

Report Identification Number: RO-16-025

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

Issue Date: Apr 25, 2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships

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

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 4 year(s)

Jurisdiction: Livingston
Gender: Male

Date of Death: 12/06/2016
Initial Date OCFS Notified: 12/12/2016

Presenting Information

On 12/07/2016 the death of the four-year-old SC was reported to OCFS by the Livingston County Department of Social Services (LCDSS) through form 7065. The four-year old SC, his twin four-year-old female SS and 10-year-old female SS were in the custody of the Commissioner of the LCDSS at the time and residing in the relative foster home of the PGM. The SC had a rare childhood illness that he was diagnosed with on 07/22/2015 and for which he had been receiving treatment. The SC was receiving hospice services in the PGM's home and on 12/06/2016 at approximately 1:30 pm the SC died as a result of his illness.

Executive Summary

On 12/07/2016, LCDSS notified OCFS of the SC's passing on 12/06/2016 through form 7065. The SC and SS were in the custody of the Commissioner of the LCDSS and placed in the PGM's relative foster boarding home at the time. On 07/13/2015 LCDSS opened a CPS services case for ongoing monitoring due to concerns for drug use and inappropriate supervision by the SM and SF. The SC was diagnosed with a rare form a childhood cancer on 07/22/2015. The SF was incarcerated for drugs on 08/08/2015 and remained incarcerated throughout the case. As a result of the recent drug concerns for the SF and history of drug concerns for both parents, a safety plan was initiated that the SC and SS would stay with relatives. On 08/10/2015 the SM no longer agreed to the safety plan and she consented to the SC and his two siblings being placed in foster care.

The SC received the appropriate medical care and treatment for his illness until treatment was deemed no longer effective. The SC was receiving hospice care services in the PGM's home prior to his passing. The Family Court judge ruled that the SF would not get visitation while he was incarcerated and the SM had regularly scheduled visitation. When LCDSS learned that the SC's passing was impending, they arranged for the SF to be transported to the PGM's home to visit the SC on 12/05/2016. Although the SM surrendered her rights to the SC and SS on 08/29/2016, she was present in the PGM's home when the SC passed away. Immediately upon learning of the SC's passing, LCDSS conducted a home visit and offered support to the PGM and SS. The SS were assessed to be safe in the PGM's home and no concerns arose for the SS. The SS were already engaged in counseling and had begun working on grieving as the SC's passing was imminent. The SS continued to utilize their counselor as a grieving resource and had a lot of family resources and support. The SF surrendered his rights to the SS on 12/13/2016 and the PGM was in the process of adopting the SS. The CPS/foster care services case was closed on 12/15/2016 and separate adoption cases were opened for each of the SS.

An autopsy was not performed as the death was ruled to be from natural causes as a result of a rare childhood illness. LCDSS met all NYS foster care regulations and requirements pertaining to casework contacts, frequency of visits for the SM and providing services to the family. The PGM was properly trained as a foster parent, cleared through the SCR and criminal database, and was a certified foster boarding home. All four Family Assessment and Service Plans (FASPs) were completed and approved late. Service plan review meetings were not held for the last two approved reassessment FASPs. CPS was providing ongoing monitoring of the case from the time it was opened on 07/13/2015. The CPS monitor did not meet the requirements for monitoring of the service plan and had no contact with the primary caseworker and service providers from 01/05/2016-11/30/2016.



The SM gave birth to another child on 01/09/2017. Due to the safety factors still existing regarding the SM and SF's care of the other SS and not completing their court orders prior to surrendering their rights, a derivative neglect petition was filed against both parents and the newborn was removed on 01/11/2017. The newborn was placed in the PGM's foster boarding home with the SS. LCDSS took the appropriate steps to ensure the safety of the newborn. An SCR report was indicated and opened for mandated preventive services and the neglect petition was pending in family court at the time of the writing of this report.

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 and SS were in foster care at the time of the SC's death. The SS remain in the relative foster boarding home of the PGM and were assessed to be safe. No SCR report was made regarding the fatality.

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

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

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

Explain:

The SC and SS were in foster care at the time of the SC's death. The level of casework activity was commensurate with the case circumstances. The foster care case remains open.

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: 12/06/2016

Time of Death: 01:30 PM

County where fatality incident occurred:

LIVINGSTON

Was 911 or local emergency number called?

