



Report Identification Number: SY-21-002

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

Issue Date: Jul 06, 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: 7 year(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 12/30/2020
Initial Date OCFS Notified: 01/04/2021

Presenting Information

Onondaga County Department of Social Services (OCDSS) completed an OCFS-7065 Agency Reporting Form on 12/31/20, after learning of the 7-year-old male subject child's death. While residing in a foster home, the child strangled himself with a scarf and died as a result.

Executive Summary

This report concerns the death of the 7-year-old male subject child that occurred on 12/30/20. At the time of the subject child's death, he was in the custody of the Commissioner of Onondaga County Department of Social Services (OCDSS) with a goal of Return to Parent (Non-Parent Caregiver). The child had been in Foster Care since 2015 due to his parents' history of failing to provide safe and stable housing as well as physical domestic violence between the parents. The subject child and his 5-year-old sibling were placed with the paternal grandparents in June of 2015 and an Article 10 Neglect Petition was filed against the parents. The mother's parental rights were terminated on 8/9/17 due to abandonment. The father signed a conditional surrender that the children be placed with the paternal grandparents via kin gap on 3/12/18. The case opened at the time was closed on 2/27/19 as family court was held on 12/19/18 and the kin gap was finalized. A services case was opened on 11/13/20 due to the grandparents' failure to control the child's behaviors. The child was placed in a certified foster boarding home on 11/13/20.

On 12/30/20, OCDSS was notified of the subject child's death. OCDSS learned the subject child had gone upstairs to read around 6PM. Around 8PM the foster mother called for the child to come downstairs to take his medication. The subject child did not answer the foster mother, which she recalled was odd. She went upstairs and found the subject child with a scarf wrapped around his neck, tied to the top of the loft bed. The child's knees were almost touching the ground and his feet were dragging on the floor. Law enforcement investigated the death and determined there was no criminality.

The subject child had not engaged in visitation with his grandparents or sibling from the date he was placed with the foster family until his death. Attempts were made to schedule a visit by OCDSS as well as the placement agency, but the grandparents declined, stating they needed to know there was a change in the child's behaviors before they were willing to visit. It was learned the subject child was scheduled to attend a zoom visitation call with the grandparents on 12/31/20. It would have been his first contact with the grandparents since his placement on 11/13/20. After the death, the foster father reported the subject child was apprehensive about the zoom call because the grandfather called him names and was physically and emotionally abusive. The record did not reflect the foster father told the placement agency or OCDSS about the concerns for the visit prior to the death. The subject child did not have a history of suicidal ideation, self-injurious behaviors or suicide attempts.

OCDSS provided the grandparents with information on services for burial and funeral assistance. The foster parents were provided with information on grief services available to them and their biological children. The grandparents were provided with resources for bereavement counseling for them and the sibling, though it was unknown if services were utilized. OCDSS appropriately closed their case once they gathered information about the child's death.

PIP Requirement

For issues identified in historical cases, OCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) OCDSS has taken, or will take, to address the cited issue(s). For



issues where a PIP is currently implemented, OCDSS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

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

Explain:

Casework was commensurate with case circumstances. This was not an SCR reported fatality.

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

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

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

Explain:

This was not an SCR reported fatality. Following the death, the foster care case was closed.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/30/2020

Time of Death: Unknown

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

County where fatality incident occurred: Onondaga

Was 911 or local emergency number called? Yes

Time of Call: 08:07 PM

Did EMS respond to the scene? Yes



At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 2 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Asleep

- Absent
- Other:

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	7 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	49 Year(s)
Deceased Child's Household	Foster Parent	No Role	Male	51 Year(s)
Deceased Child's Household	Other Child - Foster Child	No Role	Male	11 Year(s)
Other Household 1	Grandparent	No Role	Male	66 Year(s)
Other Household 1	Grandparent	No Role	Female	67 Year(s)
Other Household 1	Sibling	No Role	Male	5 Year(s)

LDSS Response

On 12/30/20, OCDSS was notified by the foster parents that the subject child had passed away the same day in their home after hanging himself with a scarf. Within 24 hours of being notified of the subject child's passing, OCDSS notified the Syracuse Regional Office and submitted the required 7065 Agency Reporting Form. OCDSS visited the foster boarding home to offer their condolences and visited the sibling at the grandparents' home. OCDSS spoke to the subject child's providers and all relevant collateral sources.

