



**Report Identification Number: AL-22-034**

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

**Issue Date: May 11, 2023**

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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:** 1 year(s)

**Jurisdiction:** Fulton  
**Gender:** Female

**Date of Death:** 12/10/2022  
**Initial Date OCFS Notified:** 12/10/2022

## Presenting Information

Fulton County Department of Social Services (FCDSS) was notified on 12/10/22, by an additional information (ADD info) report made to the SCR, that the family was involved in a fatal car accident on the same date, and the subject child was pronounced deceased at the hospital at 10:06AM. There was an open CPS investigation at the time of the fatality regarding unrelated concerns. FCDSS completed the 7065 Agency Reporting Form and notified the Albany Regional Office within the required time frame.

## Executive Summary

On 12/10/22, FCDSS received an additional information report which noted the 1-year-old female subject child died in a car accident on that day. At the time of the child’s death, FCDSS was involved with the family regarding an open CPS investigation dated 5/31/22, due to allegations that the home was a health and safety hazard to the children. The record reflected there was no documented casework activity from 6/1/22 to 7/30/22 and 7/31/22 until 12/10/22. The child resided with her mother, father, and 5-year-old male sibling.

FCDSS learned through the additional information report the mother, the father, the child, and the sibling were involved in a car accident. The child was in a car seat at the time the accident occurred. The mother and the child were taken to a local hospital and the child was pronounced deceased. The father and the sibling were airlifted to a hospital in another jurisdiction, due to the sibling’s injuries.

At the writing of this report, it was unknown if an autopsy was completed. The record did not reflect FCDSS contacted the ME to determine the cause and manner of death regarding the child. It was unknown if there was an open criminal investigation or if any criminal charges had been filed; the record did not reflect FCDSS had any contact with law enforcement regarding the circumstances surrounding the fatal car accident.

The record did not reflect FCDSS interviewed or made a face-to-face visit with the parents or the sibling regarding the fatal incident. The sibling was hospitalized after the incident due to his injuries; however, the safety of the sibling was not assessed by FCDSS. There was no documentation in the record of any contact with the family or a home visit after the death of the child. The record did not reflect FCDSS made any attempt to investigate the cause of the fatal car accident to determine if there was any abuse or neglect by the parents regarding the child’s death. At the time this report was written the initial case remained open and there was no documented casework activity from 12/11/22 until 1/19/23, and from 1/21/23 until this report was written.

### PIP Requirement

FCDSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) FCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, FCDSS 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 SC's death was not reported to the SCR; therefore, safety assessments and a determination were not required. The safety of the sibling was not assessed and the ongoing CPS case remained open at the time this report was written.

- Was the decision to close the case appropriate? N/A
- Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No
- Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**

Casework activity was not commensurate with the case circumstances. Although this was not an SCR reported fatality, the record reflected that there was no casework activity from 12/11/22 to 1/19/23, and from 1/21/23 until this report was written. The record did not reflect FCDSS investigated the circumstances surrounding the death of the SC to determine if there was any abuse or maltreatment on behalf of the parents. According to the case record, the parents and SS were not seen or interviewed following the death of the SC and the ongoing safety of the sibling was not assessed. The record reflected one supervisory note on 12/10/22.

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities****Incident Information**

**Date of Death:** 12/10/2022 **Time of Death:** 10:06 AM

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

**County where fatality incident occurred:** Fulton

**Was 911 or local emergency number called?** Yes

**Time of Call:** Unknown

**Did EMS respond to the scene?** Yes

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?** No

**Child's activity at time of incident:**



# Child Fatality Report

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**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	Female	1 Year(s)
Deceased Child's Household	Father	No Role	Male	25 Year(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)

**LDSS Response**

At the time of the SC's death, there was an ongoing CPS investigation that began on 5/31/22. The SCR report dated 5/31/22 alleged concerns for the home being a health and safety hazard for the then 7-month-old SC and the then 5yo SS. On 6/1/22, FCDSS found the home to be a safety concern for the children; the parents planned for the CHN to stay with a relative while they cleaned the home. FCDSS returned to the home the same day, found the home was no longer a safety concern, and the CHN were allowed to return. The record reflected FCDSS addressed the condition of the home but did not reflect the parents or SS were interviewed. There was no documented contact with the family from 6/1/22 to 7/30/22. On 7/30/22, FCDSS conducted a home visit regarding the cleanliness of the home, and found the home to be slightly messy and cluttered. The SC was seen at that home visit and the SM was educated about unsafe sleep after she admitted to co-sleeping with the SC, and a crib was observed in the home. There was no documented casework activity from 7/30/22 until 12/10/22 despite ongoing concerns for the conditions of the home and a child under the age of 1.

In response to the fatality FCDSS contacted the source of the ADD info report. FCDSS spoke with the hospital regarding the status of the SS and the father on 12/10/22. The record did not reflect FCDSS made efforts to conduct a home visit or interview the mother, the father, or the SS regarding the circumstances of the fatal incident. The record did not reflect that FCDSS contacted another agency to request the SS be seen at the hospital in their jurisdiction. There was no documentation in the case record that FCDSS offered services to the family. There was no casework activity documented from 12/11/22 until 1/19/23 and again from 1/21/23 to the time this report was written. The record did not reflect FCDSS made attempts to determine the circumstances of the SC's death or whether the child's death was a result of abuse or neglect by the parents.

The 5/31/22 CPS investigation remained open with no further documented casework activity at the time this report was written.