No



Did EMS to respond to the scene? No

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

Child's activity at time of incident:

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

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

Is the caretaker listed in the Household Composition? No

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	4 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	52 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Other Household 1	Father	No Role	Male	32 Year(s)
Other Household 2	Mother	No Role	Female	30 Year(s)

LDSS Response

On 12/01/2017 the PGM/foster mother contacted LCDSS to inform them that the SC was very ill from the terminal illness for which he had been receiving hospice care in her home and was expected to pass anytime. LCDSS arranged for the SF to be transported to the PGM's home on 12/05/2016 to say goodbye to his son. On 12/06/2016 The PGM contacted LCDSS to inform them that the SC had passed away. LCDSS immediately contacted the correctional facility in which the SF was incarcerated to inform the SF of his son's passing and then made a home visit to the PGM's home to assess the safety of the SS and to offer their condolences. LCDSS observed the SC's body and spoke to the PGM, SM, SS, hospice staff, LE, the coroner, and prior foster mother. The SM surrendered her rights to the SC and SS prior to the SC's death, although she was present in the PGM's home for the SC's passing. The PGM's home was assessed to be safe and the SS were assessed to be safe in her care. LCDSS offered support to the PGM and SS and asked if they needed anything.

On 12/7/2016 LCDSS notified OCFS of the SC's passing through form 7065. The SF surrendered his rights to the SS on 12/13/2016, freeing them for adoption. LCDSS opened adoption cases for each child and planned to continue to provide the PGM and SS assistance and support until the adoption of the SS by the PGM is finalized. The SS were already engaged in counseling and working on grieving skills leading up to the SC's death and continued attending counseling. LCDSS planned to continue conducting ongoing assessments of the safety of the SS through their open adoption case.



The PGM is a certified foster parent through LCDSS, with a current foster boarding home certificate, the appropriate criminal and SCR background clearances and required training. LCDSS spoke to the Hospice care providers, SC's pediatrician and other medical providers to establish there were no concerns for the care the SC received for his medical condition. An autopsy was not performed as the death was ruled to be from natural causes as a result of a rare childhood illness. The CPS monitor did not meet the requirements for monitoring of the service plan and had no contact with the primary caseworker and service providers from 01/05/2016-11/30/2016. The comprehensive FASP was completed six months late and both reassessment FASPs were completed four months late. Service plan review meetings were not held for the two reassessment FASPs.

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: Coroner

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No
Comments: Livingston County does not have an approved Child Fatality Review Team.

CPS Fatality Casework/Investigative Activities

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

Additional information:
There were several progress notes not entered contemporaneously. There was no need to review logs as this was a relative foster boarding home.

Fatality Safety Assessment Activities



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

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain as necessary:
The SC and SS were already placed in foster care on 08/10/2015.

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:
	Court Approved Surrender	Transfer Custody and Guardianship (Surrender or TPR Only)
Respondent:	035225 Father Male 32 Year(s)	
Comments:	SF surrendered his rights to the SS on 12/13/2016, freeing them for adoption.	

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 checked="" 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"/>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Health care	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 The SS were in the foster boarding home of the PGM at the time of the SC's death and were already in counseling to deal with SC's illness and expected death. SC's burial was paid for by the county. SM was offered bereavement counseling. SF was incarcerated so the CW worked with his counselor to have him brought to the funeral services. PGM was offered support and bereavement services.

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? Yes

Explain:
 The SS were already engaged in counseling at the time of the SC's death. LCDSS provided transportation to counseling appointments.

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

Explain:
 LCDSS was in contact with the SF's counselor at the jail and arranged for the SF to be present at the funeral services. LCDSS recommended that SM seek bereavement counseling. LCDSS offered support to the PGM and recommended bereavement counseling.

