



Report Identification Number: BU-17-008

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

Issue Date: Jul 05, 2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships

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

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: 11 day(s)

Jurisdiction: Chautauqua
Gender: Female

Date of Death: 02/16/2017
Initial Date OCFS Notified: 03/01/2017

Presenting Information

On 3/2/2017 the death of the 11-day-old SC was reported to OCFS through form 7065 because there was an open Child Protective Services (CPS) investigation with Chautauqua County Department of Health and Human Services (CCDHHS) at the time. The SC was born with a congenital heart defect and she remained inpatient at Strong Memorial Hospital until her death on 2/16/2017. The SC passed away from complications due to her heart condition while waiting for heart surgery.

Executive Summary

On 3/2/2017 the death of the SC was reported to OCFS through form 7065 submitted by CCDHHS. There was an open investigation at the time of the SC's death. The open investigation was received on 1/31/2017 with allegations that the BM, BF and MA failed to provide proper supervision and guardianship to the 3-year-old maternal cousin (MC) on 1/25/2017. The BM and BF were babysitting the MC while the MA slept after working all night. The BM and BF were sleeping and the MC gained access to a lighter and started a small fire in each of the 2 bedrooms.

The BF, BM and MA resided together while the BM was pregnant with the SC. After the fire the BM and BF went to live at the PGM's home and the MA went to live at the MGM's home. The MA's 3-year-old son (MC), regularly visited the home and resided with his father and paternal grandparents.

The SC was born on 2/5/2017 at Strong Memorial Hospital and was found to have a congenital heart defect. At the request of CCDHHS, Monroe County Department of Social Services (MCDSS) met with the BM and observed the SC at the hospital shortly after her birth on 2/7/2017. The SC remained inpatient until her death on 2/16/2017. She developed complications while awaiting heart surgery and died as a result. The BM had been at the SC's bedside since birth. There were no concerns expressed for the BM by the hospital social worker, who stated that the SC's death was due to complications from her heart condition and not due to parental neglect. The BF was at the hospital for the SC's birth but was not present when the SC passed away. The SC was pronounced deceased by a hospital physician and her cause of death was determined to be due to natural causes as a result of Ischemic Cardiomyopathy.

The MC was assessed to be safe in both his father's home as well as the MGM's home where the MA was staying. CCDHHS reviewed records from the MC's pediatrician, the SC's hospital records and spoke with several relatives, all of whom had no concerns for the care of the SC. The only concern expressed for the MC was the level of supervision during the incident with the fire. The MA was ensuring that the MC did not have access to fire starting materials or lighters and was providing an increased level of supervision during visits.

There were no service needs identified for the MA, MC, BM or BF. Bereavement services were not offered due to the BM and BF not responding to CCDHHS's attempts to contact them after the fatality. CCDHHS asked the PGM if she or the BF had a need for any services and she declined.

Findings Related to the CPS Investigation of the Fatality

**Safety Assessment:**

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

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

Explain:

There was no SCR report regarding the fatality.

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:

There was no SCR report that resulted from the fatality.

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: 02/16/2017

Time of Death: 03:13 AM

County where fatality incident occurred: MONROE

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: hospitalized

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

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

1

At time of incident supervisor was: Not impaired.



Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|---------|--------|------------|
| Deceased Child's Household | Aunt/Uncle | No Role | Female | 22 Year(s) |
| Deceased Child's Household | Deceased Child | No Role | Female | 11 Day(s) |
| Deceased Child's Household | Father | No Role | Male | 23 Year(s) |
| Deceased Child's Household | Mother | No Role | Female | 22 Year(s) |
| Deceased Child's Household | Other Child | No Role | Male | 3 Year(s) |

LDSS Response

On 3/1/2017 CCDHHS was notified by the PGM during a home visit at her home that the SC had passed away on 2/16/2017 at Strong Memorial Hospital. The PGM said she received a call from BM around 3:15 AM stating that the SC wasn't breathing right and then she was informed that the SC passed away. CCDHHS asked the PGM if she or the BF were in need of any services and the PGM declined. In response to learning this information, CCDHHS contacted the hospital social worker, who confirmed the death of the SC and stated that the SC passed away from complications due to her heart condition. The social worker expressed that her death was not due to parental neglect and that the BM was bedside with the SC since birth and there were no concerns. CCDHHS conducted a home visit at the home of the MGM where the MA was staying after the fire. The MGM and MA were spoken to about the SC's death. The MC was present in the home and he was assessed to be safe. An attempt was made to interview him, although he could not answer questions and was developmentally unable to be interviewed. On this date, CCDHHS informed BRO of the fatality. Form 7065 was submitted to OCFS on 3/2/2017.

