



Report Identification Number: SY-22-049

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

Issue Date: Apr 18, 2023

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

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

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

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

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

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

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

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



Abbreviations

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	DA-District Attorney	
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	SXTF-Sex Trafficking
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		



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Cortland
Gender: Male

Date of Death: 10/31/2022
Initial Date OCFS Notified: 10/31/2022

Presenting Information

An SCR report alleged on 10/31/22 about 5:39AM, the foster mother (FM) found the 5-month-old subject child unresponsive and not breathing in the home. It was unknown where the child was in the residence when the foster mother found the child unresponsive. 911 was called and the FM began CPR until first responders arrived at the home. First responders found the child had no pulse, took over resuscitative measures and transported the child to the hospital. Hospital staff took over life saving measures but were unsuccessful and the child was pronounced dead at an unknown time. The child was an otherwise healthy child, and the foster mother had no explanation for the child's death.

Executive Summary

This report concerns the death of the 5-month-old male subject child that occurred on 10/31/22. At the time of the subject child's death, he was in the custody of the Commissioner of Cortland County Department of Social Services (CCDSS) with a permanency planning goal of return to parent. CCDSS had an open services case that involved the mother and the child that was opened on 4/12/22 regarding the mother being homeless.

On 5/7/22, the child was removed from the mother on an emergency basis and placed with the maternal aunt who was a certified foster parent, due to the mother's extensive history with CPS, substance misuse, homelessness, and cognitive limitations. The mother's first child died from unsafe sleep practices, and she had 5 other children that were removed from her care; three were freed for adoption and two siblings were in the custody of their father. An Article 10 Neglect Petition was filed against the mother regarding the child. The father of the child was unknown. The mother had supervised visitation with the child prior to the death; however, the mother was inconsistent with the visitation. At the time of the fatal incident there was a 3-year-old male foster child residing in the foster home. CCDSS assessed the foster child to be safe with the foster mother and his placement continued. The fatal incident occurred at a relative's home and the relative's children were assessed to be safe.

The investigation revealed the child had been ill for about 2 weeks prior to his death and was seen medically at the hospital on 10/16/22, and by the pediatrician on 10/25/22 and 10/26/22. The child was prescribed antibiotics and steroids, as well as an inhaler. On 10/30/22, the foster mother, the child, and the foster child spent the night at a relative's home. The foster mother gave the child his prescribed medication and placed the child in a bouncer seat to sleep due to his congestion about 9:00PM. The foster mother woke up about 5:30AM, on 10/31/22 and found the child unresponsive. 911 was called by an adult male relative and he began CPR on the child. First responders arrived, took over resuscitative measures and transported the child to the hospital. Hospital staff continued life saving measures but were unsuccessful and the child was pronounced deceased at 6:07AM.

An autopsy was performed, and the medical examiner reported the manner of death was natural and the cause of death was Respiratory Syncytial Virus (RSV) bronchiolitis/pneumonia, congenital hepatitis C viral infection and Torticollis. There were no signs of abuse or trauma. Law enforcement determined there was no criminality regarding the death and closed their investigation.

CCDSS provided the foster mother, mother, siblings, and relatives with information for grief and mental health counseling. CCDSS determined there was not a fair preponderance of evidence and unsubstantiated the allegations of Inadequate Guardianship and DOA/Fatality against the foster mother regarding the subject child. CCDSS determined the



foster mother obtained proper medical care for the child and provided him with the prescribed medications. Although the child was placed in an unsafe sleeping environment the night prior to the fatal incident it did not contribute to the child's death. The case was unfounded and closed and the foster mother remained a certified foster parent.

PIP Requirement

CCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the CCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, CCDSS 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:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Explain:

CCDSS made an appropriate determination based on the evidence obtained throughout the investigation.

Was the decision to close the case appropriate? Yes

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

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

Explain:

Casework activity was commensurate with the case circumstances.

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: 10/31/2022

Time of Death: 06:07 AM

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

Unknown

County where fatality incident occurred:

Cortland

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

 Sleeping Working Driving / Vehicle occupant Playing Eating Unknown Other

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	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Other Child - Foster Child	No Role	Male	3 Year(s)
Other Household 1	Mother	No Role	Female	34 Year(s)

LDSS Response

On 10/31/22, CCDSS received the SCR report regarding the death of the SC. CCDSS initiated their investigation within 24 hours and coordinated their efforts with law enforcement. CCDSS contacted the source of the report, completed an SCR history check, and informed the DA of the fatality. CCDSS assessed the foster child as safe with the FM. An initial home visit was made to the relative's home where the incident occurred, and face-to face interviews were conducted. CCDSS assessed the children of the relatives as safe with their parents. The mother did not have regular visitation or contact with the siblings; however, CCDSS conducted a home visit, interviewed the siblings and their father, and there were no safety concerns. The siblings reported seeing the SC once and were unaware the SC died.

