



Report Identification Number: SY-20-042

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

Issue Date: Feb 23, 2021

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Oneida
Gender: Male

Date of Death: 09/07/2020
Initial Date OCFS Notified: 09/08/2020

Presenting Information

On 9/7/20, Oneida County Department of Social Services (OCDSS) learned of the death of the 1-month-old male subject child that occurred on the same day. There was an open CPS investigation regarding the subject child's positive toxicology at birth and an open foster care case at the time of his death. On 9/8/20, OCDSS notified the Syracuse Regional Office via the 7065 Agency Reporting Form.

Executive Summary

On 9/7/20, the OCDSS received notice of the death of the 1-month-old male child from the maternal aunt. At the time of the fatality, the child was in relative foster care with the maternal aunt. The child resided with the aunt, her fiancé, the 1-year-old sibling and two cousins, ages 2-years-old and 6-months-old. The subject child also had contact with three siblings, ages 12, 7 and 6 that were in relative foster care with their paternal grandmother. The father had three additional children who resided with their mother and it was not documented that they had contact with the subject child.

OCDSS made all necessary contacts with the family and collaterals to gather information related to the open CPS investigation and the fatality. It was determined that the subject child was born at 29 weeks gestation with a positive toxicology for cocaine. The mother had received no prenatal care, which she reported had been due to COVID-19. The subject child was hospitalized after his birth and required medical interventions until he was discharged into the maternal aunt's care. The foster parents reported on 9/7/20 at 12:00AM, the foster father fed the child, burped him, let him rest and then placed him back to sleep. Between 4:00AM and 5:00AM, the foster mother tried to feed the child and he would not eat. The foster father had woken to feed their 6-month-old child, whom he heard fussing. The foster mother and foster father discussed the subject child not eating and noted he was pale and cold to touch. His temperature was taken and determined to be 90 degrees. The foster parents arrived to the hospital with the subject child around 8:00AM. Hospital staff reported the child was hypothermic and they made attempts to save him; however, they were unsuccessful and the child was pronounced deceased.

The hospital reported the subject child had pneumonia and human respiratory syncytial virus (RSV) at the time of his death. There were no concerns reported for the foster parents' response to the subject child becoming ill. According to interviews with the foster parents and surviving siblings, the subject child displayed no signs of illness prior to the day of his death and there were no concerns reported for the foster parent's care of the child or the other children in the home. Two of the other children in the foster home tested positive for RSV following the fatality.

The mother was offered bereavement and burial assistance in response to the fatality. The record reflected that the 12-year-old and 7-year-old siblings were in receipt of mental health counseling; however, it was unclear if the 6-year-old sibling and foster parents were offered services in response to the fatality. OCDSS documented significant efforts to locate the father of the subject child; however, at the time this report was completed they had not been successful. The open CPS investigation had not yet been determined at the time this report was written and the family continued to be in receipt of foster care services.

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:

There were several detailed supervisory consultations documented in the open CPS investigation. The foster care case and CPS investigation remained open at the time this report was completed.

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: 09/07/2020

Time of Death: 10:49 AM

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

County where fatality incident occurred: Oneida

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

Child's activity at time of incident:

- | | | |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input checked="" type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:



Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	1 Month(s)
Deceased Child's Household	Foster Parent	No Role	Female	25 Year(s)
Deceased Child's Household	Foster Parent	No Role	Male	31 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	2 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	6 Month(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Mother	No Role	Female	26 Year(s)
Other Household 2	Father	No Role	Male	27 Year(s)
Other Household 3	Sibling	No Role	Female	12 Year(s)
Other Household 3	Sibling	No Role	Female	7 Year(s)
Other Household 3	Sibling	No Role	Male	6 Year(s)

LDSS Response

OCDSS had an open CPS investigation and foster care case with the family at the time of the child fatality. The CPS case was opened on 7/13/20, after OCDSS received an SCR report with concerns that the SC tested positive for cocaine at his birth. The SC was in relative foster care at the time of his death. OCDSS was notified of the death on 9/7/20 and submitted a completed 7065 Agency Reporting Form to OCFS on 9/8/20.

