



Report Identification Number: AL-19-005

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

Issue Date: Jun 14, 2019

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	OA-Other Adult	
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
CPS-Child Protective Services		
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
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 7 month(s)

Jurisdiction: Clinton
Gender: Male

Date of Death: 02/10/2019
Initial Date OCFS Notified: 02/19/2019

Presenting Information

The deceased infant was living in a certified foster home, in the custody of the Commissioner of Clinton County Department of Social Services (CCDSS) at the time of his death. On 2/8/19, the foster mother took the infant to the pediatrician and ER because he exhibited symptoms of respiratory distress. At the ER the infant was diagnosed with pneumonia and sepsis and several medical interventions were performed. On February 10, 2019, the infant was transported to a specialized children's hospital for further treatment. The infant passed away upon his return to the hospital.

Executive Summary

This report concerns the death of the 7-month-old male. The infant died while living in a foster home under the custody of The Commissioner of Clinton County Department of Social Services (CCDSS). The infant resided in the home of the foster mother and foster father and their 2 biological children. The mother and father of the 7-month-old had regular supervised visits with him. The infant was the father's only child and had 3 surviving siblings on his mother's side. The infant did not have contact with his siblings and they resided in the home of their father. The mother did not have regular contact with the siblings at the time of the infant's death.

The mother and father had previously lost a 5-month-old child in January of 2018. The sibling was also born premature and removed from the parents care at birth. The sibling died from complications of a medical condition while in foster care.

CCDSS received notification of the infant's death on 2/10/19, from medical staff at the hospital where he was receiving treatment. The infant became ill on 2/7/19 and was taken for medical care by the foster mother on 2/8/19. The infant was found to be in respiratory distress and he was hospitalized and treated; his condition worsened rapidly and ultimately led to his death.

An autopsy was performed, and the final report listed the manner of death as natural and the cause of death was complications of human metapneumovirus infection. CCDSS also received medical records from the hospital and the infant's death certificate.

There was no LE involvement as there was no evidence of foul play to warrant suspicion that a crime had been committed.

CCDSS worked with the biological parents and foster parents to assist in arranging funeral services for the infant. There was no documentation in the case record that bereavement or grief counseling services were offered to the foster parents or their children. The mother and father were already engaged in mental health services at the time of the infant's passing.

CCDSS notified Clinton County Family Court of the infant's passing and requested that the neglect petition against the parents be dismissed. The foster care case was closed within 2 weeks of the infant's death.

PIP Requirement



CCDSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) CCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, CCDSS will review the plan and revise as needed to 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:
 - 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:

The infant died while he was part of an open foster care case. There was no SCR report as a result of the fatality.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

It was appropriate to conclude the foster care case.

Required Actions Related to the Fatality

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

Issue:	Adequacy of services following the fatality
Summary:	There is no documentation in the case records that CCDSS discussed services related to the fatality with the mother, father, foster parents or their biological children.
Legal Reference:	18 NYCRR 432.2(b)(4);428.6
Action:	CCDSS will explore areas of potential service needs with all family members with whom they are involved. If service needs are identified, CCDSS will make the appropriate referral to preventive or community-based services in an effort to determine whether there are services that can benefit the family.

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 02/10/2019

Time of Death: Unknown

Date of fatal incident, if different than date of death:

02/08/2019

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

Unknown

County where fatality incident occurred:

Clinton

Was 911 or local emergency number called?

No

Did EMS 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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	7 Month(s)
Deceased Child's Household	Foster Parent	No Role	Female	47 Year(s)
Deceased Child's Household	Foster Parent	No Role	Male	48 Year(s)
Deceased Child's Household	Other Child - foster parent's child	No Role	Male	12 Year(s)
Deceased Child's Household	Other Child - foster parent's child	No Role	Male	4 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)
Other Household 1	Mother	No Role	Female	32 Year(s)

