



Report Identification Number: AL-17-013

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

Issue Date: Oct 23, 2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children		
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-Cardiopulmonary 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-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old



Case Information

Report Type: Child Not Found
Age: Unknown

Jurisdiction: Clinton
Gender: Female

Date of Death: Unknown
Initial Date OCFS Notified: 04/05/2017

Presenting Information

An SCR report was received with allegations that approximately three years ago, SM gave birth to SC. The newborn SC tested positive for illicit drugs and prescription medications; SC was born premature and died in the hospital as a result. Further, SM, UHM, PA, and PS used drugs while caring for the 1-year-old SS, and SM had overdosed multiple times while SS was in her care. SS was also born with a positive toxicology.

Executive Summary

Clinton County Department of Social Services (CCDSS) received an SCR report on 4/5/17 with concerns regarding the death of SC three years ago. It was determined SC did not exist, and neither SM nor anyone else listed on the report had any information regarding a child that died. There were additional concerns aside from the fatality-related allegations, which involved the 1-year-old child and other individuals listed on the report.

CCDSS collaborated with LE and gathered information from family members and numerous collateral contacts to determine SC did not exist. CCDSS thoroughly investigated the unrelated allegations regarding the SS, and appropriately determined the report. From the time the investigation began to its conclusion, CCDSS met regularly with SM, UHM, PA and PS, and frequently assessed the safety of the 1-year-old child in her home. At the time of this writing, the family remained engaged in preventive services.

Review of the family's history resulted in citations related to casework practices for CCDSS. In response, CCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) CCDSS has taken, or will take, to address the cited issues. For citations where a PIP is currently implemented, CCDSS will review the plan(s) and revise as needed to further address ongoing concerns.

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** Yes, sufficient information was



allegations as well as any others identified in the course of the investigation?

gathered to determine all allegations.

- Was the determination made by the district to unfound or indicate appropriate?

Yes

Explain:

CCDSS' casework activity was commensurate with the case circumstances. All safety assessments were completed thoroughly and accurately, and CCDSS appropriately determined all allegations.

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:

The SC reported on the case did not exist. The family remained engaged in preventive services at the close of the fatality investigation.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	0 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	28 Year(s)
Other Household 1	Aunt/Uncle	Alleged Perpetrator	Female	33 Year(s)
Other Household 1	Other Adult - PA's Significant Other	No Role	Male	36 Year(s)
Other Household 1	Sibling	Alleged Victim	Female	18 Month(s)
Other Household 2	Other Adult - BF of SS	No Role	Male	29 Year(s)

LDSS Response

On 4/5/17, CCDSS received an SCR report that alleged the death of SC occurred approximately three years prior. The family had begun preventive services in 2015, and remained engaged at the time the SCR report was received. CCDSS initiated the fatality investigation within 24 hours and coordinated their efforts with their MDT. A CPS history check was completed and CCDSS promptly began reaching out to several collateral contacts and family members to obtain more information about the alleged death of the SC.

Through home visits and interviews with family members, medical professionals, LE, and agency personnel, as well as an



array of documentation gathered, CCDSS established SC never existed. CCDSS was aware of two children, neither of which were in the custody of SM at the time of this writing. Allegations unrelated to the fatality were also investigated regarding the 1-year-old child, and CCDSS deemed this child to be safe in the care and custody of PA and PS. The other child (5 years old) resided with relatives in Rensselaer County; however, CCDSS did not request to have this child observed or her safety assessed.

CCDSS completed all required assessments/reports for the investigations thoroughly and timely, and appropriately determined the allegations. The family remained engaged in preventive services after the investigation was closed.

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: This fatality investigation was conducted by the Clinton County MDT.

