



Report Identification Number: SY-23-034

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

Issue Date: Feb 02, 2024

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

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

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

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

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

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

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

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



Abbreviations

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: 3 year(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 08/13/2023
Initial Date OCFS Notified: 08/14/2023

Presenting Information

Onondaga County Department of Children and Family Services (OCDCFS) was notified on 8/13/23, that the 3-year-old male subject child died at the hospital by the maternal great aunt (MGA). The child had multiple pre-existing medical conditions and was released from the hospital on 8/2/23. The child was in the custody of OCDCFS and placed in the care of the maternal aunt under Article 10 Section 1017 custody at the time of his death. OCDCFS completed a 7065 Agency Reporting Form and notified the Syracuse Regional Office on 8/14/23.

Executive Summary

This fatality report concerns the death of a 3-year-old medically complex male subject child that occurred on 8/13/23. At the time of the child’s death, the child and his 4-year-old sibling were in the custody of the Commissioner of Onondaga County Department of Children and Family Services (OCDCFS) and were placed in Article 10 Section 1017 relative placement with the maternal great aunt. The mother and father were granted supervised visitation through family court; however, the parents had minimal contact with the children. OCDCFS assessed the sibling as safe and the sibling remained in the care of the maternal great aunt.

Upon learning of the child’s death OCDCFS gathered information from the maternal great aunt and collateral contacts. The child had multiple pre-existing medical conditions and was discharged from the hospital on 8/2/23 to relative placement with his maternal great aunt. OCDCFS learned the morning of the fatality the maternal great aunt went to give the child his 4:00AM morning feeding and noticed the child’s oxygen levels were low and the child had a large amount of mucus coming from his mouth. The maternal great aunt attempted to suction the mucus from the child’s mouth and noticed the child’s throat was swollen. The child flatlined and the maternal great aunt repositioned the child and immediately called 911. While on the phone with 911, the child’s pulse returned, and his oxygen levels increased. The maternal great aunt continued suctioning the mucus from the child’s mouth while she waited for first responders to arrive. First responders arrived at the home, and the child flatlined again. EMS attempted resuscitative measures on the child and transported him to the hospital. Upon arrival hospital staff took over life-saving measures; however, were unsuccessful and the child was pronounced deceased at 7:22AM.

The record reflected an autopsy was not completed on the child after his death due to the child’s extensive medical history and known medical complications. OCDCFS obtained a copy of the death certificate, and the immediate cause of death was listed as acute hypoxic respiratory failure due to pneumonia and chronic dysphagia and the manner of death was natural cause. Law enforcement investigated the child’s death and found no criminality regarding the death, and the criminal investigation was closed.

At the time of the fatality, OCDCFS had an ongoing protective services case regarding the parent’s inability to care for the child and the sibling, and ongoing family court proceedings. Schenectady County Department of Social Services (SCDSS) was assigned a secondary role in the protective services case, where the mother resided. A neglect petition was filed against the parents and on 2/21/23, the children were removed from the parents care and placed in Article 10 Section 1017 custody with the maternal great aunt. OCDCFS offered the maternal great aunt bereavement services, and she declined. OCDCFS offered the father bereavement services, and burial assistance and he declined. SCDSS offered the mother bereavement services, and she declined. The protective services case remained open regarding the sibling and OCDCFS continued to provide the sibling with services.



PIP Requirement

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

It was determined the child's death was not the result of abuse or maltreatment by the maternal great aunt with whom the SC was in Article 10 Section 1017 relative placement with, therefore there was no SCR report regarding the fatality and the completion of safety assessment tools was not required.

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:

OCDCFS gathered information regarding the death and documented supervisory conferences. The foster care case remained open regarding a sibling who continued to be in Article 10 Section 1017 relative placement.

