



**Report Identification Number: SV-19-026**

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

**Issue Date: Sep 25, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** Orange  
**Gender:** Female

**Date of Death:** 05/22/2019  
**Initial Date OCFS Notified:** 06/03/2019

## Presenting Information

Orange County Department of Social Services (OCDSS) submitted a 7065-Agency Reporting Form to the Spring Valley Regional Office on 5/23/19 stating the child died in the hospital after battling an illness. The child died in the hospital on 5/22/19 with her parents by her side. She had been hospitalized since October 2018.

## Executive Summary

This fatality report concerns the death of the 1-year-old female subject child who died on 5/22/19. The child died during an open CPS investigation that was received by Orange County Department of Social Services (OCDSS) on 1/22/19. The report included concerns the child was hospitalized for a potentially terminal illness when the father became aggressive and forceful while caring for the child. The child died as a result of complications from her illness. OCDSS was aware of the child’s impending death throughout their investigation. There were no surviving siblings in the care of either parent. The mother had three other children who were removed from her care and resided with their father. Her children did not have regular contact with her or the subject child.

On 5/22/19, OCDSS was notified of the death by hospital staff. A 7065-Agency Reporting Form was completed and sent to OCFS the following day and OCDSS began collecting information about the death. OCDSS determined the death was not a result of child abuse or maltreatment and it was not appropriate to report the death to the SCR.

Throughout the investigation, regular contact was made with hospital staff and the parents. The child had been hospitalized since October 2018 after multiple viral and respiratory misdiagnoses. When the child was 6-months-old, she was diagnosed with a life-threatening illness and was admitted to the hospital until her death. The record did not reflect if an autopsy was performed; therefore, no official cause or manner of death were documented.

The allegations in the report were unsubstantiated. OCDSS thoroughly documented the child was not abused or maltreated by the father during her hospital stay, and that he provided the child with necessary care. OCDSS made all necessary collateral contacts and completed the Safety Assessments accurately. The Risk Assessment Profile appropriately reflected case circumstances. Some progress notes were not entered contemporaneously and were entered more than six months after their event dates.

During the investigation, the family was offered referrals for Health Homes Care Coordination, Preventive Services, The Office for People with Developmental Disabilities, Special Assistance Trauma Unit (grief counseling), and funeral assistance. The parents accepted the funeral assistance and it remained unknown if they engaged in other referred community-based services.

### PIP Requirement

OCDSS will submit a PIP to the Spring Valley Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS 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? Yes

### Determination:

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

### Explain:

Casework activity was commensurate with case circumstances.

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:

Casework was commensurate with case circumstances.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	Some progress notes were entered more than six months after their event dates.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 05/22/2019

Time of Death: 05:00 PM (Approximate)

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

Unknown



**County where fatality incident occurred:** Westchester  
**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?** N/A

**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	Female	1 Year(s)
Deceased Child's Household	Father	No Role	Male	27 Year(s)
Deceased Child's Household	Mother	No Role	Female	31 Year(s)

### LDSS Response

On 5/22/19, OCDSS was informed by hospital staff that the child was not expected to survive through the day and her parents were by her bedside, making end-of-life decisions for the child. Hospital staff later notified OCDSS the child was pronounced deceased around 5:00 PM on 5/22/19.

The case record noted the child had been misdiagnosed multiple times before being diagnosed with a life-threatening illness that she eventually succumbed to. On 3/29/19, the child was intubated after a medical procedure which was performed in attempt to treat her illness. The child developed a disease and a disorder which affected other organs in her body as a complication of the procedure.

OCDSS coordinated with Westchester County where the hospital was located. The Westchester County caseworker visited the child and spoke with the parents regularly. It was learned the father remained at the hospital throughout the child's stay and assisted nurses with her around-the-clock care. On 5/1/19, hospital staff reported the child's muscle tone had become too weak to breathe properly on her own. The father and hospital staff spoke about signing a Do Not Resuscitate order as the child's lungs worsened rapidly and it was expected she would go into cardiac arrest. The father did not want the child to suffer any longer, but suspected the mother may have different views.

The mother was interviewed on 5/24/19. The doctor told the mother the child's blood-oxygen levels dropped significantly and medical assistance was not able to replenish the child's oxygen saturation, which would result in brain death. The parents were by the child's bedside and the father held the child for approximately an hour, where she died in his arms.



The parents were offered an abundance of services, and accepted burial assistance. The case was appropriately closed as there were no surviving children and no noted concerns which would require further assistance from OCDSS.

### 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 reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** The record did not reflect the death was referred to the the Child Fatality Review Team.

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

**Additional information:**

Some progress notes were entered six months after their event dates.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



# Child Fatality Report

<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"/>
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<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 siblings did not have regular contact with the child or their mother.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
The siblings did not need to be removed as a result of the fatality.

### 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



# Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input 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 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:  
The record did not reflect the siblings were provided with referrals in response to the fatality; however, a significant relationship between the siblings and subject child was not documented.

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

Explain:  
The family was offered grief counseling and provided with an Special Assistance Trauma Unit referral in response to the fatality.