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

Comments: This case was reviewed by the Clinton County Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
040601 - Deceased Child, Female, 0 Days	040602 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
040601 - Deceased Child, Female, 0 Days	040602 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
040601 - Deceased Child, Female, 0 Days	040602 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
040603 - Sibling, Female, 18 Month(s)	040604 - Aunt/Uncle, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
040603 - Sibling, Female, 18 Month(s)	040602 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
040603 - Sibling, Female, 18 Month(s)	040607 - Mother's Partner, Male, 28 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
040603 - Sibling, Female, 18 Month(s)	040602 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
040603 - Sibling, Female, 18 Month(s)	040607 - Mother's Partner, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
040603 - Sibling, Female, 18 Month(s)	040604 - Aunt/Uncle, Female, 33 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

Additional information:

CCDSS obtained information from numerous collateral contacts and discovered the SC listed in the fatality did not exist. All other allegations not related to the fatality were fully explored; however, the 5-year-old child was never observed.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



household?				
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:

The SC in the fatality report did not actually exist. The SS were in the custody of other caretakers prior to the fatality investigation and were deemed safe throughout. Preventive services remained in place at the close of 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

The family had already been engaged in preventive services prior to the fatality report. The SC listed in the fatality report did not exist. The preventive case remained open at the conclusion of the fatality investigation.

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? N/A

Explain:
The SC in this fatality report did not exist. The family was active with prevention at the time of the investigation.

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

Explain:
The SC in this fatality report did not exist. The family was active with prevention at the time of the investigation.

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/03/2017	Sibling, Female, 1 Years	Mother, Female, 28 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Female, 1 Years	Other Adult - PS, Male, 28 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Female, 1 Years	Other Adult - PS, Male, 28 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 1 Years	Other Adult - PS, Male, 28 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 1 Years	Other Adult - PS, Male, 28 Years	Lack of Medical Care	Indicated	

Report Summary:

The SCR report alleged SS had an on-going medical issue, but appointments were missed by SM and PS, putting SS at risk of infections. SS regularly went for days without eating properly; on 1/2/17, SS did not eat until 7pm. SM and PS abused illicit and prescription drugs, and drank alcohol to the point of intoxication while caring for SS. On 1/2/17 SM was unable to care for SS due to drug/alcohol impairment. A subsequent report on 1/19/17 alleged similar concerns regarding drug abuse and stated SS had recent suspicious injuries (bruise under her eye and abrasion on her hand). The reports were consolidated into one investigation.

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

Basis for Determination:



CCDSS explored the allegations and found credible evidence to substantiate IG against SM. All other allegations were unsubstantiated, though based on the investigation conclusion narrative, CCDSS intended to substantiate IG against PS as well. CCDSS noted collateral contacts revealed SM and PS physically fought in front of the child; CW and collaterals witnessed SS appearing to be afraid of PS. SM also left SS in the care of a friend for approximately 3 months without planning for food or clothing.

OCFS Review Results:

CCDSS spoke with both sources and several collateral contacts, though the alleged events were not fully explored. There were conflicting stories as to whether the SM was impaired on 1/2/17, and though she was drug tested, the results were not documented. There was no follow-up on a recommended drug test for PS. The consideration of a neglect petition was noted, but not necessary as SM engaged in recommended treatments. CCDSS spoke with BF the day the case closed to discuss the reports and indication. At that time, CCDSS learned the court outcome, that SM was ordered to complete services and an OP was put in place to protect SS from PS. The case remained open for services.

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

Issue:

Pre-Determination/Nature, Extent and Cause of Any Condition

Summary:

CCDSS did not fully explore what was initially alleged in the report, as there was no information as to results of the recommended drug screens.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

CCDSS will fully explore the extent of what is alleged as it pertains to the safety and risk to the child.

Issue:

Appropriateness of allegation determination

Summary:

Based on the investigation conclusion narrative, CCDSS intended to substantiate IG against PS but instead, he was determined to be an unfounded subject.

Legal Reference:

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

Action:

CCDSS will correctly determine all allegations.

Issue:

Failure to Provide Notice of Indication

Summary:

There was no documentation in the Connections case record that adults listed on the case were provided with a Notice of Indication.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

CCDSS will mail or deliver Notice of Indication letters to all applicable parties upon the closing of an indicated case, and will document this accordingly in the case record.

