



Report Identification Number: RO-15-002

Prepared by: Rochester Regional Office

Issue Date: 10/29/2015

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

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

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

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

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

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

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

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



Abbreviations

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

Case Information



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Report Type: Child Deceased
Age: 8 month(s)

Jurisdiction: Chemung
Gender: Female

Date of Death: 01/07/2015
Initial Date OCFS Notified: 01/07/2015

Presenting Information

On 1/7/15, Chemung County Department of Social Services received an SCR report which alleged the biological mother (BM) checked on the subject child (SC) and found her to be blue. The BM tried to wake the SC for 15 minutes. The BM failed to seek immediate medical attention. The SC also had lacerations to her toes, nose and ankle which were inflicted by the BM. The SC passed away and she was an otherwise healthy baby. The cause of death was unknown.

A duplicate report was received on the same day which alleged the BM put the SC to bed at 5:30am in her crib. The BM did not check on the SC until 4:00pm. When the BM checked on her, the SC was not breathing. The BM called 911 and attempted CPR. The SC passed away on 1/7/15 at 4:36pm. The cause of death is unclear; however, the SC was an otherwise healthy baby.

The BM was the subject of both reports.

Executive Summary

This fatality report concerns the death of an eight-month-old female that occurred on 1/7/15. The preliminary autopsy report received 1/8/15 indicated the cause and manner of death were “pending further investigation”. CCDSS received an SCR report regarding the death of the SC. The sister and the half-brother were in the care of the half-brother’s paternal grandmother (PGM) since 12/19/15 and not home the day the SC died.

The first version of events the BM gave to Law Enforcement (LE) and CCDSS was that she was home alone with the SC. She fed the SC and placed in her crib to sleep at 3:30am. The BM fell asleep at 5:00am and woke up around 4:00pm which was when she found the SC face down in her crib; she was cold and not breathing. The BM tried to wake the SC for 15 minutes prior to calling 911. She gave the SC CPR. EMS arrived and transported the SC to the hospital where she was pronounced dead.

In the second version the BM stated she was at her paramour’s home with the SC; which the paramour denied. The BM placed the SC on the floor next to the paramour’s bed at around 3:00am. The BM fell asleep around 5:00am while the paramour stayed awake. The BM woke up around 4:00pm. The paramour told the BM the SC was face down on the floor when he picked her up and she was cold. The BM said she was dead. The paramour told the BM she could not call 911 from his home; so they took the SC to the BM’s home and placed her in the crib prior to calling 911.

LE gave the BM and the paramour a lie detector test which the BM failed regarding the second version of events; however, she was truthful when she stated that the SC was not found dead in her home. The paramour passed the lie detector test.

According to the Medical Examiner (ME), the SC had a large bruise on her head; two deep lacerations on her nose; severe lacerations near her toes; and a large laceration and bruise on her vaginal area. The SC had subdural and optic



nerve hemorrhaging, as well as, bleeding around the eyes and upper spinal cord. The ME reported that the BM's explanations for the SC's injuries were not consistent with the SC's age, development or the injury itself and the injuries most likely occurred on 1/6 or 1/7/15. The significant trauma was consistent with someone shaking her or forcefully throwing her into a crib or object.

On 1/7/15, CCDSS documented the home unsanitary and not fit to house the SC. There was no edible food. There was moldy spaghetti and sauce in the kitchen and an odor of rotting food due to the refrigerator being turned off. There were dirty clothes on the floor throughout the home. There were no diapers, formula or medications used to treat the SC's burn in the home. However, the CONNECTIONS progress notes stated there was cream and bandages for the SC's burn, a can of Enfamil and a box of rice cereal in the home.

As a result of the information above, CCDSS SUB the allegations of Inadequate Guardianship (IG), Lacerations, Bruises/Welts (LBW), Lack of Medical Care (LOMC), Inadequate Food, Clothing and Shelter (IFCS) and DOA/Fatality against the BM regarding the SC.

LE was awaiting the final autopsy report and their investigation remained open. CCDSS was in contact with their legal department to file an Article 10 Abuse Petition.

The SCR investigation was closed on 3/10/15. The family remained open for protective and preventive services.

After review, CCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans, and gathered sufficient information to make a determination for all allegations of abuse or maltreatment. Service needs were adequately assessed and offered when necessary. RRO agreed with all of the allegations being SUB. The only concern noted was the source of the report were not documented appropriately in CONNECTIONS.