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?** 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

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)
08/08/2015	14551 - Deceased Child on Report, Male, 3 Years	14532 - Father, Male, 30 Years	Inadequate Guardianship	Indicated	Yes
	14551 - Deceased Child on	14532 - Father, Male,	Parents Drug /	Indicated	



Report, Male, 3 Years	30 Years	Alcohol Misuse	
14553 - Sibling, Female, 9 Years	14532 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Indicated
14552 - Sibling, Female, 3 Years	14541 - Mother, Female, 28 Years	Lack of Supervision	Indicated
14552 - Sibling, Female, 3 Years	14532 - Father, Male, 30 Years	Inadequate Guardianship	Indicated
14552 - Sibling, Female, 3 Years	14541 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated
14553 - Sibling, Female, 9 Years	14541 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated
14551 - Deceased Child on Report, Male, 3 Years	14541 - Mother, Female, 28 Years	Lack of Supervision	Indicated
14551 - Deceased Child on Report, Male, 3 Years	14541 - Mother, Female, 28 Years	Lack of Medical Care	Indicated
14551 - Deceased Child on Report, Male, 3 Years	14541 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Indicated
14553 - Sibling, Female, 9 Years	14532 - Father, Male, 30 Years	Inadequate Guardianship	Indicated
14551 - Deceased Child on Report, Male, 3 Years	14541 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated
14552 - Sibling, Female, 3 Years	14532 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Indicated
14552 - Sibling, Female, 3 Years	14541 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Indicated
14553 - Sibling, Female, 9 Years	14541 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Indicated
14551 - Deceased Child on Report, Male, 3 Years	14532 - Father, Male, 30 Years	Lack of Medical Care	Indicated

Report Summary:

An SCR report was received with allegations that SM and SF were cooking and smoking crystal methamphetamine (meth) in the home while they were the sole caretakers of the then three-year-old twins and nine-year-old SS. As a result, the children were exposed to the hazardous materials involved with cooking and smoking crystal meth, and its harmful effects. Two subsequent reports were received on 08/09/2015 alleging the SM and SF were delaying medical care for the SC and the SM and SF were abusing drugs and running a meth lab in their home.

Determination: Indicated**Date of Determination:** 09/29/2015**Basis for Determination:**

LCDSS substantiated the allegations of IG and PD/AM against the SM and SF regarding the SC and SS. LE found evidence consistent with a meth lab. SF was arrested for chemicals used in production of meth lab and unlawful destruction of meth lab. SM was aware and both parents had a history of drug abuse. A safety plan was made that the children would stay with relatives. The parents consented to the children being placed in foster care on 8/10/2015 and a neglect petition was filed. LCDSS Unsub the allegations of LS against the SM regarding the SC and twin SS and LMC against SM and SF regarding the SC. SC was receiving appropriate medical care and the children had adequate supervision.

OCFS Review Results:



LCDSS completed a thorough investigation and contacted necessary collaterals including LE, family members, hospital staff, foster parents and pediatrician. The investigation determination safety assessment incorrectly noted no safety factors due to the children being in foster care. The safety factor pertaining to parents' drug use should have been checked and safety decision pertaining to foster care chosen. The children were in immediate danger of serious harm in the parents' care, a neglect petition was filed and the children were placed in foster care as controlling interventions. LCDSS accurately determined the investigation and the case remained opened for foster care services.

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

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

The determination safety assessment inaccurately noted no safety factors despite controlling interventions such as family court intervention and removal to foster care in place to protect the children as a result of the parents' history of drug use.

Legal Reference:

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

Action:

LCDSS will complete adequate safety assessments.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/29/2015	14563 - Sibling, Female, 8 Years	14561 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated	No
	14564 - Deceased Child on Report, Male, 3 Years	14561 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated	
	14564 - Deceased Child on Report, Male, 3 Years	14562 - Father, Male, 30 Years	Inadequate Guardianship	Indicated	
	14565 - Sibling, Female, 3 Years	14562 - Father, Male, 30 Years	Inadequate Guardianship	Indicated	
	14564 - Deceased Child on Report, Male, 3 Years	14561 - Mother, Female, 28 Years	Lack of Supervision	Indicated	
	14563 - Sibling, Female, 8 Years	14561 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Indicated	
	14564 - Deceased Child on Report, Male, 3 Years	14561 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Indicated	
	14563 - Sibling, Female, 8 Years	14562 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Indicated	
	14565 - Sibling, Female, 3 Years	14561 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated	
	14563 - Sibling, Female, 8 Years	14562 - Father, Male, 30 Years	Inadequate Guardianship	Indicated	
	14565 - Sibling, Female, 3 Years	14561 - Mother, Female, 28 Years	Lack of Supervision	Indicated	
	14564 - Deceased Child on Report, Male, 3 Years	14562 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Indicated	
14565 - Sibling, Female, 3 Years	14562 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Indicated		