CCDSS interviewed the FM, and she reported the SC had symptoms that included congestion, wheezing, and fever. She said the SC was seen on 10/16/22, 10/25/22, and 10/26/22 by medical providers regarding the concerns. The FM stayed at a relative's home the night prior to the fatal incident with the SC and the foster child. About 6:00PM the FM gave the SC a dose of infant Tylenol. Around 8:30PM the FM tried to feed the SC a bottle of formula and he would not take the bottle. At 9:00PM the FM reported she gave the SC the steroid, the antibiotic, and gave the child the inhaler treatment. The SC



fell asleep, and the FM placed him in a bouncy seat to sleep that was on the floor next to the couch the FM slept on. The FM woke up around 5:30AM on 10/31/22 and found the SC unresponsive and his lips were blue.

At the time of the SC's death the mother was incarcerated. CCDSS made the mother aware of the SCR report and the fatal incident, and she had no concerns for the FM. The mother stopped having regular supervised visitation with the SC in July 2022, despite efforts made by CCDSS encouraging visitation. At the writing of this report the disposition of the neglect petition filed against the mother was not documented in the case record.

CCDSS and law enforcement interviewed the foster child, the relatives and their children that were in the home the night prior to and the morning of the fatal incident. The relatives confirmed the SC had been ill prior to his death and had no concerns for the FM's care of the child or the foster child. The children had no additional information regarding the SC's death. CCDSS spoke with collateral sources, including the pediatrician, day care staff, and hospital staff and learned the child was first diagnosed with Adenovirus, and later with Acute Bronchitis and Acute Sinusitis. There were no concerns for the foster mother.

The foster boarding home was certified through CCDSS, with a current foster boarding home certificate, and the FM had the appropriate clearances and required training. CCDSS provided the FM with grief counseling services, and she was engaged prior to the case closing. CCDSS offered the mother and FM burial assistance, they accepted. The mother declined grief counseling services offered by CCDSS; however, she accepted substance abuse services. CCDSS provided relatives and the father of the siblings' community-based resources for grief counseling.

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 investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality referred to an OCFS approved Child Fatality Review Team? No

Comments: Cortland County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
062041 - Deceased Child, Male, 5 Mons	062968 - Foster Parent, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
062041 - Deceased Child, Male, 5 Mons	062968 - Foster Parent, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated

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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<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
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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



Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
 The foster mother accepted grief counseling services and was engaged at the time the investigation was closed. CCDSS provided ongoing support for the foster mother and the foster child.

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 as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

CCDSS offered the foster mother services on behalf of the foster child, she accepted.

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

Explain:

CCDSS offered services for grief counseling to the foster mother, she accepted and was engaged prior to the case being closed. The mother declined grief counseling offered by CCDSS.

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? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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05/07/2022	Deceased Child, Male, 1 Hours	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	Yes
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Report Summary:

The mother had seven children previously removed from her care due to ongoing substance abuse. The mother had a history of using methamphetamine and opiates. As a result, there was a concern for the mother's ability to care for the SC.

Report Determination: Indicated**Date of Determination:** 05/16/2022**Basis for Determination:**

CCDSS found a fair preponderance of evidence to substantiate the allegation of IG. The investigation revealed the mother had extensive CPS history and had 5 children previously removed from her care. The mother had a history of substance misuse, mental health, and developmental disabilities that created concerns for the mother's ability to care for the SC. The mother tested positive for drugs after the birth of the SC, was homeless, and had no provisions to care for the SC. A derivative Article 10 Neglect Petition was filed against the mother, and the SC was placed in foster care. The CPS investigation was closed, and the mandated services case remained open.

OCFS Review Results:

The investigation was initiated timely. The 7-Day Safety Assessment and SCR history check were completed within the required timeframe. The record did not reflect the mother was interviewed regarding the allegations in the CPS report. The record did not reflect that attempts were made to identify and contact the father of the SC or to provide him with notice of the report.

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

Issue:

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

Summary:

CCDSS saw the mother at the hospital and served her removal paperwork for the SC; however, the record did not reflect the mother was interviewed regarding the allegations in the SCR report.

Legal Reference:

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

Action:

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

Issue:

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

Summary:

The record did not reflect CCDSS made attempts to identify or contact the father of the SC regarding the SCR report.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

CCDSS will make efforts to identify and make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/03/2022	Other Child - OC1 unrelated child, Male, 3 Years	Foster Parent, Female, 24 Years	Excessive Corporal Punishment	Unsubstantiated	No



Child Fatality Report

Other Child - OC1 unrelated child, Male, 3 Years	Foster Parent, Female, 24 Years	Inadequate Guardianship	Unsubstantiated
Other Child - OC1 unrelated child, Male, 3 Years	Foster Parent, Female, 24 Years	Internal Injuries	Unsubstantiated

Report Summary:

An SCR report alleged on 1/3/22, during the morning commute when the FM was transporting the other child 1 (OC1) and the other child 2 (OC2) from their home to daycare, she slapped the OC1, across the face as discipline for removing his seat belt too early in the car. The OC1 sustained a bloody nose as a result. The OC2 had an unknown role.