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

Explain:

n/a

Was the decision to close the case appropriate? N/A



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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:
n/a

Required Actions Related to the Fatality

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

Issue:	Confidentiality of CPS Information
Summary:	During the 1/7/15 SCR report, the source of the report was identified by CCDSS within the CONNECTION progress notes.
Legal Reference:	SSL 422(4) and (5)
Action:	A corrective action plan must be developed by CCDSS which supports the appropriate documentation of sources within the CONNECTIONS progress notes.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/07/2015

Time of Death: 04:36 PM

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

County where fatality incident occurred: CHEMUNG

Was 911 or local emergency number called? Yes

Time of Call: 04:06 PM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

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

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

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

1

At time of incident supervisor was: Not impaired.



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Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	8 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Other Household 1	Sibling	No Role	Male	2 Year(s)
Other Household 1	Sibling	No Role	Female	1 Year(s)
Other Household 2	Father	No Role	Male	26 Year(s)

LDSS Response

CCDSS spoke with the EMS who responded to the scene who reported the SC was brought outside by the Elmira Fire Department and they never went in to the home. They only had contact with the SC who was very cold and there were no signs of life. There were some scratches and bruising on her head.

The BM initially denied any knowledge of the injuries to the SC. She later stated that the SC scratched herself in the face and she got the bruise on her head when she was crawling and hit her head into the TV. However, the pediatrician stated if the SC was crawling, he would expect some marks on her forearm due to the newly healed skin. The BM later reported the bruise to the SC's head was due to falling out of bed on 1/7/15 around 2:00am.

The ME stated that the only injury the SC could have caused was the scratch to the side of her head. The injury to the SC's feet needed further testing to discover the exact cause. She had concerns the BM did not seek medical attention for the painful injury. In regards to the abrasions on the SC's nose and hand, she was unsure if it was caused by an insect or if they were inflicted but the SC did not have the developmental dexterity to dig at her face and hand to cause the injuries.

The BM reported the paramours' children were home the day the SC died. However, LE requested that CCDSS not interview the paramour's children and CCDSS complied with the request. The BM reported the paramour smoked marijuana but she was unsure if he used the day the SC died. The BM denied use of drugs or alcohol the day the SC died.

CCDSS met with the sister and the half-brother at the PGMs' home where they had been residing since 12/19/14 and found the children were well cared for. The relative was willing to obtain custody of the children. CCDSS assessed other family members as a resource for the children.

The BM admitted to DV incidents of threats and violence from her paramour. However, it was unknown where the SC was during the incidents.

The siblings remained in the care of the half-brother's PGM and were receiving supervised visitation provided by CCDSS. LE requested that CCDSS not file an Article 10 Abuse Petition so the BM did not obtain an attorney and CCDSS complied with the request. CCDSS was able to appropriately monitor the safety of the siblings during this time. On 1/12/15, the BM requested the children be moved to another relatives home but was declined. On 2/3/15, the BM requested that the



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maternal uncle participate in the supervised visitation but this was denied by CCDSS as the maternal uncle lied about his MH status. On 3/3/15 the BM called and stated she was not in agreement with the safety plan any longer and wanted her children back but she did not act on this. CCDSS did file an Article 10 Abuse petition on April 17, 2015 and the siblings were placed through the Article 10 Abuse petition with the half-brother's PGM with plans to certify another relative who could be a long term caregiver. On 6/8/15, the siblings were placed in the custody of CCDSS via court order.

CCDSS continued to meet with the BM to address the allegations that arose during the investigation until the SCR report was closed. The protective/preventive case remained open as of the date of this report.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
019041 - Deceased Child, Female, 8 Mons	019042 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
019041 - Deceased Child, Female, 8 Mons	019042 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated
019041 - Deceased Child, Female, 8 Mons	019042 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
019041 - Deceased Child, Female, 8 Mons	019042 - Mother, Female, 24 Year(s)	Lacerations / Bruises / Welts	Substantiated
019041 - Deceased Child, Female, 8 Mons	019042 - Mother, Female, 24 Year(s)	Lack of Medical Care	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The majority of the progress notes were entered timely.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to
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				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 checked="" type="checkbox"/>	<input 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 and placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The siblings were in the care of the half-brother's MGM since 12/19/15.				