**Official Manner and Cause of Death**

**Official Manner:** Unknown  
**Primary Cause of Death:** Unknown  
**Person Declaring Official Manner and Cause of Death:** Unknown



### Multidisciplinary Investigation/Review

**Was the fatality referred to an OCFS approved Child Fatality Review Team?**No

**Comments:** Fulton County does not have an OCFS approved Child Fatality Review Team.

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

This was not an SCR reported fatality; therefore, certain investigative activities were not required.

### Fatality Safety Assessment Activities

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



<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
The fatality was not SCR reported; therefore, certain assessments were not required.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Explain:**  
The record did not reflect FCDSS offered the family services.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Legal Activity Related to the Fatality**

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

**Services Provided to the Family in Response to the Fatality**

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
<b>Bereavement counseling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

**Additional information, if necessary:**

The record did not reflect FCDSS offered the family services following the death.

**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:**

The record did not reflect FCDSS offered services to the sibling.

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

**Explain:**

The record did not reflect FCDSS offered services to the parents.

## 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? 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





## 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)
05/31/2022	Deceased Child, Female, 7 Months	Mother, Female, 23 Years	Inadequate Guardianship	Pending	Yes
	Sibling, Male, 5 Years	Mother, Female, 23 Years	Inadequate Guardianship	Pending	
	Deceased Child, Female, 7 Months	Father, Male, 24 Years	Inadequate Guardianship	Pending	
	Sibling, Male, 5 Years	Father, Male, 24 Years	Inadequate Guardianship	Pending	

**Report Summary:**

An SCR report dated 5/31/22 alleged the mother and father failed to address the unsanitary conditions of the home that presented a safety hazard to the SC and the SS. There was a strong odor of cat urine and piles of cat feces in the home. The floors were covered with garbage, debris, and there were ants all over the floor. There were dirty dishes and fruit flies in the sink, and the stove was caked with dried grease and food. The fire/smoke alarms were disabled, and outside there was bags of garbage ripped open that were accessible to the children. The children were often ill due to the unsanitary conditions of the home. The situation was ongoing.

**Report Determination:** Undetermined**OCFS Review Results:**

FCDSS initiated the investigation timely. A home visit was made, and safe sleep recommendations were provided. A CPS history check was completed timely. Written notice was provided untimely to the required adults. The family was not interviewed, and the safety of the SC and SS was not assessed after 7/30/22. The case record noted no casework activity from 6/2/22 to 7/30/22 and from 7/31/22 to 12/10/22, when an ADD info report was called in regarding the death of the SC. The record did not reflect FCDSS made any attempts to interview or contact the family, or made any collateral contacts regarding the circumstances surrounding the death of the SC. There was no documentation of any casework contact or casework activity from 12/11/22 to 1/19/23 and from 1/21/23 until the time this report was written. At the time this report was written the case remained open despite lack of casework activity or documentation for the continued need of CPS intervention.

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

**Issue:**

Failure to provide notice of report

**Summary:**

The record did not reflect FCDSS provided written notice of the report to the required adults listed on the report.

**Legal Reference:**

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

**Action:**

FCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

The record does not reflect the SM, SF, or SS were fully interviewed regarding the report. The SS and the SC were observed. The SM, SF, and SS were not seen or interviewed regarding the circumstances surrounding the death of the



SC.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. FCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The record did not reflect any collateral contacts were made to gather outside information regarding the family. FCDSS did not contact the source of the initial report and there was no documentation in the record any collateral contacts were made regarding the children's health. The record did not reflect FCDSS contacted law enforcement, or the medical examiner to determine the circumstances surrounding the death of the SC.

**Legal Reference:**

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

**Action:**

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. FCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

According to the case record, FCDSS had no documented contact with the family from 7/30/22 until the time this report was written. There was no documented casework activity from 7/30/22 until 12/10/22, when an ADD info SCR report was made regarding the death of the SC, from 12/11/22 until 1/19/23, and from 1/21/23 to the time this report was written. The record does not reflect the ongoing safety of the children was assessed. The record did not reflect FCDSS made any attempts to determine the circumstances surrounding the death of the SC. The SS was released from the hospital on 1/20/23, and there was no assessment of his safety. The case remained open at the time this report was written.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

FCDSS must continue to gather information to reassess safety of the child(ren), throughout the time child welfare staff are involved with the family and until the case is closed, because safety is not static.( CPS Manual Chapter 6 section D page D-1 and D page D3.)

**Issue:**

Timeliness of Determination

**Summary:**

There was no documented casework activity from 6/1/22 to 7/30/22, 7/30/22 to 12/10/22, 12/11/22 to 1/19/23, and from 1/21/23 until the writing of this report. The initial case was regarding the home being a safety hazard for the children, FCDSS assessed the home as unsafe on 6/1/22, and the parents planned for a relative to take the children while they cleaned the home. The home was reassessed on the same day and found to be appropriate, and the children were allowed to return. FCDSS made another home visit on 7/30/22, and the home was messy and cluttered; however, was not determined to be a safety hazard to the children. The case remained open despite there being no documentation of the continued need for CPS intervention.

**Legal Reference:**

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

**Action:**



FCDSS will make a determination of either “indicated” or “unfounded” within 60 days after receiving the report.

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

An SCR report dated 12/23/18 was unsubstantiated for the allegations of IG and LS against the father regarding the sibling.

An SCR report dated 1/23/17 was unsubstantiated for the allegations of IG, CD/A, and PD/AM against the mother regarding 3 unrelated children.

### Known CPS History Outside of NYS

There was no known history outside of New York State.

### Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity.

### Recommended Action(s)

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

Are there any recommended prevention activities resulting from the review?  Yes  No