LDSS Response

On 2/7/19, CCDSS received an email from the foster mother to advise them the infant was ill and would not be able to attend the regularly scheduled supervised visit with the mother and father. The foster mother said the infant had a fever and cough that began on 2/6/19 at about 7:00PM. On 2/8/19, the foster mother took the infant to the pediatrician and he referred her to the local ER due to the severity of his presenting symptoms. At the ER, the infant was diagnosed with an ear and lung infection and later in the day he was transferred to another hospital for further treatment of his severe respiratory distress. The infant was sedated and intubated to help him rest. The infant was then placed in the ICU and further diagnosed with pneumonia and sepsis. The foster mother and doctors were in contact with CCDSS during the infant's treatment, as consent was needed for medical interventions. They determined he had air leaking from his lungs and needed a procedure to bypass his lungs. The ER staff worked to stabilize the infant so he could be transferred to another



hospital out of state, equipped to provide specialized care for his condition. On 2/10/19, the infant's heart stopped on the way to the specialized hospital. The infant was revived but he never stabilized enough to receive the procedure needed to combat his respiratory failure. The infant's heart stopped again at the hospital and he passed away.

On 2/10/19, the hospital contacted CCDSS at about 9:30AM to advise them the infant had not survived his illness. From 2/7/19 through 2/10/19, CCDSS were in regular contact with the mother and father, providing medical updates on the infant. CCDSS notified the mother and father of the infant's death via telephone on 2/10/19, and had a face-to-face meeting with the parents on 2/11/19.

A review of the medical records and contact with medical staff revealed the infant was exposed to illicit and prescription drugs in utero. The infant was born premature and as a result had underdeveloped lungs and respiratory system issues. The infant's condition deteriorated rapidly after he exhibited symptoms of illness. The foster mother reacted appropriately and sought immediate treatment. The infant had received regular medical care while in foster care placement and CCDSS found no reason to suspect the death was the result of abuse or neglect on the part of the foster parent.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

CPS Fatality Casework/Investigative Activities

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

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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 The infant was living in a foster home at the time of his death and the foster mother and foster father were the parents of the other children in the home. There was no documentation in the case record to indicate the safety of the other children was assessed after the fatality.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
 The parents were engaged in services at the time of the infant's death and no service needs were explored with the foster family.

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 type="checkbox"/>	<input checked="" 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"/>
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Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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? No

Explain:
There was no documentation in the case record that the children of the foster parents had any service need as a result of the infant's death. No service referrals were made for the children.



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

Explain:
CCDSS assisted the foster family and parents with burial arrangements for the infant. The record identified no other service need for the foster parents and no referrals were made. The mother and father were already engaged in several services at the time of the child's death and no further referrals were made.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? Yes
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/19/2018	Deceased Child, Male, 1 Days	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 1 Days	Father, Male, 25 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Days	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report was received after the birth of the child on 6/18/18. At the time of his birth both the child and his mother tested positive for methadone and amphetamines. The father had an unknown role.

Report Determination: Indicated **Date of Determination:** 07/27/2018



Basis for Determination:

CCDSS found that the mother and father were using drugs while the mother was pregnant with the child. The child was born with medical complications and withdrawing from the drugs he was exposed to in utero. CCDSS spoke with the parents, medical personnel and substance abuse treatment providers during the investigation and learned the mother had unresolved substance abuse issues. The father was aware of her use and failed to intervene. The parents had a previous child removed from their care due to their drug use. A neglect petition was filed regarding the subject child and he was placed in foster care.

OCFS Review Results:

The casework was commensurate with the case circumstances. CCDSS opened an CPS services case at the closing of the investigation, and they continued to work with the parents.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/20/2017	Sibling, Female, 13 Days	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	No
	Sibling, Female, 13 Days	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 13 Days	Father, Male, 24 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report was received that alleged the mother was actively abusing drugs and alcohol to the point of impairment, while she was the sole caregiver for the sibling, who was a newborn at the time. The mother reportedly had a significant history of drug and alcohol abuse, in addition to ongoing mental health issues. The mother was not receiving mental health treatment at the time and therefore it was alleged she was not an appropriate caregiver for the sibling. The father was aware of the mother's drug use and continued to leave the sibling in her care. The mother had other children that resided with relatives and she had no contact with them.

Report Determination: Indicated

Date of Determination: 09/18/2017

Basis for Determination:

CCDSS discovered the mother was testing positive for illicit substances throughout her pregnancy and after she gave birth to the sibling. The mother also went to the ER in an intoxicated state during her pregnancy. The sibling was born prematurely and was hospitalized for 2 weeks after her birth. The mother only visited the sibling once, despite being offered accommodations to be with the sibling. The mother's untreated drug misuse prevented her from exercising proper care for the sibling. The father was aware of the mother's continued drug use and he allowed her to continue to act as the sole caregiver for the sibling. CCDSS removed the sibling and sought Family Court intervention.