Legal Activity Related to the Fatality

Was there legal activity as a result of 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:
04/17/2015	There was not a fact finding	There was not a disposition
Respondent:	019042 Mother Female 24 Year(s)	
Comments:	On 6/8/15, the children were placed in a relative foster home as planned. A fact finding was not held as the mother consented to a finding of abuse on 9/8/15. The disposition hearing will be held on 10/9/15.	

Have any Orders of Protection been issued? No



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? 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? No



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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)
06/01/2012	1615-Other Child,Female, 6 Years	1611-Mother,Female, 24 Years	Inadequate Guardianship	Unfounded	Yes
	1615-Other Child,Female, 6 Years	1611-Mother,Female, 24 Years	Lack of Supervision	Unfounded	
	1615-Other Child,Female, 6 Years	1612-Aunt/Uncle,Female, 28 Years	Inadequate Guardianship	Unfounded	
	1615-Other Child,Female, 6 Years	1612-Aunt/Uncle,Female, 28 Years	Lack of Supervision	Unfounded	
	1615-Other Child,Female, 6 Years	1613-Aunt/Uncle,Male, 33 Years	Inadequate Guardianship	Unfounded	
	1615-Other Child,Female, 6 Years	1613-Aunt/Uncle,Male, 33 Years	Lack of Supervision	Unfounded	
	1614-Sibling,Male, 2 Years	1613-Aunt/Uncle,Male, 33 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The SCR report alleged that for three consecutive nights, the maternal uncle left the home and kicked the BM, the maternal aunt, the 6yo cousin and the half-brother out of the home. As a result, they sat on the porch all night long and the temperature was low. The cousin often ran around the neighborhood and the adults failed to supervise her.

Determination: Unfounded

Date of Determination: 08/16/2012

Basis for Determination:

CCDSS found no evidence to support the allegations as all adults and collateral contacts denied the allegations of the report.

OCFS Review Results:

CCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, interviewed all adults and addressed the safety and risk factors, made appropriate collateral contacts, and implemented appropriate safety plans when needed. Service needs were adequately assessed and offered, and sufficient information was gathered to appropriately determine each allegation of abuse and maltreatment. There was supervisory contact



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throughout the investigation. Although there was documentation that the cousin was observed, there was no documented attempt to interview the child.

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

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

During the 6/1/12 SCR investigation, there was documentation that the cousin was observed, there was no documented attempt to interview the child.

Legal Reference:

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

Action:

RRO is aware of a plan completed by CCDSS to address these concerns after the date of these reports. Therefore, there is no further action needed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/10/2013	2583 - Sibling, Male, 2 Years	2582 - Father, Male, 26 Years	Inadequate Guardianship	Indicated	No

Report Summary:

The SCR narratives stated that on 2/10/13 the BF hit and punched the BM in the presence of the half-brother.

Determination: Indicated

Date of Determination: 04/11/2013

Basis for Determination:

The parents admitted to the DV incident and the BF was charged with EWOC and Assault 3rd. The BM protected the half-brother while the BF was punching her and he was crying. The BM reported that the half-brother was trying to protect her but the BF denied that was true. The BM received medical attention from the incident and required stitches. As a result, CCDSS found some credible evidence to substantiate the allegations because the half-brother was placed at substantial risk of harm due to being present during a severe incident of DV. The BF was incarcerated during the investigation and the BM obtained a no contact OOP and was working with DV services.

OCFS Review Results:

CCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, and assessed and offered appropriate services. CCDSS gathered sufficient information to make a determination and appropriately determined each allegation of abuse and maltreatment. Appropriate collateral contacts were made and there was supervisory contact throughout the investigation.

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)
08/26/2013	4273 - Other Child - cousin, Female, 4 Years	2591 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	Yes
	4274 - Other Child - cousin, Male, 3 Years	2591 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	
	4275 - Other Child - cousin, Female, 5 Years	2591 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	



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2592 - Sibling, Male, 2 Years	2591 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated
2593 - Sibling, Female, 1 Years	2591 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated
2592 - Sibling, Male, 2 Years	2605 - Father, Male, 26 Years	Inadequate Guardianship	Indicated
2593 - Sibling, Female, 1 Years	2605 - Father, Male, 26 Years	Inadequate Guardianship	Indicated

Report Summary:

The 8/26/13 SCR report alleged the parents had a history of DV. The BM had an OOP against the BF from a DV incident in 2/13. The BF came to the home per the BM's request and he physically assaulted the BM in the presence of the sister. The child was not injured.

