



**Report Identification Number: SV-23-040**

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

**Issue Date: Jan 02, 2024**

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

<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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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:** 6 month(s)

**Jurisdiction:** Ulster  
**Gender:** Male

**Date of Death:** 07/20/2023  
**Initial Date OCFS Notified:** 07/21/2023

## Presenting Information

On 7/20/2023, Ulster County Department of Social Services (UCDSS) was informed of the death of a 6-month-old subject child. The subject child was in the custody of Ulster County Department of Social Services at the time of his death and had resided in a hospital since his birth due to medical complications from a genetic disorder. The mother and father had only supervised contact with the subject child at the hospital.

## Executive Summary

This report concerns the death of a 6-month-old male subject child which occurred on 7/20/2023. At the time of his death, the subject child was in the custody of Ulster County Department of Social Services and resided in the hospital where he had been since birth. The mother and father had only supervised contact with the subject child. There were 16, 4, and 2-year-old maternal half-siblings and a 4-year-old paternal half-sibling, all of whom resided with alternate caretakers, had no contact with the subject child, and supervised or no contact with the mother and father.

The subject child was diagnosed at birth with a genetic disorder for which he remained hospitalized until his death. Around one month prior to the death, the subject child required a stem cell transplant which did not graft. The subject child's medical condition worsened, and he was placed on a ventilator and dialysis; however, his organs began to shut down. The subject child passed away on 7/20/2023 due to medical complications of his genetic disorder.

The record reflected there was to be an autopsy conducted by the medical examiner; however, the office of the medical examiner was awaiting written permission from the mother and father to conduct the examination. The record did not reflect if permission was granted or if the autopsy took place.

There was no SCR report related to the fatality and, as such, there were no allegations to determine.

At the time of the death, the subject child, mother, father, 2-year-old maternal half-sibling, and the father of the half-sibling were listed on an open Family Services Stage and receiving Foster Care Services through Ulster County Department of Social Services. Ulster County Department of Social Services offered fatality related services to the family as appropriate.

### PIP Requirement

OCFS' review resulted in citations. In response, each cited county will submit a Program Improvement Plan (PIP) to the Regional Office which will identify what action(s) the respective LDSS' have taken, or will take, to address the cited issues. For citations where a PIP is currently implemented, the respective LDSS will review the plan(s) and revise as needed to further 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

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:**  
Ulster County Department of Services gathered information regarding the death of the subject child as appropriate and coordinated continuing services for the parents and the 2-year-old half-sibling who remained in foster care.

### 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: 07/20/2023

Time of Death: Unknown

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 and/or ingested alcohol or drugs? No

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

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

**Total number of deaths at incident event:**

Children ages 0-18: 1

Adults: 0

### Household Composition at time of Fatality



# Child Fatality Report

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	6 Month(s)
Other Household 1	Mother	No Role	Female	35 Year(s)
Other Household 2	Father	No Role	Male	37 Year(s)

### LDSS Response

On 7/20/2023, Ulster County Department of Social Services was informed of the death of the subject child during telephone contact with the hospital at which the child resided since his birth. Upon learning of the subject child's death, Ulster County Department of Social Services gathered information from the hospital, coordinated with existing providers to offer appropriate services to the family, and notified OCFS of the death via the 7065 Reporting Form.

The record noted there was a previously deceased maternal half-sibling who was diagnosed with and passed away as a result of the same genetic disorder in 2017. That sibling was also hospitalized for the duration of his life.

Ulster County Department of Social Services interviewed hospital staff and learned the subject child's death was expected as his condition had worsened in the weeks prior to his death. All life-saving measures were taken; however, the decision to remove the subject child from life support services was made by the mother in conjunction with medical staff. There were no suspicions noted that the subject child's death was the result of anything other than medical complications of his diagnosed genetic disorder.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**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

### CPS Fatality Casework/Investigative Activities

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



### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
The fatality was not reported to the SCR and the surviving siblings had no contact with the subject child during his life; therefore, the safety assessments were not required.

### Fatality Risk Assessment / Risk Assessment Profile

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



# Child Fatality Report

care at any time during this fatality investigation?				
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<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.

Have any Orders of Protection been issued? No

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Additional information, if necessary:**  
 Fatality related services including bereavement counseling and burial assistance were provided after the death of the subject child. Shelter services, mental health services, parenting skills services, early intervention services, domestic violence services, and substance abuse treatment services remained ongoing pursuant to the continuing foster care case.



## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** Yes

**Was the child acutely ill during the two weeks before death?** Yes

### Infants Under One Year Old

#### During pregnancy, mother:

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

#### Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none of the issues listed noted in case record

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/04/2023	Other Child - 4-year-old maternal half-sibling, Female, 4 Years	Other Adult - Aunt of the 4-year-old maternal half-sibling, Female, 40 Years	Lack of Supervision	Unsubstantiated	Yes
	Other Child - 4-year-old maternal half-sibling, Female, 4 Years	Other Adult - Uncle of the 4-year-old maternal half-sibling, Male, 48 Years	Lack of Supervision	Unsubstantiated	

#### Report Summary:

Rensselaer County Department of Social Services (RCDSS) received an SCR report which alleged the aunt and uncle of the 4-year-old surviving half-sibling failed to provide adequate supervision for the half-sibling. The half-sibling was able to leave the home unsupervised on multiple occasions and climbed on the ladder to the pool on the property. There was a security measure on the pool ladder; however, the aunt and uncle were aware the half-sibling was able to get around the security measure.

**Report Determination:** Unfounded

**Date of Determination:** 05/24/2023

#### Basis for Determination:

The Investigation Conclusion Narrative noted the 4-year-old half-sibling never left the home unsupervised nor did she have unsupervised access to the pool. Furthermore, the aunt and uncle were in the process of installing a deck around the pool, which had not yet been opened for the season and did not have a ladder at the time the report was made.

#### OCFS Review Results:

RCDSS initiated their investigation within 24 hours, visited the home, interviewed all appropriate home members, and assessed the half-sibling and the other children in the home to be safe in the care of the aunt and uncle. RCDSS





completed the safety and risk assessments timely and accurately and the allegations were determined in congruence with the information gathered. The mother and father of the half-sibling were not added to the case record and there was no documented attempt to notify them or speak with them regarding the SCR report.

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

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

**Summary:**  
The 4-year-old maternal half-sibling was in the kinship care of the aunt and uncle and the record did not reflect the parents of the half-sibling were added to the report. There was no documented attempt to notify the mother and father of the SCR report, nor did the record reflect the parents were contacted, located, or interviewed.

**Legal Reference:**  
18 NYCRR 432.1 (o)

**Action:**  
RCDSS will make casework contacts in accordance with the following regulation: Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

**PIP Requirement:**  
For citations identified in historical cases, RCDSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) RCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, RCDSS 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)
12/30/2022	Other Child - 2-year-old paternal half-sibling, Male, 2 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - 2-year-old paternal half-sibling, Male, 2 Years	Mother, Female, 35 Years	Lack of Supervision	Unsubstantiated	
	Other Child - 2-year-old paternal half-sibling, Male, 2 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - 2-year-old paternal half-sibling, Male, 2 Years	Father, Male, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - 2-year-old paternal half-sibling, Male, 2 Years	Father, Male, 37 Years	Lack of Supervision	Unsubstantiated	
	Other Child - 2-year-old paternal half-sibling, Male, 2 Years	Father, Male, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 1 Days	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Days	Father, Male, 37 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Days	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**  
UCDSS received an SCR report that alleged the mother and father were under the influence of substances when they left



the 2-year-old paternal half-sibling unsupervised in the home. The report further alleged the use and sale of substances in the home. A subsequent SCR report was received on 1/5/2023 and alleged the mother gave birth to the subject child and tested positive for cocaine, cannabis, and methadone at the time of delivery. As a result, the subject child experienced withdrawal symptoms.

**Report Determination:** Indicated **Date of Determination:** 03/21/2023

**Basis for Determination:**  
The Investigation Conclusion Narrative noted the allegation of Parent's Drug/Alcohol Misuse was substantiated against the mother and the allegation of Inadequate Guardianship was substantiated against the mother and father. There was a preponderance of evidence that the mother's substance use placed the subject child in danger of harm and the father was aware or should have been aware of the mother's continued substance use. Neglect petitions were filed against the mother and father in family court, stay away OPs were issued against both parents, and the subject child was removed and placed in foster care on 2/6/2023. The allegations regarding the paternal half-sibling were unsubstantiated.