## 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? 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)	Allegation Outcome	Compliance Issue(s)
07/13/2018	Sibling, Female, 8 Years	Other - BF of SS, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Female, 8 Years	Other - BF of SS, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 8 Years	Other Adult - PS of BF of SS, Female, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 8 Years	Other Adult - PS of BF of SS, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the 8-year-old sibling resided in the home with her father, the parent substitute, two siblings and an unknown 6-month-old child. The father of the siblings and parent substitute did not provide adequate food to the 8-year-old sibling on a consistent basis. As a result, the sibling was underweight and small for her age. The roles of the other children, mother and father were unknown.

**Report Determination:** Unfounded

**Date of Determination:** 09/19/2018

**Basis for Determination:**

Ulster County Department of Social Services (UCDSS) unsubstantiated the allegations as the family had an ample food supply during unannounced home visits. Ulster County Department of Social Services contacted the pediatrician who had no concerns for the sibling. There was no credible evidence to support the allegations within the report.

**OCFS Review Results:**

UCDSS initiated the investigation timely by contacting the source of the report. The family was interviewed and collateral contacts were made. Written notice was provided to all named adults timely. Safe sleep information was provided and explained to the adults. The Safety Assessments and Risk Assessment Profile were completed accurately; however, the 7-day Safety Assessment was completed untimely.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

Although the 7-day Safety Assessment was completed accurately, it was completed and approved 4 days after the due date.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

UCDSS will document assessment of safety and risk of all children in the household within the required timeframe of 7 days.

**PIP Requirement:**

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/12/2018	Deceased Child, Female, 2 Months	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	Yes

**Report Summary:**

An SCR report alleged the mother had a long history of mental health challenges and was developmentally delayed. Due to neglect, her mental health concerns, and intellectual disabilities, the children were removed from her care and she did not take steps to reunite with her children. She was noncompliant with mental health services. The mother gave birth to the subject child on 3/30/18. Due to her history, she was not able to adequately care for the child. The role of the father was unknown.

**Report Determination:** Unfounded**Date of Determination:** 06/18/2018**Basis for Determination:**

OCDSO unsubstantiated the allegations within the report as there was no credible evidence. The investigation revealed the mother adequately cared for the child. OCDSO consulted with Ulster County Department of Social Services and both departments consulted with their legal departments and did not desire to file derivative neglect against the mother regarding the child. The child was assessed to be safe in the mother's care.

**OCFS Review Results:**

The investigation was initiated timely and safe sleep guidelines were explained. Interviews were thorough and represented best casework practice. OCDSO contacted the source of the report and made several collateral contacts. Written notice of the report was not provided to the grandparents. The case was referred to Preventive Services as the safety assessment and risk assessment profiles were very high. The family accepted the services and an FSS was opened.

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

**Issue:**

Failure to provide notice of report

**Summary:**

Although the parents were provided with written notice timely, the grandparents were added to the case and were not documented to have been provided with written notice regarding the SCR report.

**Legal Reference:**

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

**Action:**

OCDSO will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

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

From 9/15/08- 8/13/14, the family had eight CPS investigations involving the siblings. The father of the siblings, mother and maternal grandparents were alleged subjects of the reports. The allegations included IG, L/B/W, XCP, IF/C/S, EdN, ICC, LS, PD/AM and CD/A. The cases were unfounded for the allegations excluding IG, IF/CS, EdN and PD/AM.

**Known CPS History Outside of NYS**

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



### Preventive Services History

9/3/14- 9/4/18 An FSS was opened after being referred by an unknown source. The family was involved in a domestic violence incident. Family Court hearings were held on 8/29/14 and on 9/2/14 under a 1029 emergency hearing requesting an OP against the BF of the SS; however, after hearing familial issues, the children were thought to be unsafe and were placed in Foster Care by Ulster County Family Court. On 7/3/17, the family was granted trial discharge regarding the siblings and they resided with their father. On 8/29/17, the siblings were discharged from Foster Care and placed in the care and custody of their father. On 11/14/18, the FSS was closed as the family no longer had a need for services.

5/16/18- 9/13/18 An FSS was opened after being referred by CPS. The BM had a history with Ulster County involving the surviving siblings, who lived with their father. She did not follow through with Family Court Orders. The BM and SF were developmentally delayed. The SC had services through Youth Assistance Program, Healthy Families and Early Intervention. The SC appeared well cared for and the mother did not want further involvement with services.

### Foster Care Placement History

Ulster County filed a petition requesting an Order of Protection which was heard on 8/29/14 regarding the siblings due to a domestic violence incident between the mother and the father of the siblings. An Order of Protection was issued regarding the siblings and mother and the matter was adjourned. On 9/2/14, the Family Court Judge removed the siblings, deemed them destitute children and they were placed in Foster Care. Family Court hearings took place on 3/19/15, 4/7/15, 5/26/15 and it was ordered the children remain in Foster Care. Permanency hearings took place within regulation. On 7/3/17, the siblings were granted trial discharge to their father. On 8/29/17, the father was granted full custody of the siblings as the mother did not obey court orders and did not take required steps to regain custody of the siblings. The track was appropriately closed on 11/14/18 as the family no longer had a need for services and the children were safe in the care of their father.

### 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