Two SCR reports were received which were consolidated and closed into the open report. The 9/20/13 report alleged the BF physically assaulted the BM who was holding the sister. The half-brother was in the next room crying. The sister was not injured. The 10/11/13 report alleged the home was in deplorable condition and that the BM was failing to provide a safe, clean environment for the children.

Determination: Indicated

Date of Determination: 12/16/2013

Basis for Determination:

The parents denied a DV incident occurred on 8/26/13. CCDSS deemed the bruise on the BM's face was not consistent with the explanation. The BM violated the stay away OOP against the BF by inviting him to her home. On 9/18/13, the BF broke in and assaulted the BM. He was charged and incarcerated. The BM allowed questionable people and relatives with children move into her home. There was multiple LE contact. The BM was evicted and moved in with a relative. As a result, CCDSS SUB the allegations of IG against the parents regarding the sister and half-brother. The allegations regarding the cousin's three children were UNF as there was no evidence that the home had safety concerns.

OCFS Review Results:

CCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, implemented appropriate safety plans when needed, and assessed and offered appropriate services. CCDSS gathered sufficient information to make a determination and appropriately determined each allegation of abuse and maltreatment. Appropriate collateral contacts were made and there was supervisory contact throughout the investigation. However, there was no documentation the cousins, her paramour, and their children were interviewed regarding the allegations or that the safety and risk factors were explored with them.

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

During the 8/26/13 SCR report, there was no documentation the cousins, her paramour, and their children were interviewed regarding the allegations or that the safety and risk factors were explored with them.

Legal Reference:

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

Action:

RRO is aware of a plan completed by CCDSS to address these concerns after the date of these reports. Therefore, there is no further action needed.

Date of SCR	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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Report	Victim(s)	Perpetrator(s)			Issue(s)
04/15/2014	2903 - Sibling, Male, 2 Years	2901 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	No
	2905 - Sibling, Female, 1 Years	2901 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	
	2903 - Sibling, Male, 2 Years	2902 - Father, Male, 26 Years	Inadequate Guardianship	Indicated	
	2905 - Sibling, Female, 1 Years	2902 - Father, Male, 26 Years	Inadequate Guardianship	Indicated	

Report Summary:

The SCR report alleged that on 9/18/13 the father was hearing voices telling him to hurt the mother. The father went on to severely beat mother while she held the half-sister (who was 10 months) in her arms. The sister was not injured. The father spent time in jail and received probation with an OOP. The father continued to see mother and the sister and has gotten mother pregnant. It was likely that the physical assaults were continuing as they occurred regularly before the OOP. The father did not complete anger management or drug treatment. The mother had an unknown role.

Determination: Indicated

Date of Determination: 06/19/2014

Basis for Determination:

CCDSS found the parents failed to exercise a minimal degree of care for the siblings by violating the stay away OOP in place prohibiting contact between the parents by having contact in the presence of the children. Although no DV incidents were reported to LE or CPS, CCDSS deemed that due to the severe DV history and the parent's failure to follow the OOP placed the children at risk of being exposed to additional DV incidents. The SC was born during the investigation and CCDSS reviewed safe sleep with the mother. The mother accepted preventive services from CCDSS.

OCFS Review Results:

CCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, and assessed and offered appropriate services. CCDSS gathered sufficient information to make a determination and appropriately determined each allegation of abuse and maltreatment. Appropriate collateral contacts were made and there was supervisory contact throughout the investigation.

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)
11/24/2014	4261 - Deceased Child, Female, 8 Months	4266 - Unrelated Home Member, Male, 24 Years	Inadequate Guardianship	Indicated	No
	4261 - Deceased Child, Female, 8 Months	4266 - Unrelated Home Member, Male, 24 Years	Parents Drug / Alcohol Misuse	Indicated	
	4262 - Sibling, Male, 2 Years	4266 - Unrelated Home Member, Male, 24 Years	Inadequate Guardianship	Indicated	
	4262 - Sibling, Male, 2 Years	4266 - Unrelated Home Member, Male, 24 Years	Parents Drug / Alcohol Misuse	Indicated	
	4263 - Sibling, Female, 1 Years	4266 - Unrelated Home Member, Male, 24 Years	Inadequate Guardianship	Indicated	
	4263 - Sibling, Female, 1 Years	4266 - Unrelated Home Member, Male, 24 Years	Parents Drug / Alcohol Misuse	Indicated	