**OCFS Review Results:**  
UCDSS initiated their investigation timely and made multiple home visits to assess the safety of the paternal half-sibling with his grandmother. UCDSS interviewed all home members and gathered information from relevant collaterals. The allegations regarding the subject child were appropriately determined and the subject child was removed. The case record noted ongoing concerns that the paternal half-sibling was being left with the father and mother despite the mother's continued substance misuse and those concerns were not adequately addressed.

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

**Issue:**  
Pre-Determination/Assessment of Current Safety/Risk  
**Summary:**  
On 1/24/2023, a home visit was conducted at which time it was determined the mother may have been home alone with a young child; however, immediate action was not taken to assess for the safety of that child, despite ongoing concerns regarding the mother's substance misuse.  
**Legal Reference:**  
18 NYCRR 432.2 (b)(3)(iii)(b)  
**Action:**  
UCDSS will prioritize making an adequate assessment of safety and risk to all children in the household, and continue an on-going assessment of safety and risk throughout the length of the investigation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/11/2022	Other Child - 2-year-old paternal half-sibling, Male, 2 Years	Other Adult - grandmother of the paternal half-sibling, Female, 58 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - 2-year-old paternal half-sibling, Male, 2 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - 2-year-old paternal half-sibling, Male, 2 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**  
An SCR report alleged the mother and father were inappropriate caregivers for the now 4-year-old paternal half-sibling due to their history of substance misuse. The paternal grandmother was aware of the concerns but allowed the mother and father to be unsupervised with the half-sibling. The mother and father used, sold, and manufactured illegal substances in



the presence of the half-sibling.

**Report Determination:** Unfounded

**Date of Determination:** 08/03/2022

**Basis for Determination:**

The Investigation Conclusion Narrative noted the mother and father were arrested during the investigation. The father was charged with possession of a controlled substance and the mother was charged with possession of a controlled substance as well as possession of a hand gun. The mother of the paternal half-sibling was incarcerated during the investigation. The allegations were unsubstantiated as the paternal half-sibling was in the custody of the paternal grandmother and had only supervised visitation with the father and no contact whatsoever with the mother.

**OCFS Review Results:**

UCDSS initiated a timely investigation and made multiple home visits to meet with the family. The paternal half-sibling was seen and assessed to be safe in the care of the paternal grandmother on 5/13/2022. The paternal grandmother denied the reported allegations and stated the paternal half-sibling had no unsupervised contact with either the mother or father. UCDSS contacted and interviewed the father, the mother, and the mother of the paternal half-sibling. UCDSS gathered information from relevant collateral sources. While UCDSS assessed the paternal half-sibling to be safe on 5/13/2022, the 7-Day Safety Assessment Tool was completed significantly late on 5/26/2022.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-Day Safety Assessment was submitted and approved 8 days late on 5/26/2022.

**Legal Reference:**

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

**Action:**

UCDSS will document and approve all safety assessments within the required timeframes.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/10/2021	Other Child - 2-year-old maternal half-sibling, Male, 1 Days	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	No
	Other Child - 2-year-old maternal half-sibling, Male, 1 Days	Mother, Female, 34 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

UCDSS received an SCR report that alleged the mother gave birth to the now 2-year-old maternal half-sibling and used crack cocaine while the half-sibling's umbilical cord was still attached to the mother's placenta. As a result, the half-sibling became unresponsive for a short period of time. The SCR report alleged the mother had a history of substance misuse and her previous 4 children had been removed from her care. A subsequent SCR report was received 7/22/2021 and alleged the half-sibling was born 7 weeks premature; however, it was unknown if that was due to the mother's substance misuse.

**Report Determination:** Indicated

**Date of Determination:** 08/17/2021

**Basis for Determination:**

The Investigation Conclusion Narrative noted the mother and now 2-year-old half-sibling both tested positive for cocaine, marijuana, and methadone at the time of the half-sibling's birth. A witness to the birth disclosed to UCDSS that the mother was using crack cocaine while in labor. The half-sibling remained hospitalized for over 1 month due to withdrawal symptoms and prematurity. UCDSS filed a petition in family court and the half-sibling was removed and placed in foster care.

**OCFS Review Results:**



UCDSS initiated a timely investigation and coordinated with the sources of the SCR reports, law enforcement, and hospital staff. UCDSS assessed the now 2-year-old half-sibling was safe at the hospital upon receipt of the SCR report and continued to assess safety throughout the investigation. UCDSS completed interviews with the mother, father, and pertinent collaterals. The safety and risk assessments were completed timely and accurately and a plan of safe care was completed, implemented, and monitored. Appropriate services were offered to the mother and the half-sibling and the case was opened to a foster care stage.