The SC was born at 29 weeks gestation with several medical concerns and a positive toxicology for cocaine. The BM reported regular drug use while pregnant with the SC and received no prenatal care. OCDSS requested the BM attend an addictions counseling evaluation and the BM was not compliant with her recommended treatment. On 8/28/20, OCDSS filed a Neglect petition against the BM, and the SC and siblings were placed in relative foster care. The SC and 1yo SS resided with the MA. The 12yo, 7yo and 6yo siblings had initially resided with the MA, but then went to relative foster care with their PGM. The SC remained in the hospital following his birth to receive medical treatment and was discharged into the MA's care on 8/28/20.

OCDSS was notified of the SC's death by the MA and immediately began to gather information regarding the fatality. It was learned that on 9/7/20 at 12:00AM, the foster father had fed, burped and laid the SC to sleep. The foster parents were in receipt of safe sleep guidance and there were no concerns reported regarding their practice of it. On 9/7/20, the foster mother woke between 4:00AM and 5:00AM to feed the SC; however, he would not eat. The foster father woke around 6:00AM and the foster mother informed him of the concern with the SC. The foster parents noted the SC was pale and cold to touch and found his temperature to be 90 degrees. The foster parents took the SC to the hospital and reported he was alert and making baby noises on route.

OCDSS gathered information from hospital staff, who reported the SC arrived to the hospital before 9:00AM with a temperature of 90.7 degrees. The SC had a normal pulse and was breathing, but was hypothermic. The SC experienced periods of apnea and was bradycardic and required bag ventilation, CPR and multiple doses of epinephrine. After unsuccessful life saving efforts, the SC was pronounced deceased at 10:49AM. At the time of his death, the SC was diagnosed with pneumonia, human respiratory syncytia virus (RSV) and a heart murmur. Hospital staff reported the foster



parents' response in relation to the SC's care was appropriate. When OCDSS questioned the foster parents about the lapse in time between the SC's symptoms and their arrival to the hospital, the foster parents reported the times were estimations and that they were not keeping track of time as the events occurred.

The surviving siblings were interviewed and assessed for safety following the death of the SC. The 12yo SS reported the SC had not displayed any signs of illness leading up to his death. The foster parents also reported the SC had appeared healthy and there were no concerns for him medically. One of the cousins and the 1yo SS were also diagnosed with RSV when tested following the fatality. The BM was interviewed and reported no concern for her children with their MA. OCDSS documented phone calls, information searches, letters and attempted home visits to the BF. At the time this report was completed the efforts had been unsuccessful. Following the fatality, the 12yo, 7yo and 6yo siblings were returned to the MA's foster home after concerns were discovered at their PGM's home.

OCDSS contacted LE to obtain information related to their interviews with the foster parents and obtain relevant records. LE reported the autopsy results determined the cause of death to be a respiratory virus and the matter to be natural. LE reported no concerns for the foster parents or their home.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: OCDSS reported the fatality would be reviewed by their CFRT on 3/20/21.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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
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Child Fatality Report

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"/>
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:
 As there was no SCR report surrounding the fatality, OCDSS inquired of relevant collaterals and family members as to whether there was reasonable cause to suspect abuse or maltreatment with respect to the SC's death. OCDSS found there to be no such reason. Although safety assessments in these instances are not required, OCDSS did assess and document the safety of the surviving siblings and cousins. This was done within 24 hours, 7 days, and 30 days of learning of the fatality.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 On 8/27/20, OCDSS removed the subject child, 12yo, 7yo, 6yo and 1yo siblings. The MA was emergency certified for foster care and the children were placed with her. On 9/1/20, the 12yo, 7yo and 6yo went to relative foster care with their PGM and the 1yo SS and SC remained with the MA. On 11/23/20, the 12yo, 7yo and 6yo returned to the MA after concerns were identified at their PGM's home. The children were in foster care at the time 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.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

The mother had been in receipt of services prior to the fatality; however, in response to the fatality, the mother was offered bereavement and burial assistance.