Issue:

Failure to provide notice of report

Summary:

There was no documentation in the Connections case record that adults listed on the case were provided with a Notice of Existence of a Report.



Legal Reference:

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

Action:

CCDSS will mail or deliver notification letters to subject(s) and parent(s) within the first seven days following the receipt of the report.

Issue:

Timely/Adequate Seven Day Assessment

Summary:

In the 7-day safety assessment, CCDSS reflected no safety factors were present. Progress notes in the first 7 days of the investigation documented concerns for physical violence between SM and PS, and the possibility of substance abuse. Therefore, safety factors should have been selected.

Legal Reference:

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

Action:

CCDSS will complete all assessments and accurately reflect the safety factors that are present.

Issue:

Review of CPS History

Summary:

There was no documentation of a CPS history check for the family.

Legal Reference:

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

Action:

Within five business days of report, CCDSS will review and document all CPS record(s) that apply to the prior reports where the current report involves a subject of the report, a child named in the report or a child's sibling named in the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/07/2016	Sibling, Female, 1 Years	Grandparent, Male, 54 Years	Other	Unfounded	Yes
	Sibling, Female, 1 Years	Other - SS's BF, Male, 29 Years	Other	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 28 Years	Other	Unfounded	
	Sibling, Female, 1 Years	Grandparent, Female, 49 Years	Other	Unfounded	

Report Summary:

The SCR report alleged the SM used illicit drugs on a regular basis while being the sole caretaker to a SS, then age 1. SM would become impaired to the point she was unable to properly care for the SS. It was unknown if the SS had access to the drugs. SM failed to provide adequate shelter to the SS, as there was no running water and a large hole in the floor that the SS could fall through. It was unknown if the SS had sustained any injuries as a result of SM's actions. The PS, and a



MU had unknown roles. A court-ordered investigation (COI) was ordered 3 days later and resulted in a subsequent report.

Determination: Unfounded

Date of Determination: 11/30/2016

Basis for Determination:

CCDSS investigated the initial allegations, as well as assessed each caregiver’s ability to care for the child based on a COI that was ordered after the paternal grandparents filed for custody. Although CCDSS found concerns for SM’s drug use and safety hazards in her home, there was no proven negative impact on the child as she remained in the care of the grandparents. Prior to closing the case, SM made an appointment for in-patient drug rehabilitation and moved into a new home. The SS still visited her home and it was deemed adequate/safe.

OCFS Review Results:

CCDSS fully explored the allegations and the impact to the child. CCDSS interviewed everyone named in the report but documentation did not reflect that anyone was provided notification letters. Answers in the RAP were incorrect because they were not consistent with case documentation. Lastly, there was no documentation of a history check.

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

Issue:

Review of CPS History

Summary:

There was no documentation of a CPS history check for the family.

Legal Reference:

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

Action:

Within five business days of report, CCDSS will review and document all CPS record(s) that apply to the prior reports where the current report involves a subject of the report, a child named in the report or a child’s sibling named in the report.

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

The RAP indicated no children in the family unit were in the care or custody of any substitute caregivers, despite the current circumstances with another SS. The RAP further reflected no recent history of housing with serious health or safety hazards, despite this being a prominent and consistent issue throughout the investigation.

Legal Reference:

18 NYCRR 432.2(d)

Action:

CCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Issue:

Failure to provide notice of report

Summary:

There was no documentation in the Connections case record that notification letters were provided to the adults listed on the case.

Legal Reference:

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

Action:

CCDSS will mail or deliver notification letters to subject(s) and parent(s) within the first seven days following the receipt of the report, and will document this in the case record accordingly.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/14/2016	Sibling, Female, 4 Years	Grandparent, Female, 49 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 4 Years	Grandparent, Male, 54 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The SCR report alleged PGM, the guardian of a SS (then age 4) was mentally unstable which was impeding her ability to adequately care for the child. PGM had a history of suicide attempts and psychiatric hospitalizations. She threatened to kill herself at a time she was the sole caretaker of the SS. SM, PS, and PGF had unknown roles.