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

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

The mother had significant indicated CPS history more than three years prior to the fatality with concerns for substance misuse, domestic violence, and lack of supervision. In 2019, the now 4-year-old maternal half-sibling was born with a positive toxicology for illegal substances and was removed from the mother and placed in foster care. That foster care case remained open at the time of the fatality. In 2018, the mother was the subject of two indicated investigations regarding the now 16-year-old maternal half-sibling due to ongoing concerns for the mother's substance misuse, including her use of illegal substances in the presence of the now 16-year-old half-sibling; and due to ongoing physical violence between the mother and the father of the now 4-year-old maternal half-sibling in the presence of the now 16-year-old half-sibling. In 2012, the mother was the subject of an indicated investigation pursuant to a concern that the mother engaged in a road-rage incident with the now 16-year-old maternal half-sibling in the vehicle.

The father was the subject of 2 unfounded CPS investigations in 2015 regarding the unrelated child of his then-paramour.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### 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 prior to the death was due 2/22/2023 and was approved on 3/28/2023.				
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"/>

### 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: 02/06/2023

Date of placement with most recent caregiver? 02/06/2023

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



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

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input 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 regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



payments because of child need?				
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> The subject child remained hospitalized throughout his life. The Foster Care Case remained open after the death of the subject child as the 2-year-old maternal half-sibling was also listed in the case composition and continued to receive Foster Care Services.				

**Foster Care Placement History**

In 2019, a Family Services Stage (FSS) was opened upon the removal of the now 4-year-old maternal half-sibling who was placed with a relative. The now 2-year-old maternal half-sibling was added to the FSS in 2021 when she was born with a positive toxicology for illegal substances and subsequently removed from the mother's care and placed with a foster care resource. The subject child was added to the FSS after he was born with a positive toxicology for illegal substances. The subject child was placed in the care and custody of UCDSS; however, never left the hospital during his life due to his medical issues. The children were provided foster care services and early intervention services. The mother and the fathers of the children were provided mental health services, substance abuse treatment services, and legal services. The mother did not engage with her recommended and required services and had not regained custody of any of her children and the FSS remained open at the time of the fatality.

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

**Was there any legal activity within three years prior to the fatality investigation?**  
 Family Court                       Criminal Court                       Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
02/03/2023	There was not a fact finding	Care/Custody to Local Social Services District
<b>Respondent:</b>	065669 Mother Female 35 Year(s)	
<b>Comments:</b>	Article 10 Abuse/Neglect petitions were filed against the mother and father regarding the subject child's positive toxicity for illegal substances at the time of his birth. The subject child was removed and placed in the custody of Ulster County Department of Social Services and remained hospitalized due to his medical issues until his death, at which time the petitions were withdrawn.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:



02/03/2023	There was not a fact finding	Care/Custody to Local Social Services District
<b>Respondent:</b>	065670 Father Male 37 Year(s)	
<b>Comments:</b>	Article 10 Abuse/Neglect petitions were filed against the mother and father regarding the subject child's positive toxicity for illegal substances at the time of his birth. The subject child was removed and placed in the custody of Ulster County Department of Social Services and remained hospitalized due to his medical issues until his death, at which time the petitions were withdrawn.	

Family Court Petition Type: FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
07/16/2021	There was not a fact finding	Care/Custody to Local Social Services District
<b>Respondent:</b>	065669 Mother Female 35 Year(s)	
<b>Comments:</b>	An Article 10 Abuse/Neglect petition was filed against the mother after the 2-year-old surviving half sibling was born with a positive toxicology for illegal substances. The half-sibling was removed and placed in the custody of Ulster County Department of Social Services.	

Criminal Charge: Other - Possession of Controlled Substance / Weapon Degree: 2			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
Unknown	The mother and father	Unknown	Jail / Parole
<b>Comments:</b>	The mother and father have a history of arrests for possession of illegal substances and possession of a firearm. They have both been incarcerated at different times in the past 3 years and been on probation / parole.		

Have any Orders of Protection been issued? Yes	
<b>From:</b> 02/09/2023	<b>To:</b> 07/20/2023
<b>Explain:</b> Stay Away Orders of Protection were issued against the mother and father, barring them from unsupervised contact with the subject child.	

**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