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 12yo and 7yo siblings were enrolled in mental health counseling following the fatality. It was unclear if the 6yo sibling was enrolled in any services related to the fatality.

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

Explain:
The mother was offered bereavement and burial assistance following the fatality. It was not documented that the foster parents were offered services in relation 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? 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? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/13/2020	Sibling, Female, 12 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Pending	No
	Sibling, Male, 6 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Pending	
	Sibling, Female, 1 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Pending	
	Deceased Child, Male, 2 Days	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Pending	
	Sibling, Female, 7 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Pending	

Report Summary:

An SCR report alleged that on 7/11/20, the mother gave birth to the subject child. The mother and the child tested positive for cocaine at the time of the birth.

Report Determination: Undetermined

OCFS Review Results:

OCDSS completed all casework and collateral contacts and documented efforts made in locating the SC's BF. Assessments and notification letters were completed within required time frames. The safety of the SC and siblings was assessed, and appropriate safety decisions were documented. OCDSS documented the review of safe sleep guidance with the parent and caretakers and completed a Plan of Safe Care. Following the fatality of the SC, OCDSS gathered necessary records, completed additional interviews, and assessed the safety of the siblings. OCDSS offered services in



response to the needs of the family. It was unclear why the CPS investigation remained open at the time this report was completed.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/29/2020	Sibling, Female, 12 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 6 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Months	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report received alleged that on 1/28/20, the BM and BF got into an argument. The BM took the SS' to a MA's house for the night. The BM and SS' were sleeping in the same room. The BF broke into the house and dragged the BM out by her hair. The BM got away and threatened to call the police and the BF left. On 1/29/20, the BM and SS' returned home and the BF went outside and threw things at the car. The BM drove away and the BF got into a friend's car and engaged in a high-speed chase after the BM. The BM drove to the police station and while inside the BF cut her tires. The BF has threatened to harm the SS' and the SS' BF. The SS' were scared and afraid he was going to find them.

Report Determination: Unfounded

Date of Determination: 05/27/2020

Basis for Determination:

OCDSS unfounded the CPS as they determined there was an incident between the mother and father, but there was no impairment to the siblings' well being.

OCFS Review Results:

OCDSS completed home visits, face-to-face interviews, a CPS history check, contacted collaterals and sent timely notification letters. There was supervisory consultation documented throughout the investigation. Services were offered to the mother relevant to the CPS concerns. Numerous efforts were documented to locate the father to no avail. Although the record consisted of some credible evidence to substantiate the allegation against the father, OCDSS unfounded the report. In addition, the safety assessments were not completed accurately, given the information obtained during the investigation.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

OCDSS recorded that there were no safety factors present in the 7-day safety assessment tool; however, there was evidence of domestic violence in the presence of the siblings and safety factor number four was not recorded.

Legal Reference:

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

Action:

OCDSS will document and approve all assessments and accurately reflect the safety factors that are present, along with any safety plan that has been devised.

Issue:

Appropriateness of allegation determination

Summary:

OCDSS supported their determination stating there was no impairment to the siblings; however, the record reflected the father threatened the mother, threw an object at her and the siblings' vehicle and followed her and the siblings to the police station, which the siblings stated "made me feel bad" and "scared me a little bit".



Legal Reference:

FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)

Action:

OCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the Syracuse Regional Office if further guidance is needed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/28/2019	Sibling, Female, 7 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 7 Years	Father, Male, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 7 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 11 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Months	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 11 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Months	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

An SCR report received alleged the mother and father grew and sold marijuana from their apartment. The siblings were home when the mother and father sold drugs from the home. There were unknown individuals who came and went from the residence all hours of the night. The mother delivered marijuana with the then 11yo SS. The then 7yo and 5yo siblings played unsupervised near a busy road for a couple hours every day. The mother and father were home and did not check on the children.