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4261 - Deceased Child, Female, 8 Months	4267 - Other Adult - Guardian, Unknown, 24 Years	Inadequate Guardianship	Indicated
4261 - Deceased Child, Female, 8 Months	4267 - Other Adult - Guardian, Unknown, 24 Years	Parents Drug / Alcohol Misuse	Indicated
4262 - Sibling, Male, 2 Years	4267 - Other Adult - Guardian, Unknown, 24 Years	Inadequate Guardianship	Indicated
4262 - Sibling, Male, 2 Years	4267 - Other Adult - Guardian, Unknown, 24 Years	Parents Drug / Alcohol Misuse	Indicated
4263 - Sibling, Female, 1 Years	4267 - Other Adult - Guardian, Unknown, 24 Years	Inadequate Guardianship	Indicated
4263 - Sibling, Female, 1 Years	4267 - Other Adult - Guardian, Unknown, 24 Years	Parents Drug / Alcohol Misuse	Indicated
4261 - Deceased Child, Female, 8 Months	4268 - Aunt/Uncle - Guardian, Female, 24 Years	Inadequate Guardianship	Indicated
4261 - Deceased Child, Female, 8 Months	4268 - Aunt/Uncle - Guardian, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated
4262 - Sibling, Male, 2 Years	4268 - Aunt/Uncle - Guardian, Female, 24 Years	Inadequate Guardianship	Indicated
4262 - Sibling, Male, 2 Years	4268 - Aunt/Uncle - Guardian, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated
4263 - Sibling, Female, 1 Years	4268 - Aunt/Uncle - Guardian, Female, 24 Years	Inadequate Guardianship	Indicated
4263 - Sibling, Female, 1 Years	4268 - Aunt/Uncle - Guardian, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated
4261 - Deceased Child, Female, 8 Months	4264 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated
4262 - Sibling, Male, 2 Years	4264 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated
4263 - Sibling, Female, 1 Years	4264 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated
4261 - Deceased Child, Female, 8 Months	4264 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated
4262 - Sibling, Male, 2 Years	4264 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated
4263 - Sibling, Female, 1 Years	4264 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated

Report Summary:

The SCR report alleged the adults on the home drank to the point of intoxication while caring for the children. The adults on more than one occasion were violent punching holes in the walls of the home while the children were there.

During the course of the investigation, four SCR reports were received in regards to the SC being burned by coffee on 12/18/14 and two SCR reports were received in regards to the SC's death on 1/7/15. The allegations in each subsequent report were addressed in this investigation but the allegations were not added or determined in the 11/24/14 investigation. CCDSS documented that the allegations would be addressed in the appropriate subsequent reports.



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Determination: Indicated **Date of Determination:** 01/23/2015

Basis for Determination:
 CCDSS found the BM did not provide stable shelter, food, and basic hygiene care for the children or address her need for mental health services, DV counseling and parenting skills training. The children were dirty on a regular basis, missing medical appointments and behind on their immunizations. CCDSS deemed the BM failed to provide the children with a minimum degree of care. On 12/19/14, a safety plan was made with the BM for sister and half-brother to reside with the half-brothers PGP's.

All denied the BM or others drank to the point of intoxication while caring for or while in the presence of the children. CCDSS found no other adults frequenting or living in the home.

OCFS Review Results:
 CCDSS completed adequate safety/risk assessments and implemented appropriate safety plans. Service needs were adequately assessed/offered. Further information was needed after a review of the case record. After a conversation with CCDSS, RRO found the information needed to assess that CCDSS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.

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)
12/18/2014	4271 - Sibling, Female, 1 Years	4272 - Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Indicated	Yes
	4271 - Sibling, Female, 1 Years	4272 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	
	4270 - Deceased Child, Female, 8 Months	4272 - Mother, Female, 24 Years	Burns / Scalding	Indicated	
	4269 - Sibling, Male, 2 Years	4272 - Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Indicated	
	4269 - Sibling, Male, 2 Years	4272 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	
	4269 - Sibling, Male, 2 Years	4272 - Mother, Female, 24 Years	Lack of Supervision	Indicated	
	4270 - Deceased Child, Female, 8 Months	4272 - Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Indicated	
	4270 - Deceased Child, Female, 8 Months	4272 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	
	4270 - Deceased Child, Female, 8 Months	4272 - Mother, Female, 24 Years	Lack of Supervision	Indicated	
	4271 - Sibling, Female, 1 Years	4272 - Mother, Female, 24 Years	Lack of Supervision	Indicated	
	4270 - Deceased Child, Female, 8 Months	4272 - Mother, Female, 24 Years	Lack of Medical Care	Indicated	
	4270 - Deceased Child, Female, 8 Months	4272 - Mother, Female, 24 Years	Swelling / Dislocations / Sprains	Indicated	