14565 - Sibling, Female, 3
Years14561 - Mother,
Female, 28 YearsParents Drug /
Alcohol Misuse

Indicated

Report Summary:

An SCR report was received that alleged on 05/28/2015 the SF physically assaulted the SM while the children were present in the home. On 05/29/2015 the three-year-old SC and twin SS were found playing alone outside in the roadway without any supervision. The children were outside alone for a significant amount of time. The SM was inside and failed to provide supervision of the children. A subsequent report was received on 06/01/2015 that was merged into the initial case that alleged that the parents were abusing drugs to impairment while caring for the children and additional concerns for DV incidents and supervision.

Determination: Indicated**Date of Determination:** 07/31/2015**Basis for Determination:**

LCDSS Sub the allegations of IG against the SM and SF regarding all three children and for LS regarding the SC and twin SS. There was a DV incident between the SM and SF that resulted in items getting broken in the presence of the children. An OOP was issued and SF was charged with Criminal Mischief and Resisting Arrest. Additionally, during the investigation the twins got out of the house and were found outside unsupervised while the SM was sleeping inside the home. SM was arrested for Endangering the Welfare of a Child. The allegation of PD/AM was Unsub against the SM and SF regarding all three children as there was a lack of credible evidence that the SM and SF were using drugs.

OCFS Review Results:

The decision to substantiate the allegations of IG and LS was appropriate. LCDSS utilized an appropriate safety plan for the children to stay with relatives until SM passed a drug screen. LCDSS conducted a thorough investigation and contacted the necessary collaterals including relatives, LE, Head Start, pediatrician, school, substance abuse counselor and MH counselors. LCDSS recognized the service needs within the family and high risk of placement for the children. The case was opened for continued CPS monitoring.

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)
12/02/2014	14418 - Deceased Child, Male, 2 Years	14415 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	14417 - Sibling, Female, 8 Years	14416 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	14418 - Deceased Child, Male, 2 Years	14416 - Father, Male, 30 Years	Inadequate Guardianship	Unfounded	
	14419 - Sibling, Female, 2 Years	14416 - Father, Male, 30 Years	Inadequate Guardianship	Unfounded	
	14418 - Deceased Child, Male, 2 Years	14415 - Mother, Female, 28 Years	Lack of Supervision	Unfounded	
	14419 - Sibling, Female, 2 Years	14415 - Mother, Female, 28 Years	Lack of Supervision	Unfounded	
	14418 - Deceased Child, Male, 2 Years	14416 - Father, Male, 30 Years	Lack of Supervision	Unfounded	
	14419 - Sibling, Female, 2 Years	14416 - Father, Male, 30 Years	Lack of Supervision	Unfounded	
	14417 - Sibling, Female, 8 Years	14415 - Mother, Female, 28 Years	Inadequate Guardianship	Unfounded	
	14417 - Sibling, Female, 8 Years	14415 - Mother,	Parents Drug /	Unfounded	



Years	Female, 28 Years	Alcohol Misuse	
14419 - Sibling, Female, 2 Years	14415 - Mother, Female, 28 Years	Inadequate Guardianship	Unfounded
14418 - Deceased Child, Male, 2 Years	14416 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded
14418 - Deceased Child, Male, 2 Years	14415 - Mother, Female, 28 Years	Inadequate Guardianship	Unfounded
14419 - Sibling, Female, 2 Years	14415 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unfounded
14417 - Sibling, Female, 8 Years	14416 - Father, Male, 30 Years	Inadequate Guardianship	Unfounded
14419 - Sibling, Female, 2 Years	14416 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

An SCR report was received with allegations that on an ongoing basis, the SM and SF abused heroin to impairment while the sole caretakers of the twin two-year-olds and eight year old. When impaired, the parents were not able to provide adequate care to the children. It alleged on 11/30/14 both parents were impaired on heroin and had locked the twins in their bedroom, unsupervised, for an unknown length of time.