The subject child was placed in the foster boarding home on 11/13/20 after the grandparents expressed concern that they could no longer accommodate his behaviors. The subject child had been acting out in the home toward the sibling and both grandparents. The subject child had run away from the home by climbing out a window on several occasions and had become increasingly volatile while the grandfather's health deteriorated. Prior to the subject child's removal from the grandparents' home, the grandfather reported he would physically harm or kill the child if he were not placed in an alternative placement. OCDSS removed the subject child and sibling as a result. Both children were placed in a certified foster home and an Article 10 Neglect Petition was filed against the grandparents. The sibling was returned to the grandparents' home on 11/17/20 by the family court judge while the subject child remained in the foster home.

The foster boarding home was certified through OCDSS, with a current foster boarding home certificate, and the foster



parents had the appropriate criminal and SCR background clearances and required training. OCDSS and an additional placement agency provided an abundance of services to the subject child and ongoing support to the foster family. OCDSS provided funeral assistance and offered additional services to the grandparents. It was unknown if the grandparents utilized services for themselves or the sibling. Resources were provided to the foster family regarding bereavement and mental health counseling. The foster family was receptive to referrals and the foster parents' children became engaged in mental health counseling immediately. Due to the death of the subject child, the Article 10 Neglect Petition against the grandparents was withdrawn. The sibling remained safe in the care of the grandparents.

Official Manner and Cause of Death

Official Manner: Suicide

Primary Cause of Death: From an injury - external 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? Yes

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

Additional information:

Many of the progress notes were entered more than a month after their event dates. A plan amendment was not completed following the child's death.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:
 This was not an SCR reported fatality thus the safety assessments were not required. The safety of the sibling was assessed within 24 hours of the subject child's death and he was deemed safe in the care of the grandparents.

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"/>

Explain:
 OCDSS offered services to the foster family and grandparents following the death. The families were receptive to service referrals, though it was unknown if services were being utilized at the time of case closure.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 There was no removal of the surviving sibling. A foster child was residing in the foster home at the time of the subject child's death and was subsequently moved to a different foster home as a result of the death.



Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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

OCDSS provided the foster family and grandparents with bereavement and mental health counseling referrals following the death. The foster parents were receptive to services and had immediately engaged their own children in services. It was unknown if the grandparents utilized the referrals provided to them.

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? Unable to Determine

Explain:

OCDSS provided the grandparents with a list of resources following the subject child's death, but it was unknown if services were utilized.

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



fatality? Yes

Explain:

OCDSS provided the foster parents with a list of resources following the death and the foster parents engaged in counseling for themselves and their children.

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

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)
10/19/2020	Deceased Child, Male, 7 Years	Grandparent, Male, 66 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 6 Years	Grandparent, Male, 66 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 7 Years	Grandparent, Female, 66 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Grandparent, Female, 66 Years	Inadequate Guardianship	Substantiated	

Report Summary:

OCDSS received a report from the SCR alleging the grandfather was upset and out of control. He hit the subject child in the shoulder, leaving a mark. The subject child had behavioral issues and the grandparents were unable to control the child. The subject child's behaviors were escalating. The grandparents were enrolled in services but failed to engage.

Report Determination: Indicated

Date of Determination: 11/18/2020

Basis for Determination:

OCDSS indicated the investigation after determining the grandparents failed to engage in recommended services. The grandparents were unable to gain the skills necessary to address the subject child's behaviors. Throughout the investigation, the grandfather reported he was going to harm the subject child because he could not control his behaviors. The subject child and his sibling were ultimately removed from the grandparents' care. The subject child remained in foster care upon investigation closure, though the sibling returned home to the grandparents following the initial family court hearing. A services case was opened on 11/13/20.

OCFS Review Results:

OCDSS spoke with multiple collateral sources during the course of the investigation. OCDSS attempted to engage the grandparents and provided referrals, which the grandparents failed to follow through with. Casework was completed within the required time frame. OCDSS failed to appropriately assess safety in the initial 7-day safety assessment. OCDSS recorded there were no safety factors, though the notes reflect the grandparents were unable to meet the child's needs and the grandfather became physically abusive as a result.



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

Issue:

Adequacy of Documentation of Safety Assessments

Summary:

The safety plan made was not accurately reflected in the 7-day safety assessment. Despite documentation in the notes that a safety plan was devised with the family due to concerns that the grandparents were unable to control the subject child's behaviors, the assessment documented no safety factors and no safety plan.