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: 08/13/2023

Time of Death: 07:22 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? 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	No Role	Male	3 Year(s)
Deceased Child's Household	Other Adult - Maternal Great Aunt	No Role	Female	44 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Other Household 1	Mother	No Role	Female	27 Year(s)
Other Household 2	Father	No Role	Male	38 Year(s)

LDSS Response

OCDCFS was notified of the death of the subject child on 8/13/23 by the maternal great aunt. Upon notice of the death, OCDCFS completed the required 7065 Agency Reporting Form timely, interviewed the maternal great aunt (MGA), the parents, made home visits, spoke with collateral contacts, and assessed the sibling for safety.

The SC had multiple pre-existing medical conditions and was hospitalized from 12/23/22 until 8/2/23. Upon release from the hospital the SC went to the relative placement of the MGA with the sibling. The MGA was trained how to care for the SC prior to his release from the hospital. The MGA was aware of the SC's history of overproducing mucus. The morning of the fatality the MGA attempted to suction the mucus from the SC's mouth and throat. The MGA had difficulty getting the mucus from the SC's throat and the SC's heart stopped. The MGA immediately called 911 and repositioned the SC, and the SC's pulse returned and his oxygen levels increased. EMS arrived at the home and the SC's heart stopped again. EMS began resuscitative measures and transported the SC to the hospital.

OCDCFS made home visits to the MGA home and assessed the safety of the SS. The SS was seen and observed with no visible marks or bruises and the SS's placement continued with the MGA. The SS was made aware of the SC's death by the MGA; however, due to her age it was unknown if she fully understood what happened to the SC. The MGA declined bereavement services for the SS and agreed to monitor the SS for any behavioral/emotional changes. OCDCFS continued to provide the SS with services.

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: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality referred to 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

OCDCFS contacted appropriate collaterals and investigated the circumstances surrounding the subject 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Child Fatality Report

adequate?				
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Explain:
As there was no SCR report surrounding the fatality, the completion of safety assessments was not required; however, OCDCFS documented an assessment of the siblings' safety following the death and there were no concerns.

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:
As there was no SCR report surrounding the fatality, the completion of a risk assessment profile was not required. OCDCFS offered the family bereavement services, and they declined. The SS remained in placement with the MGA and OCDCFS continued to provide the SS with services.

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

Explain as necessary:
The SS remained in Article 10 Section 1017 placement with the maternal great aunt.

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

Additional information, if necessary:
 OCDCFS provided protective services to the SS prior to and following the death of the subject child. The parents were offered bereavement services and burial assistance, but they declined. The maternal great aunt was offered bereavement services, but she declined. The protective services case remained open after the death.

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:
 OCDCFS offered the MGA bereavement services on behalf of the SS, but she declined. The SS remained in placement and OCDCFS continued to provide the SS with services.

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

Explain:
 OCDCFS offered the MGA grief counseling services, but she declined. The parents were offered bereavement services and burial assistance, but they declined.

History Prior to the Fatality

Child Information

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

Yes



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

Yes

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)
10/12/2023	Deceased Child, Male, 2 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 2 Years	Mother, Female, 26 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 2 Years	Father, Male, 37 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 2 Years	Father, Male, 37 Years	Lack of Medical Care	Substantiated	
	Sibling, Female, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 3 Years	Father, Male, 37 Years	Inadequate Guardianship	Substantiated	

Report Summary:

On 10/12/22 an SCR report alleged, the home was filthy, cluttered, and had visible mold. The home had an odor of urine and feces from the 9 dogs that previously resided in the home. The then 2yo SC had extensive medical concerns, required a feeding tube, and was prescribed medication and a nebulizer. The parents failed to administer the SC his medications and as a result the SC was hospitalized 8 or 9 times. The SC was born premature and had multiple surgeries.