Determination: Unfounded

Date of Determination: 10/27/2016

Basis for Determination:

CCDSS found no credible evidence to support the allegations based on information from familial and collateral contacts. The investigation revealed PGM posted several distressing messages on social media but was not found at any time to be suicidal, nor was there a proven impact on the SS. CCDSS identified no additional service needs.

OCFS Review Results:

CCDSS addressed the report with PGM but did not fully explore the allegations with other parties. CCDSS did not speak with collateral contacts to discuss PGM's MH evaluation on the date in question. PGM revealed safety concerns for SS in the care of SM, but CCDSS did not address those concerns with SM nor assess the SM's home for safety (despite visitation that occurred at her home). CCDSS did not interview SS's BF and there was no documentation of Notices of Existence being sent to adults listed on the report.

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

Issue:

Pre-Determination/Nature, Extent and Cause of Any Condition

Summary:

PGM revealed safety concerns for SS in the care of SM, but CCDSS did not address those concerns with SM.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

In addition to conditions enumerated in a report, CPS is required to determine any other condition that may constitute abuse or maltreatment. CCDSS will address new concerns as they arise with all applicable caregivers, in an effort to determine whether the action(s)/inaction(s) constitute as abuse or maltreatment.

Issue:

Pre-Determination/Home Visit

Summary:

SM's home was not assessed for safety despite concerns that were presented by PGM in addition to visits that occurred at the SM's home.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(a)

Action:

Prior to a determination being made, the investigation must include home visit(s) so as to evaluate the environment of the child named in the report as well as other children in the same home.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:



CCDSS did not speak with collateral contacts to discuss PGM's MH evaluation on the date in question, or the potential impact to the children as to any MH conditions discovered.

Legal Reference:

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

Action:

CCDSS will make diligent efforts to contact collaterals to potentially gather outside information.

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

The SM was a subject and was not interviewed face-to-face. The BF was not interviewed at all, nor were efforts made to do so.

Legal Reference:

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

Action:

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

Issue:

Failure to provide notice of report

Summary:

There was no documentation in the Connections case record that notification letters were provided to the adults listed on the case.

Legal Reference:

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

Action:

CCDSS will mail or deliver notification letters to subject(s) and parent(s) within the first seven days following the receipt of the report, and will document this in the case record accordingly.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/11/2016	Sibling, Female, 10 Months	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	Sibling, Female, 10 Months	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 10 Months	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 10 Months	Mother, Female, 27 Years	Lack of Supervision	Unfounded	

Report Summary:

Report received with concerns the home of then 10-month-old SS was unsafe and deplorable, and the SS was dirty, and had ongoing untreated health concerns. Further concerns alleged SM abused drugs and was left SS unsupervised in the home.

Determination: Unfounded

Date of Determination: 10/05/2016

Basis for Determination:

CCDSS completed face to face interviews, home visits, and collateral contacts throughout the investigation; no evidence



was found to support the allegations. CCDSS found no further safety concerns, and the preventive case remained open.

OCFS Review Results:

CCDSS conducted a thorough investigation which addressed all concerns, and appropriately determined the report.

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)
06/25/2016	Sibling, Female, 4 Years	Grandparent, Male, 54 Years	Emotional Neglect	Unfounded	No
	Sibling, Female, 4 Years	Grandparent, Male, 54 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Grandparent, Female, 49 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Grandparent, Female, 49 Years	Emotional Neglect	Unfounded	

Report Summary:

Report received with concerns that the surviving half-sibling, who resided with SS's BF's parents (unrelated to half-sibling), had chronic head lice that was going untreated. There were also concerns the SS's BF's parents were grabbing the surviving half-sibling with excessive force and throwing her across the room when angry.