Legal Reference:

18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

Action:

The results of each safety assessment must be accurately documented in the case record in order to reflect case circumstances with regard to safety.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/21/2018	Other Child - Child of the Foster Parents, Female, 14 Years	Foster Parent, Female, 47 Years	Childs Drug / Alcohol Use	Unsubstantiated	No
	Other Child - Child of the Foster Parents, Female, 14 Years	Foster Parent, Female, 47 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Child of the Foster Parents, Female, 14 Years	Foster Parent, Female, 47 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

Cayuga County Department of Social Services (CCDSS) received a report from the SCR regarding the child of the foster parents. The report alleged the child of the foster parents ingested 23 pills of melatonin and the foster parents did not obtain immediate medical care for the child.

Report Determination: Unfounded **Date of Determination:** 10/15/2018

Basis for Determination:

CCDSS determined there was no credible evidence to support the allegation, though the foster parents' child ingested 23 melatonin pills at 5mg each. The foster parents had previously spoken to their primary care physician about the melatonin and concerns with taking too many pills. The foster parents were previously educated that there was no risk of overdose with melatonin if taken less than 600mg. The following day, the foster mother brought her child to the hospital and the foster parents' child was admitted to an inpatient facility due to her depression and suicidal ideations. The foster parents followed through with all mental health recommendations prior to and following the incident.

OCFS Review Results:

CCDSS completed case objectives in a timely manner. CCDSS communicated and collaborated with a secondary county in order for all necessary casework contacts to be made. The foster parents were notified of the existence of a report and all relevant collaterals were contacted.

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

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

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

Known CPS History Outside of NYS

There was no known history outside of New York State.



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: 11/13/2020

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

A Preventive Services case was opened from 7/10/20 to 11/10/20 as the grandparents were struggling to control the subject child's behaviors. The grandparents requested support and assistance from OCDSS. The grandparents were not cooperative with services and OCDSS ended their involvement on 11/10/20. An investigation was opened concurrently to address concerns related to the grandparents' failure to control the child's behaviors.

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: 11/13/2020

Date of placement with most recent caregiver? 11/13/2020

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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: 11/22/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 02/06/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 01/12/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The foster care case was closed following the subject child's death. A plan amendment was not completed in CONNECTIONS following the child's death.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Issue: Failure to Complete a Plan Amendment



Summary:	A plan amendment was not completed to document the subject child's death. The initial FASP was completed prior to the death and did not describe the significant change in the status of the case as a result of the child's death.
Legal Reference:	18 NYCRR 428.7
Action:	OCDSS will complete a plan amendment when necessary. The FASP must be amended whenever there are certain changes in the case status. The purpose of a plan amendment is to describe and document certain significant changes in the status of a case and to direct a reassessment of the family and/or child's situation so that any necessary revisions to the service plan can be made.

Foster Care Placement History

The subject child and sibling were placed in Foster Care on 11/13/20 due to the grandparents' inability to control the subject child's behaviors. The subject child was physically aggressive to both grandparents and had left the home through a window on more than one occasion. The sibling was returned to the grandparents on 11/17/20 by the family court judge. Given the nature of the subject child's behaviors, the same imminent danger and risk was not present for the surviving sibling. The surviving sibling was deemed safe in the care of the grandparents and his continued placement in foster care was determined to not be in his best interest.

An initial family services stage (FSS) was opened from 5/14/18-2/27/19. The subject child and sibling were placed with their paternal grandparents. The mother's parental rights were terminated on 8/9/17 as the result of abandonment. The father signed a voluntary surrender for the subject child and sibling on 3/12/18 with the condition that the paternal grandparents do kin gap with the children. The grandparents became certified foster parents through ICWA and then later through LDSS. Foster care services were provided to support the grandparents during the transition period. Family court was held on 12/19/18 and the kin gap was finalized. Services were no longer deemed necessary as the children were doing well with the grandparents.

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:
11/16/2020	There was not a fact finding	There was not a disposition
Respondent:	057348 Grandparent Male 66 Year(s)	
Comments:	As a result of the petition filed on 11/16/20, the subject child's placement in foster care continued. The disposition and fact-finding did not occur as the subject child passed away and the petition was withdrawn.	

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