Report Determination: Unfounded

Date of Determination: 12/16/2019

Basis for Determination:

OCDSS unsubstantiated the allegations. The parents and siblings denied the allegations and there were no drugs or paraphernalia observed during unannounced home visits.

OCFS Review Results:

OCDSS assessed the safety of the siblings within 24 hours and found there to be no immediate safety concerns for them. OCDSS completed all casework activity within required time frames, commensurate with case circumstances. OCDSS appropriately determined the allegations given the information obtained during the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/28/2019	Sibling, Female, 11 Years	Other Adult - Father of 11yo, 6yo and 5yo siblings , Male, 28 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 11 Years	Other Adult - Father of 11yo, 6yo and 5yo siblings , Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated	



Sibling, Male, 5 Years	Other Adult - Father of 11yo, 6yo and 5yo siblings , Male, 28 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 5 Years	Other Adult - Father of 11yo, 6yo and 5yo siblings , Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Male, 5 Years	Other Adult - Father of 11yo, 6yo and 5yo siblings , Male, 28 Years	Lack of Supervision	Substantiated
Sibling, Female, 6 Years	Other Adult - Father of 11yo, 6yo and 5yo siblings , Male, 28 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 6 Years	Other Adult - Father of 11yo, 6yo and 5yo siblings , Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated

Report Summary:

An SCR report received alleged on 1/28/19, the siblings' father overdosed on heroin while the sole caretaker of the then 5yo sibling. The siblings' father was found locked in the bathroom and unresponsive by the siblings' grandmother and she had to break down the bathroom door as the siblings' father's body was on the floor blocking it. The 5yo sibling was alone downstairs unsupervised and it was unknown how long he was alone for, as the siblings' grandmother had been at work.

Report Determination: Indicated**Date of Determination:** 04/17/2019**Basis for Determination:**

OCDSS substantiated the allegations against the siblings' father. It was determined that first responders arrived to the home and found drug paraphernalia in the bathroom with the siblings' father. The siblings' father required several doses of Narcan to be revived. The siblings' father would not cooperate with services and OCDSS filed a Neglect against him and opened a preventive services case.

OCFS Review Results:

OCDSS assessed safety of the siblings within 24 hours and found there to be immediate safety concerns for them and their grandmother had made an appropriate plan for their safety. OCDSS appropriately determined the allegations given the information obtained during the investigation and offered services relevant to the CPS concerns. Several notes were not entered contemporaneously with their event date. Although all the adults were notified of the SCR report in writing, the notices were provided late. The siblings' grandmother refused to provide identifying information regarding the siblings' aunt's father; however, OCDSS did not document any additional effort to obtain this information.

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

Issue:

Failure to provide notice of report

Summary:

Although all adults were notified of the SCR report in writing, the notices were provided late on 3/20/19.

Legal Reference:

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

Action:

OCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Approximately 11 notes were entered more than a month after their event date.

Legal Reference:

18 NYCRR 428.5

Action:



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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/10/2018	Sibling, Female, 10 Years	Other Adult - Sibling's uncle , Male, 25 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 10 Years	Other Adult - Sibling's uncle , Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 4 Years	Other Adult - Sibling's uncle , Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Other Adult - Sibling's uncle , Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Sibling's cousin , Female, 5 Years	Other Adult - Sibling's uncle , Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Sibling's cousin , Female, 5 Years	Other Adult - Sibling's uncle , Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 10 Years	Other Adult - Mother of sibling's cousin , Female, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Other Adult - Mother of sibling's cousin , Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 4 Years	Other Adult - Mother of sibling's cousin , Female, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Other Adult - Mother of sibling's cousin , Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Sibling's cousin , Female, 5 Years	Other Adult - Mother of sibling's cousin , Female, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Sibling's cousin , Female, 5 Years	Other Adult - Mother of sibling's cousin , Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 10 Years	Other Adult - Sibling's uncle , Male, 25 Years	Poisoning / Noxious Substances	Unsubstantiated	
	Sibling, Male, 4 Years	Other Adult - Sibling's uncle , Male, 25 Years	Poisoning / Noxious Substances	Unsubstantiated	
	Sibling, Female, 10 Years	Other Adult - Mother of sibling's cousin , Female, 21 Years	Poisoning / Noxious Substances	Unsubstantiated	
	Sibling, Male, 4 Years	Other Adult - Mother of sibling's cousin , Female, 21 Years	Poisoning / Noxious Substances	Unsubstantiated	
Sibling, Female, 10 Years	Other Adult - Father of 10yo, 6yo and 4yo siblings, Male, 27 Years	Inadequate Guardianship	Unsubstantiated		
Sibling, Male, 4 Years	Other Adult - Father of 10yo, 6yo and 4yo siblings, Male, 27 Years	Inadequate Guardianship	Unsubstantiated		