OCFS Review Results:

CCDSS explored relative placements for the sibling, but they were not viable resources and the sibling was placed in foster care. The safety and risk assessments were completed accurately and timely.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/28/2017	Sibling, Female, 11 Years	Father, Male, 31 Years	Other	Unsubstantiated	No
	Sibling, Male, 9 Years	Father, Male, 31 Years	Other	Unsubstantiated	



Child Fatality Report

Sibling, Male, 7 Years	Father, Male, 31 Years	Other	Unsubstantiated
Sibling, Female, 11 Years	Other Adult - PGM of SS, Female, 51 Years	Other	Unsubstantiated
Sibling, Male, 9 Years	Other Adult - PGM of SS, Female, 51 Years	Other	Unsubstantiated
Sibling, Male, 7 Years	Other Adult - PGM of SS, Female, 51 Years	Other	Unsubstantiated
Sibling, Female, 11 Years	Mother, Female, 30 Years	Other	Unsubstantiated
Sibling, Male, 9 Years	Mother, Female, 30 Years	Other	Unsubstantiated
Sibling, Male, 7 Years	Mother, Female, 30 Years	Other	Unsubstantiated

Report Summary:

An SCR report was received as the result of a Family Court-ordered investigation. The mother's three eldest children (ages 11, 9 and 7 at the time of the report) were in the custody of their paternal grandmother since 2013. The biological father of the children had petitioned the court for custody and the mother had supervised visitation at the time of the report.

Report Determination: Unfounded**Date of Determination:** 04/14/2017**Basis for Determination:**

CCDSS interviewed the mother, father of the surviving siblings and their PGM. CCDSS learned that the PGM had experienced a medical issue requiring hospitalization and she suggested the father file for custody of the children in the event she could no longer care for them. The children all reported they wanted to live with their father. The father was awarded custody of the three siblings and the mother had supervised visitation. There was no evidence of abuse or maltreatment found.

OCFS Review Results:

The PGM had custody of the children because the mother and father made that plan before they were both incarcerated. The father was released in April of 2014 and had addressed his previous substance abuse issues. The mother had supervised visitation after her release in June of 2016, but was not regularly visiting the siblings due to a reported scheduling conflict. The mother spoke with the children on the telephone, but had not seen them in 2 years. The casework was commensurate with the case circumstances during the investigation.

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

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

- 6/2/2011-An SCR report with allegations of IG and L/B/W unsubstantiated against the mother regarding the 9yo SS.
- 6/26/2011-An SCR report with an allegation of IG substantiated against the mother regarding the 9yo and 11yo SS.
- 6/7/2012-An SCR report with allegations of IG and PD/AM substantiated against the mother regarding the 9yo, 11yo and 13yo SS. An allegation of LS was unsubstantiated against the mother regarding the children.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Services Open at the Time of the Fatality

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

Date the Child Protective Services case was opened: 07/10/2018

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



Child Fatality Report

	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input type="checkbox"/>	<input checked="" 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)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The most recent FASP was due on 2/1/19, and was approved on 2/11/19, 10 days late.				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing



	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input 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

Issue:	Failure to Monitor
Summary:	There was no documentation in the case record that the CPS worker/monitor had involvement in the oversight of the infant while he was in foster care, as is required by regulation.
Legal Reference:	18 NYCRR 432.2(b)(5)
Action:	CPS is responsible for monitoring the provision of services, including foster care services, to children named in an open indicated abuse and maltreatment report and their families, when the CPS worker is not the primary service provider for the case.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 07/09/2018

Date of placement with most recent caregiver? 07/09/2018

How did the child(ren) enter placement? Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Was there supervision of visits as required?	<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"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 07/14/2008	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional information, if necessary:
The FASP completed 1 day after the death of the infant does not properly document the case circumstances. The FASP did not document the death of the infant and suggested that he remained in Foster Care.

Required Action(s)

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

Yes No



Have any Orders of Protection been issued? Yes

From: 07/05/2018

To: Unknown

Explain:

There was an order of protection put in place in favor of the infant against the mother and father. The order prohibited either of the parents from having unsupervised contact with the infant.

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