A home visit was conducted at the MC's home where he resided with his father and his paternal grandparents. The home was assessed to be safe and appropriate for the MC. The MC's father expressed no concerns for the BM's care of the SC and he was monitoring the MA's visitation with the MC due to the fire having recently been set by the MC while on a visitation at her home. The BM and BF were not spoken to after the SC's death, although an attempt was made, therefore, bereavement services were not offered. The BM had been spoken to at the hospital and the SC was observed shortly after the SC's birth. There were no service needs identified at that time.

CCDHHS worked collaboratively with MCDSS to obtain the SC's entire hospital record. The MC's pediatric records and the death certificate were reviewed, and family members were spoken to about the SC's death. The death certificate stated that the SC's cause of death was from natural causes as a result of Ischemic Cardiomyopathy.

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 reviewed by an OCFS approved Child Fatality Review Team? No

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"/> |
| Contact with source? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
| 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:

CCDHHS attempted to interview the 3-year-old MC, although he was not developmentally able to be interviewed.

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



| | | | | |
|------------------------------------|--|--|--|--|
| parent/caretaker actions adequate? | | | | |
|------------------------------------|--|--|--|--|

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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: The MC was assessed to be safe. | | | | |

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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:
 CCDHHS did not identify any specific needs for the family as a result of the fatality, although information on bereavement services should have been offered.

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 MC had no immediate needs associated with the fatality.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 There were no service needs offered due to the fatality as the BM and BF did not cooperate with CCDHHS.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No



Was the child acutely ill during the two weeks before death?

Yes

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|---|--------------------------------------|-------------------------|----------------|---------------------|
| 01/31/2017 | 17520 - Other Child - MC, Male, 3 Years | 17515 - Mother, Female, 22 Years | Inadequate Guardianship | Indicated | No |
| | 17520 - Other Child - MC, Male, 3 Years | 17515 - Mother, Female, 22 Years | Lack of Supervision | Indicated | |
| | 17520 - Other Child - MC, Male, 3 Years | 17516 - Father, Male, 23 Years | Inadequate Guardianship | Indicated | |
| | 17520 - Other Child - MC, Male, 3 Years | 17516 - Father, Male, 23 Years | Lack of Supervision | Indicated | |
| | 17520 - Other Child - MC, Male, 3 Years | 17517 - Aunt/Uncle, Female, 22 Years | Inadequate Guardianship | Indicated | |
| | 17520 - Other Child - MC, Male, 3 Years | 17517 - Aunt/Uncle, Female, 22 Years | Lack of Supervision | Indicated | |

Report Summary:

SCR report alleged the 3-year-old MC lived with his father and visited with his mother (the MA), BM and BF. The MA worked nights and the BM and BF were babysitting the MC while the MA slept. The MC, BM and BF fell asleep. The MC woke up, found a lighter and started a small fire in both bedrooms, while not being properly supervised. The MA woke up and burnt her hands trying to put the fire out. BF put water on the fire and eventually put it out. It was also alleged that the home was dirty with dirty dishes and clothes everywhere as well as no smoke detectors in the home, making the home unsafe and unsanitary for the MC.

Determination: Indicated

Date of Determination: 03/30/2017

Basis for Determination:

CCDHHS Sub the allegations of IG and LS against MA, BM and BF regarding the MC. On 1/25/2017 MA went to bed around 10:00 AM after working all night and the BF and MC were still sleeping. The BM fell asleep around 11:00 AM. The MC woke up and got ahold of the torch lighter and lit a small fire in each bedroom. MA woke up at 11:45 AM to find a fire in her bedroom. The home was cluttered with garbage and the smoke detector in MA's bedroom was not



working. MA, BM and BF were charged with Endangering the Welfare of a Child. The MC continued to live with his father and the MA was keeping all fire starting materials out of the MC's reach. The MA moved in with MGM and BM and BF moved in with PGM.

OCFS Review Results:

CCDHHS appropriately Sub the allegations against all 3 adults. CCDHHS interviewed the MA, BM, MC's father and attempted to interview BF, although he did not cooperate. CCDHHS gathered information from family members, LE, and medical providers. During the investigation the SC was born and passed away. CCDHHS appropriately assessed the safety of the MC, investigated the cause of the death and assessed for any service needs.

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

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

There is no CPS history more than 3 years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Casework Contacts

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



Required Action(s)

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

Yes No

Foster Care Placement History

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