Report Determination: Unfounded**Date of Determination:** 02/01/2022**Basis for Determination:**

CCDSS found no credible evidence to substantiate the allegations of XCP, IG, and II regarding the OC1 against the FM. The FM denied she used physical discipline in general. The FM was bringing the children to daycare for the children's caregiver, and she denied striking the OC1 or OC2. The FM reported the OC1 was in the third row of the vehicle and the OC2 was behind the FM. CCDSS learned from the children's caregiver that OC1 and OC2 were known to have random nosebleeds with no known cause. There was another adult in the car with the FM during the commute that corroborated the FM's statement. CCDSS had no reason to believe the FM struck the OC1 and the case was unfounded and closed.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. The 7-day Safety Assessment was completed timely. Written notice was provided to the adults. Home visits were made, and the children were assessed to be safe. The CPS history check was completed timely and collateral contacts were made.

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)
01/12/2021	Other Child - OC3 unrelated child, Female, 4 Years	Foster Parent, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

Tompkins County received an SCR report that alleged the FM threatened to harm the 4yo other child (OC3) and the foster child. On 1/12/21, the FM threatened to slit the children's throats as a form of punishment. It was unknown if the children sustained any visible injuries.

Report Determination: Unfounded**Date of Determination:** 03/22/2021**Basis for Determination:**

The FM resided in Tompkins County and was a certified foster parent through Cortland County. The foster child was in the care of the FM and the OC3 was in the care of another foster parent; however, the FM spent a lot of time at the home of the OC3, and was considered a person legally responsible for the OC3. The FM and the foster parent of OC3 denied the FM threatened the children. The children were seen and were free of any marks or bruises. Tompkins County Department of Social Services (TCDSS) spoke with collateral contacts and there were no concerns for the FM. TCDSS did not find any credible evidence to substantiate the allegations of IG and the case was unfounded and closed.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. The 7-day Safety Assessment was completed timely. Written notice was provided to the adults. Home visits were made, and the children were assessed to be safe. An SCR history check was completed, and collateral contacts were made. During the investigation it was learned that prior to the SCR report, the FM left the foster child asleep and unsupervised in her apartment while the FM argued with a friend outside for about 45 minutes. CCDSS implemented a corrective action plan for the FM regarding the lack of supervision for the foster child.

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



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

In 2016, the foster mother was named as a subject in an unfounded investigation with allegations of IG regarding an unrelated child.

In 2017, the foster mother was named as a subject in an unfounded investigation with allegations of IF/C/S regarding an unrelated child.

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: 04/12/2022

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



Child Fatality Report

the fatality?	<input 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 Initial FASP was due on 5/12/22 and was completed and approved 236 days late on 1/3/23.				
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 type="checkbox"/>	<input checked="" 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

CCDSS opened a voluntary preventive services case on 4/6/22 with the mother regarding her being homeless and she was pregnant with the SC. The voluntary services case changed to a foster care services case on 5/7/22, after the SC was born, removed from the mother's care, and placed in foster care. CCDSS was assisting the mother with finding housing and offered substance abuse services.

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: 05/07/2022
 Date of placement with most recent caregiver? 05/11/2022
 How did the child(ren) enter placement? Emergency removal without Court Order

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

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input 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: 09/28/2020	<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: 09/14/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information, if necessary:
The services case remained open at the time this report was written. The record did not show there was a legal consult done when the mother failed to follow through with the substance abuse recommendations and was discharged from the rehabilitation center she was in and declined to continue treatment.

Required Action(s)

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

Issue:	Timeliness of completion of FASP
Summary:	The initial FASP was to be completed by 5/12/22; however, it was completed 236 days late on 1/3/23.
Legal Reference:	18 NYCRR428.3(f)
Action:	CCDSS will complete timely and accurate FASPs.

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	The record showed that multiple progress notes were not entered contemporaneously in the open foster care case regarding the SC. 101 out of 199 progress notes were entered between 30 days and 3-6 months past the 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.

Issue:	Failure to Complete a Plan Amendment
Summary:	The SC's death was not documented in the Initial FASP completed on 1/3/23, therefore a plan amendment was required to be completed.
Legal Reference:	18 NYCRR 428.7
Action:	CCDSS will complete a plan amendment any time a significant change occurs in the status of the case. As required, this will be done within 30 days of the change if an initial FASP has already been completed, unless the change occurs within 60 days of the next FASP. In that instance, the change can be documented at that time.

Foster Care Placement History

CCDSS removed the SC from the mother on 5/7/22 and he was placed in foster care. CCDSS filed an Article 10 Neglect Petition against the mother. The mother was homeless, had no means to provide for the SC, and had ongoing substance misuse concerns. The mother had other children that were previously removed from her care and freed for adoption. The mother was court ordered to complete parenting classes, a mental health evaluation and a substance abuse evaluation and follow all the recommendations including inpatient treatment. The mother completed the substance abuse evaluation and was referred to inpatient treatment. CCDSS assisted the mother with finding an inpatient program for her substance



misuse. CCDSS provided the mother with transportation to and from her supervised visits with the SC, until the mother stopped attending the visits. The foster care case remained open at the time this report was written.

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:
05/07/2022	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	062970 Mother Female 34 Year(s)	
Comments:	CCDSS filed a neglect petition regarding the SC against the mother on 5/7/22. The SC was placed in foster care on 5/9/22, with the maternal aunt, who was a certified foster parent.	

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