Report Determination: Indicated

Date of Determination: 12/30/2022

Basis for Determination:

The allegations of Inadequate Guardianship and Lack of Medical Care were substantiated against the mother and father regarding the SC. The allegation of Inadequate Guardianship was substantiated against the mother and father regarding the sibling. The investigation revealed the family has moved several times and had not obtained appropriate financial assistance to obtain stable housing or consistent food supply for their children. The SC was medically fragile and required ongoing feedings and medical care, and the parents missed several medical appointments. There were ongoing concerns regarding the SC's weight, the instability of housing and food, and the parents' failed to follow through with new medical providers. Medical providers confirmed the SC had a 19% weight loss since May of 2022, and visiting nurses were going to the home weekly to monitor the SC's weight. OCDSS observed the SC had pressure wounds on his back from sitting in a car seat for extended periods of time and the parents confirmed they had nowhere else for the SC to sit during the day. The SC was hospitalized on 12/23/22 for concerns of malnourishment and significant weight loss.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. Home visits were made, adults were interviewed regarding the report and collaterals were contacted. The SC and SS were seen as safety was assessed. The 7-day Safety Assessment was completed timely. Written notice was provided untimely. A CPS history check was not completed. OCDSS opened a preventive services case for the family 12/30/22. OCDSS made an appropriate determination of the allegations with the evidence gathered. The initial CPS investigation was indicated and closed on 12/30/22, while the subsequent report remained open.

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

Issue:

Review of CPS History

**Summary:**

The record did not reflect a CPS history check was completed.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, LDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, LDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/29/2022	Deceased Child, Male, 2 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 2 Years	Mother, Female, 26 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 2 Years	Mother, Female, 26 Years	Malnutrition / Failure to Thrive	Substantiated	
	Deceased Child, Male, 2 Years	Father, Male, 38 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 2 Years	Father, Male, 38 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 2 Years	Father, Male, 38 Years	Malnutrition / Failure to Thrive	Substantiated	
	Sibling, Female, 4 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Father, Male, 38 Years	Inadequate Guardianship	Substantiated	

Report Summary:

On 12/29/23, an SCR report alleged the SC had extensive health concerns and required a feeding tube. The mother and father were aware of the SC's feeding tube schedule and failed to follow the schedule and feed the SC appropriately. As a result, the SC lost significant weight, was malnourished, and required a higher level of medical treatment. The role of the 4yo SS was unknown.

Report Determination: Indicated

Date of Determination: 03/03/2023

Basis for Determination:

The allegations of Inadequate Guardianship and Malnutrition, Failure to Thrive, and Lack of Medical Care were substantiated against the mother and father regarding the SC. The allegation of Inadequate Guardianship was substantiated against the mother and father regarding the SS. The investigation revealed the parents had history of unstable housing and food insecurity. The family had moved several times and had not obtained their own housing. Both parents failed to obtain public assistance to ensure there was consistent supply of food for the family in the home. The parents were unable to provide the SC with the appropriate care he needed regarding his medical conditions or follow the SC's feeding schedule. As a result, the SC was admitted to the hospital on 12/23/22 for fever, tachycardia, emaciated state, and severe weight loss. The SC also had a component of re-feeding syndrome which indicated that he was not being fed appropriately at home. The SC also had bed sores on his back which was indicative of him being moved around minimally. The mother moved to another county and had no contact with the children. The parents left the SS with a relative for over a month with no plan for the SS's return, and the parents did not provide the relative with any assistance to care for the SS.

OCFS Review Results:



The investigation was initiated timely, and the source was contacted. The 7-day Safety Assessment was completed and approved untimely. A CPS history check was completed untimely. A home visit was made, and the adults were interviewed about the report. The SS was seen at the residence and the SC was observed at the hospital. OCDSS spoke with collateral contacts. OCDSS filed a neglect petition in family court against the parents and a request for removal was granted. The SS was placed in the care of the maternal great aunt through an Article 1017 placement on 2/21/23; however, the SC remained hospitalized for his ongoing medical concerns. OCDSS made an appropriate determination of the allegations with the evidence gathered. The CPS investigation was indicated and closed, and the protective services case remained open.

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

Issue:
Review of CPS History

Summary:
A CPS history check was completed untimely on 1/9/23.