Sibling, Female, 6 Years	Other Adult - Sibling's uncle , Male, 25 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 6 Years	Other Adult - Sibling's uncle , Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 6 Years	Other Adult - Sibling's uncle , Male, 25 Years	Poisoning / Noxious Substances	Unsubstantiated
Sibling, Female, 6 Years	Other Adult - Mother of sibling's cousin , Female, 21 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 6 Years	Other Adult - Mother of sibling's cousin , Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 6 Years	Other Adult - Mother of sibling's cousin , Female, 21 Years	Poisoning / Noxious Substances	Unsubstantiated
Sibling, Female, 6 Years	Other Adult - Father of 10yo, 6yo and 4yo siblings, Male, 27 Years	Inadequate Guardianship	Unsubstantiated

Report Summary:

An SCR report received alleged that the siblings' uncle and his girlfriend acted as regular caregivers for the then 10yo, 6yo and 4yo siblings. The siblings' uncle and girlfriend force fed the siblings melatonin to get them to sleep, which hurt their stomachs and mouths. In addition, they abused marijuana in the presence of the siblings and the siblings' cousin. The siblings' uncle and his girlfriend left drugs accessible to the siblings and their cousin and sold drugs from the home. The siblings' father was aware of the situation and continued to leave the siblings in their care.

Report Determination: Unfounded

Date of Determination: 02/08/2019

Basis for Determination:

OCDSS gathered information from collateral contacts and casework contacts and determined there was no credible evidence to support the allegations as the children made no disclosures during their interviews and their father denied the allegations.

OCFS Review Results:

OCDSS spoke to the source, completed a CPS history check, and notified the adults of the SCR report in writing. The record did not reflect that all maltreated children were assessed for safety nor were all required face-to-face contacts completed.

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

Issue:

Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:

Although there was one attempted home visit to the residence of the siblings' uncle and his girlfriend, the record did not reflect any additional efforts to interview the siblings' uncle, his girlfriend and the siblings' 5yo cousin. In addition, interviews of the 10yo, 6yo and 4yo siblings were not documented.

Legal Reference:

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

Action:

A full CPS investigation must consist of face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. If a family member refuses to allow a CPS worker to enter the home and/or to observe or talk to any child in the household, then CPS must assess whether it is necessary to seek a court order to obtain access to the child or home.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/26/2017	Sibling, Female, 5 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 5 Years	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 5 Years	Other Adult - Father of 9yo,5yo and 3yo siblings, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Other Adult - Father of 9yo,5yo and 3yo siblings, Male, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 5 Years	Other Adult - Father of 9yo,5yo and 3yo siblings, Male, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 9 Years	Other Adult - Father of 9yo,5yo and 3yo siblings, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Years	Other Adult - Father of 9yo,5yo and 3yo siblings, Male, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 9 Years	Other Adult - Father of 9yo,5yo and 3yo siblings, Male, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 3 Years	Other Adult - Father of 9yo,5yo and 3yo siblings, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Other Adult - Father of 9yo,5yo and 3yo siblings, Male, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 3 Years	Other Adult - Father of 9yo,5yo and 3yo siblings, Male, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report received alleged that the mother and father of then 9yo, 5yo and 3yo siblings were using and selling drugs from their apartment in the presence of the siblings. The siblings were up all night and were left unsupervised. The mother and father of the siblings were impaired and unable to provide adequate supervision of the siblings.

