**Date of Determination:** 06/02/2015**Basis for Determination:**

No evidence was found to substantiate the allegations. No disclosures were made regarding sexual abuse or physical abuse/excessive discipline. The HS received a sexual abuse exam with no positive findings. The children were assessed as safe in the BM's care.

**OCFS Review Results:**

OCFS review found that although the report was received on 3/23/15 with allegations of deplorable home conditions, the home was not seen until 5/29/15. Therefore a full assessment of safety was not conducted in a timely manner. This report was received as a Subsequent and the home had not been seen since 3/4/15 during the Initial report.

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

Overall Completeness and Adequacy of Investigation

**Summary:**

OCFS review found that although the report was received on 3/23/15 with allegations of deplorable home conditions, the home was not seen until 5/29/15. Therefore a full assessment of safety was not conducted in a timely manner. This report was received as a Subsequent and the home had not been seen since 3/4/15 during the Initial report.

**Legal Reference:**

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

**Action:**

CCDSS has addressed the personnel issues associated with the case investigative practice. CCDSS also currently has a plan in place that addresses the issue of global safety and risk assessments. No further corrective action is required.

| Date of SCR Report | Alleged Victim(s)                | Alleged Perpetrator(s)           | Allegation(s)           | Status/Outcome | Compliance Issue(s) |
|--------------------|----------------------------------|----------------------------------|-------------------------|----------------|---------------------|
| 02/25/2015         | 16864 - Sibling, Male, 8 Years   | 16862 - Mother, Female, 39 Years | Inadequate Guardianship | Unfounded      | No                  |
|                    | 16863 - Sibling, Male, 9 Years   | 16862 - Mother, Female, 39 Years | Inadequate Guardianship | Unfounded      |                     |
|                    | 16865 - Sibling, Female, 6 Years | 16862 - Mother, Female, 39 Years | Inadequate Guardianship | Unfounded      |                     |

**Report Summary:**

Report alleged that the BM and the half-siblings were living in deplorable conditions. The home had an overwhelming odor that had become a part of the children's hygiene. The children smelled and wore urine and feces-stained clothes to school. There were piles of garbage and trash throughout the home. The home posed a health and safety risk to the children. BM was failing to address the situation.



**Determination:** Unfounded **Date of Determination:** 04/14/2015

**Basis for Determination:**

CCDSS did not find credible evidence to substantiate the allegations. The home was in a safe condition when the caseworker visited and the children reported bathing regularly. The family was involved with community services for support.

**OCFS Review Results:**

OCFS found that safety/risk were assessed and case determination was appropriate. Casework activities were 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) |
|--------------------|--------------------------------|----------------------------------|-------------------------------|----------------|---------------------|
| 01/05/2015         | 16852 - Sibling, Male, 9 Years | 16851 - Mother, Female, 39 Years | Excessive Corporal Punishment | Unfounded      | No                  |
|                    | 16852 - Sibling, Male, 9 Years | 16851 - Mother, Female, 39 Years | Inadequate Guardianship       | Unfounded      |                     |

**Report Summary:**

Report alleged that when BM became upset with half-sibling (9) she hit him on his back excessively with wooden spoons or spatulas. It was unknown if the half-sibling had sustained any marks or bruises as a result of being hit by BM with the objects.

**Determination:** Unfounded **Date of Determination:** 02/06/2015

**Basis for Determination:**

CCDSS found no credible evidence to substantiate the allegations. The half-sibling was observed by DSS and nursing staff and had no injuries. The half-siblings and BM all reported the BM using appropriate methods of discipline.

**OCFS Review Results:**

OCFS review found that investigative requirements were met. Safety and risk were assessed and the case determination was appropriate.

**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) |
|--------------------|--------------------------------|----------------------------------|-------------------------|----------------|---------------------|
| 04/21/2014         | 16842 - Sibling, Male, 9 Years | 16841 - Mother, Female, 39 Years | Inadequate Guardianship | Unfounded      | No                  |

**Report Summary:**

Report alleged that on 4/20/14, the BM forcefully punched the 8-year old half-sibling on the top of the head causing the child pain. On 4/21/14 the child still had a headache as a result of the BM's actions.

**Determination:** Unfounded **Date of Determination:** 06/18/2014

**Basis for Determination:**

The child did not provide a credible disclosure of abuse or maltreatment. The BM denied that allegations and collateral sources reported having no concerns. The BM verbalized appropriate methods of discipline which the other half-sibling corroborated. No injuries were observed on any of the children.

**OCFS Review Results:**

OCFS review found that the investigative requirements were met. Safety and risk were assessed and casework activities were 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

2/25-5/15/08 – UNF for IFCS, LSUP and IG against BM and MGM re. half-siblings  
 8/26-10/28/08 – UNF for IFCS, IG against BM and MGM re. half-siblings  
 4/15-5/28/10 – IND for IG against BM re. half-siblings  
 9/19-10/14/11 – IND for IG and LSUP against MGM re. half-siblings  
 3/20-3/30-12 – UNF for IG, LSUP, EXCP against MGM re. half-siblings  
 8/24-10/4/12 – UNF for IG, EXCP, LBW, CHTS against BM re. half-siblings  
 11/9-12/31/12 – UNF for IG, LBW against BM re. half-sibling  
 7/12-7/31/13 – UNF for IG, LSUP, LBW against BM re. half-sibling  
 8/12 – 9/12/13 – IND for IG, IFCS against BM re. half-siblings

### Known CPS History Outside of NYS

There is no known history outside of NYS.

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes**

**Date the preventive services case was opened: 07/07/2015**

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

**Date the Child Protective Services case was opened: 07/07/2015**

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

|   | Yes                      | No                                  | N/A                      | Unable to Determine      |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <b>Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Family Assessment and Service Plan (FASP)

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



### Closing

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

### Provider

|  | Yes                      | No                                  | N/A                      | Unable to Determine      |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were Services provided by a provider other than the Local Department of Social Services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:  
N/A

### Required Action(s)

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

Yes No

### Preventive Services History

11/13/07-2/11/10 – Preventive Services open with BM and half-siblings due to DV between BM and half-siblings’ father, and BM’s inability to maintain a safe and sanitary household. BM benefited from services and case was closed successfully.

6/9/10 – 8/11/11 – Preventive Services were open with BM and half-siblings due to BM’s difficulty in maintaining a safe and sanitary home environment for the children.

9/6/12 – 2/4/14 – Preventive Services were open to assist BM with appropriate supervision of the half-siblings as well as maintaining a safe household environment.

2/14-10/24/14 – PINS Adjustment services case opened at request of BM re. 8-year old half-sibling due to child’s incorrigible behaviors. The case was closed after therapy was provided and when there was no longer a behavioral concern.

### Required Action(s)

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

Yes No

### Foster Care Placement History



There is no record of foster care placement 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?**

Family Court                       Criminal Court                       Order of Protection

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

| Date Filed:        | Fact Finding Description:   | Disposition Description:                      |
|--------------------|---|---|
| 09/16/2015         | There was not a fact finding  | Adjourned in Contemplation of Dismissal (ACD) |
| <b>Respondent:</b> | 037861 Mother Female 41 Year(s)   |   |
| <b>Comments:</b>   | The half-siblings were placed under Article 10 with the MGM due to concerns regarding the BM's inability to maintain a clean and safe household for the children. The children were ultimately returned to the BM with orders for multiple services in place. |   |

### 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