Determination: Unfounded

Date of Determination: 10/27/2016

Basis for Determination:

CCDSS completed face to face interviews, home visits, and collateral contacts throughout the investigation; no evidence was found to support the allegations. CCDSS found no further services were needed for the family.

OCFS Review Results:

The investigation met all statutory requirements.

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)
04/20/2016	Sibling, Female, 6 Months	Other Adult - SS's BF, Male, 28 Years	Other	Unfounded	Yes
	Sibling, Female, 6 Months	Mother, Female, 27 Years	Other	Unfounded	
	Sibling, Female, 6 Months	Other Adult - BF's Wife, Female, 35 Years	Other	Unfounded	

Report Summary:

Court Ordered Investigation regarding a custody petition filed by SM against SS's BF.

Determination: Unfounded

Date of Determination: 05/03/2016

Basis for Determination:

CCDSS found no evidence to support the allegations in the COI. CCDSS noted SM was compliant with her substance abuse and MH treatment services, and BF had little to no contact with SS since her birth. There were no concerns noted throughout the investigation.

OCFS Review Results:

OCFS agreed with CCDSS' case determination; however, the RAP was not completed accurately: Question pertaining to



SM's mental health should have been answered "Yes", as SM was being treated for multiple clinical diagnoses.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

The RAP for this investigation was not completed accurately. The question pertaining to SM's mental health should have been answered "Yes".

Legal Reference:

18 NYCRR 432.2(d)

Action:

CCDSS will complete all RAPs accurately.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/06/2015	Sibling, Female, 1 Days	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 1 Days	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

Report received with concerns SM gave birth to SS and tested positive for drugs. The report further stated there had been on-going concerns with SM's substance abuse and MH in the past, and SM did not have custody of her other three children due to these issues.

Determination: Unfounded

Date of Determination: 11/05/2015

Basis for Determination:

CCDSS based their determination on collateral contacts and interviews with the family. CCDSS found that SM did have a substance abuse history; however, had been compliant with treatment for the past 1.5 years, and was also engaged in MH services. Preventive services were involved with SM at the time of the report. SM did test positive for barbiturates at the time of SS's birth, but SM denied using and it remained unclear what drug may have caused the positive test result. CCDSS educated SM surrounding safe sleep and assessed the safety of the home environment prior to closing the case.

OCFS Review Results:

OCFS agreed with CCDSS' case determination; however, the RAP was not completed accurately: Questions pertaining to SM's substance abuse and mental health should have been answered "Yes", as SM had only been sober for 1.5 years, and she was being treated for multiple clinical diagnoses. CCDSS did not reach out to the BF of SM's other three children, nor assess their safety, despite knowing SM had regular weekend visits and concerns in the report mentioned the visits were not being supervised as court ordered.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

The RAP for this investigation was not completed accurately. "Yes" should have been selected for questions pertaining to substance abuse and mental health.

Legal Reference:

18 NYCRR 432.2(d)

Action:

CCDSS will completed all RAPs accurately.



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

SM was listed as a maltreated child in a case dated 1/30/03.

6/1/10: Allegations of OTH UNF against SM re: two surviving half-siblings.

5/14/12: Allegations of IG, PD/AM, and OTH IND against SM re: surviving half-siblings.

12/28/12: Allegations of IF/C/S and IG UNF against BF of two surviving half-siblings and their MGM.

Known CPS History Outside of NYS

There is no known CPS 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:

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

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

Yes No

Preventive Services History

SM self-referred for preventive services on 9/25/15, due to being pregnant with SS, and not having custody of her other three children. SM opted for preventive services to assist her in engaging in substance abuse and mental health treatment,



as well as parenting education, domestic violence services, and help with SS's medical appointments. SM hoped the services would allow her to maintain custody of the SS after her birth. On 1/3/17, SM relapsed and allowed PA to obtain Article 6 Custody of SS. On 5/11/17, PA was awarded sole custody of the SS and the preventive services case was closed.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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

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? 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