Determination: Unfounded**Date of Determination:** 02/09/2015**Basis for Determination:**

LCDSS unsubstantiated the allegations of PD/AM, IG and LS against the SM and SF regarding the twins and PD/AM and IG regarding the eight-year-old SS. On 12/02/14 911 was called for SM experiencing pain. 911 was called again the same night when a friend spending the night became unresponsive. SM performed CPR until LE arrived. The friend had opiates and marijuana in his system and he later died. SM and SF denied seeing the friend use drugs and LE reported there was no signs of drugs either time. The twins were reportedly sleeping for these incidents and the 8-year-old was not home. There was a lack of evidence the parents were using drugs. SM was on probation and drug tested negative.

OCFS Review Results:

LCDSS appropriately unsubstantiated the allegations due to a lack of credible evidence. Despite 911 being called twice, once for SM and then for a friend who overdosed, there was no evidence the parents were using drugs when LE arrived and the children were sleeping. LCDSS contacted all necessary collaterals including probation, MH, pediatrician, LE and family members. All of SM's drug screens were negative, she was following her probation officer's and MH counselor's recommendations and appeared to be taking her medication. The children appeared healthy and well cared for and family members were assisting with their care. The case was closed with SM on probation and attending MH counseling.

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

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

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

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Services Open at the Time of the Fatality



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

Date the Child Protective Services case was opened: 07/13/2015

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<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)



	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 approved 126 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:	The documentation did not show that CPS monitoring requirements were met consistently. There was no documentation that the service plan was monitored or of contact with the primary caseworker or service providers between 1/05/2016-11/30/2016.
Legal Reference:	18 NYCRR 432.2(b)(5)
Action:	LCDSS will meet all monitoring requirements for the CPS Service Monitor.

Preventive Services History

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

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: 08/10/2015

Date of placement with most recent caregiver? 06/02/2016

How did the child(ren) enter placement? Emergency removal without 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



regarding the child's health, handicaps, and behavioral issues?				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: 01/16/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 09/30/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 02/09/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: The PGM's certified foster boarding home had all the appropriate clearances. The SM surrendered her rights to the children on 08/29/2016. On 12/13/2016, the SF surrendered his rights to the SS. The SS were freed for adoption and the PGM was in the process of adopting the children at the time of this report.				

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?
 Yes No

Issue:	Timeliness of completion of FASP
Summary:	All four FASPs were completed and approved late. The comprehensive FASP was six months late and both reassessment FASPs were four months late. There was no service plan review meeting held for the two reassessment FASPs.
Legal Reference:	18 NYCRR 428.3(f)(5)
Action:	LCDSS will complete all FASPs within the mandated time frames and will hold service plan review meetings as required.
Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Multiple progress notes were entered more than 30 days past the event date.
Legal Reference:	18 NYCRR 428.5
Action:	LCDSS will enter all progress notes contemporaneously.

Foster Care Placement History



On 08/10/2015 the SM consented to the SC and SS being placed in foster care after the SF was incarcerated for drugs. The SM was also abusing drugs and had a history of not properly supervising the children. SM was not willing to utilize a relative resource at the time. An Article 10 neglect petition was filed and on 08/14/2015 the Livingston County Family Court Judge ordered the SC and SS into the custody of the Commissioner of the LCDSS. On 06/02/2016 the children were moved to the relative foster home of the PGM. The SM surrendered her rights to the three children on 08/29/2016. The SF, who was incarcerated, planned to surrender his rights to the children so that the PGM could adopt the children. On 12/13/2016, after the SC succumbed to his illness, the SF surrendered his rights to the two SS. The SS continued to receive services from LCDSS to facilitate their adoption by their PGM.

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

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
08/13/2016	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	035227 Mother Female 30 Year(s)	
Comments:	An article 10 neglect petition was filed against the SM after the SC and SS were placed in foster care on 08/10/2016 as a result of a 1021 consent. On 10/06/2016 the disposition was placement of the SC and SS in the custody of the commissioner of the LCDSS.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
08/13/2015	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	035225 Father Male 32 Year(s)	
Comments:	An article 10 neglect petition was filed against the SF after the SC and SS were placed in foster care on 08/10/2016 as a result of a 1021 consent. On 10/06/2016 the disposition was placement of the SC and SS in the custody of the commissioner of the LCDSS.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
	Court Approved Surrender	Transfer Custody and Guardianship (Surrender or TPR Only)
Respondent:	035227 Mother Female 30 Year(s)	
Comments:	SM surrendered her rights to the SC and SS in family court on 8/29/2016, freeing the children for adoption.	

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