Report Determination: Unfounded

Date of Determination: 11/13/2017

Basis for Determination:

OCDSS determined through interviews with the siblings, their father and the mother that there was no credible evidence



to support the allegations. The children denied drug use or that they were left unsupervised. The mother and siblings' father did not appear impaired during unannounced visits to the residence.

OCFS Review Results:

OCDSS assessed safety of the siblings within 24 hours and found there to be no immediate safety concerns for them. OCDSS completed all casework activity in a timely fashion, commensurate with case circumstances. OCDSS appropriately determined the allegations given the information obtained during the investigation.

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

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

The mother had one unfounded CPS investigation in 2015 with unsubstantiated allegations of LS and IG regarding the 12yo, 7yo and 6yo siblings.

Between 2014 and 2016, the father had two indicated CPS investigations with substantiated allegations of IG and PD/AM regarding his other children who resided with their mother and had no contact with the subject child.

Known CPS History Outside of NYS

There was 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: 08/28/2020

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input 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"/>
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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 FASP was due on 9/26/20 and was completed on 12/2/20.				
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Preventive Services History

Between 4/6/19 and 7/24/19, the 12yo, 7yo and 6yo siblings and their father were in receipt of mandated preventive services after the sibling's father overdosed while caring for the now 6yo sibling. OCDSS filed a Neglect petition and there was an OP which prohibited unsupervised contact and drug or alcohol use in the presence of the siblings. The siblings' father refused to engaged in recommended services. On 7/3/19, the mother was awarded custody of the siblings and an OP remained in place, which required supervised contact between the siblings and their father and that he attend an addiction counseling evaluation. OCDSS remained an interested party and closed the preventive case.

Between 5/30/14 and 11/7/17, the father had an open preventive case after OCDSS filed a Neglect against him in relation to the father's other children, due to concerns of domestic violence and drug use. The father was court ordered to engage in services, including a mental health evaluation, addictions counseling evaluation and parent aide services. The father refused to participate in services and his order of supervision was terminated in 10/2017. The siblings remained with their mother and the father was ordered supervised visitation. The sibling's mother requested the case be closed. At the time the case was closed, the father was incarcerated due to domestic violence against another woman.



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: 08/28/2020

Date of placement with most recent caregiver? 08/28/2020

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input checked="" 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 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: 09/08/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 09/18/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 09/09/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: The subject child and surviving siblings had been placed in relative foster care prior to the fatality. OCDSS documented all required open service contacts in their case record.				

Foster Care Placement History

On 7/11/20, the subject child was born at 29 weeks with a positive toxicology for cocaine and OCDSS received an SCR report. OCDSS requested the mother participate in an addictions counseling evaluation. The mother was recommended for intensive outpatient treatment; however, she failed to attend. OCDSS filed a Neglect against the mother and removed the subject child, 12yo, 7yo, 6yo and 1yo siblings. The maternal aunt was emergency certified for foster care and the children were placed with her. On 9/1/20 the 12yo, 7yo and 6yo went to relative foster care with their paternal grandmother and the 1yo sibling and subject child remained with the aunt. On 11/23/20, the 12yo, 7yo and 6yo returned to the maternal aunt after concerns were identified at their paternal grandmother's home. The foster care case was 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:
08/28/2020	There was not a fact finding	There was not a disposition
Respondent:	056265 Mother Female 26 Year(s)	



Comments:	On 7/11/20, the subject child was born at 29 weeks with a positive toxicology for cocaine and OCDSS received an SCR report. OCDSS requested the mother participate in an addictions counseling evaluation. The mother was recommended for intensive outpatient treatment; however, she failed to attend. OCDSS filed a Neglect against the mother and removed the subject child, 12yo, 7yo, 6yo and 1yo siblings.
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Have any Orders of Protection been issued? Yes	
From: 08/28/2020	To: Unknown
Explain: The mother was ordered to have supervised visitation as a result of the neglect petition.	

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