Report Summary:



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Three SCR reports were received on 12/18/14 and one report was received on 12/19/14. Three reports were consolidated and closed into the initial 12/18/14 report.

The reports alleged on 12/18/2014 around 9:00am, the half-brother spilled coffee on the SC and she sustained 2nd degree burns on her right arm. The BM did not seek medical attention until 10pm. Due to the severity of the burns the SC could have nerve damage. One report alleged the SC was in pain all day, was visibly shaking, had a fever and needed pain medication. One report alleged the BM failed to supervise her children and another alleged the explanation provided by the BM was not consistent with the injuries.

Determination: Indicated **Date of Determination:** 01/23/2015

Basis for Determination:
CCDSS found the mother was cooking when the half-brother spilled coffee on the SC causing 2nd degree burns. She did not seek medical care for 11 hours; the ER Dr stated there was no negative effect to the SC but the pediatrician said medication would have eased her pain. CCDSS found the mother lacked money for clothing and diapers, the children were dirty in soiled clothes, and the home condition was poor. CCDSS found the mother was leaving the children with inappropriate caregivers and not supplying provisions for their care. The half-brother was burned by a cigarette earlier in 2014 and the mother did not seek medical care. Lastly, collaterals said the mother was hitting the siblings.

OCFS Review Results:
CCDSS completed adequate safety/risk assessments, implemented appropriate safety plans, and service needs were adequately assessed/offered. Further information was needed after a review of the case record. After a conversation with CCDSS, RRO found the information needed to assess that CCDSS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment. The only issue noted was the source was of the report(s) was identified in CONNECTIONS.

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

Issue:
Confidentiality of reporters
Summary:
During the 12/18/14 SCR report, the source of the report was identified by CCDSS within the CONNECTIONS progress notes; including identifying the source as a mandated reporter.
Legal Reference:
SSL 422(4)(A); 05-0CFS-ADM-02
Action:
A corrective action plan must be developed by CCDSS which supports the appropriate documentation of sources within the CONNECTIONS progress notes.

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

There was no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality



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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: 06/19/2014

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<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"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings/other children in the household as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)



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

Required Action(s)

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

Yes No

Preventive Services History

On 6/19/14, CCDSS opened a protective and preventive services case with the family due to ongoing concerns of DV between the BM and the BF; lack of income, housing and supports; and parenting skills. On 6/23/14, the BF was sentenced to 1-3 years in prison for violation the OOP and probation.

CCDSS assisted the BM obtain shelter and housing. CCDSS worked with the BM to obtain child care so she could attend services, obtain employment and achieve her educational goals. However, the BM failed to attend the medical appointments for the children which were needed to obtain the child care. The BM was inconsistent on attending her MH appointments and her case closed. EI referrals were completed and per their assessment, the children did not require services. The family was referred to Healthy Families several times but the BM failed to follow through and the case was closed.

During CCDSS's home visits from opening their preventive services case to the SCR report received on 11/24/14, the children were found to be clean and the home was fairly clean. CCDSS discussed safe sleeping practices with the BM.

The SC died on 1/7/15 and the protective/preventive case remained open.

Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Casework Contacts

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

Family Court Criminal Court Order of Protection

Have any Orders of Protection been issued? Yes

From: 03/12/2013

To: 03/11/2016

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Action:	CCDSS is to be commended on their level of work with the family and navigating the complexities of the issues and family dynamics throughout the preventive services case and the three SCR investigations dated 11/24/14, 12/18/14 and 1/7/15. After reviewing the record and discussing the cases with CCDSS, some information and evidence found during the SCR investigations was not documented in each open investigation. It is recommended that CCDSS ensure that all information and evidence is documented into each SCR investigation that remains open.
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Are there any recommended prevention activities resulting from the review? Yes No