Legal Reference:
18 NYCRR 432.2(b)(3)(i)

Action:
Within 1 business day of a report, LDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, LDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

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

On 10/19/20, the mother and father were subjects of an indicated case with allegations of Inadequate Guardianship and Lack of Medical Care regarding the SC. A neglect petition was filed against the parents and a protective services case was opened.

Between 1/30/14 and 5/18/20 the maternal great aunt had 8 unfounded cases regarding unrelated children.

Known CPS History Outside of NYS

The family had indicated history in Alabama regarding the SC.

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: 12/30/2022

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



Child Fatality Report

behaviors or conditions that placed the children in the case in danger or increased their risk of harm?				
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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The Reassessment was due on 7/28/23 and was completed 17 days late on 8/14/23.				
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 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

On 12/30/22, OCDCFS opened a preventive services case for the family after receiving a subsequent SCR report that alleged the SC had extensive health concerns and required a feeding tube. The mother and father were aware of the SC's



feeding tube schedule and failed to adequately follow the schedule or feed the SC appropriately. As a result, the SC lost a significant amount of weight, was malnourished, and required a higher level of care. The SC was hospitalized regarding concerns that he was not receiving appropriate feedings despite being on a continuous feed and there was no sign of his seizure medication in his system. The parents had ongoing chronic instability in housing and moved around often, there was a lack of food resources in the home, failure to follow through with medical providers, failure to appropriately supervise the SS, and failure to follow through with Public Assistance were the main reasons for opening this case. On 2/21/23, the subject child and sibling were placed in foster care pursuant to an Article 10 Neglect Petition that was filed against the parents. The SC was placed in a certified foster boarding home and the SS was placed with a relative resource. The parents were ordered to comply with court-ordered services. A hearing was held on 4/7/23 and it was determined the SC would be transferred to the care of the relative resource upon his discharge from the hospital.

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:

Date of placement with most recent caregiver?

04/07/2023

How did the child(ren) enter placement?

Court Order

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

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

Visitation

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

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



made with required frequency?				
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional information, if necessary:

The Foster Care case remained open as services were being provided to the sibling that remained in foster care. Following the death of the subject child, OCDCFS completed a plan amendment documenting the significant change in the status of the case.

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 due on 1/6/23 and was completed late on 3/9/23. The reassessment was due on 7/28/23 and was completed late on 8/14/23.
Legal Reference:	18 NYCRR428.3(f)
Action:	OCDCFS will complete, or see to the timely completion of FASPs by service providers when applicable, in a timely fashion when OCDCFS maintains a case management role.



Foster Care Placement History

On 2/21/23, the subject child and sibling were placed in foster care pursuant to an Article 10 Neglect Petition. The subject child was placed in a certified foster boarding home and the sibling was placed with a relative resource. The parents were ordered to comply with court-ordered services. A hearing was held on 4/7/23 and it was determined the subject child would be transferred to the care of the relative resource upon his discharge from the hospital. Court was adjourned and trial was scheduled for 6/20/23. The record did not reflect the circumstances of the 6/20/23 trial or if the trial was held, though the notes alluded to the mother making an admission to the neglect on 6/20/23. A pre-trial conference was held on 8/4/23 and updates were provided to the judge. The subject child had been discharged from the hospital on 8/2/23 and his medical needs were being met by the relative resource who appeared via phone. The next court date for the permanency hearing was to be held 9/29/23, and the neglect trial for the father was scheduled for 10/16/23.

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:
11/25/2020	There was not a fact finding	There was not a disposition
Respondent:	066060 Mother Female 27 Year(s)	
Comments:	An Article 10 Neglect Petition was filed against the mother and father on 11/25/20 regarding the subject child. A hearing was held on 12/11/20 and a general denial was entered on behalf of both parents. A temporary order was put in place for the parents to comply with all medical providers. A hearing was held on 4/20/21 and the Article 10 Neglect Petition was withdrawn as progress was being made, the parents were compliant with all medical providers, and the subject child was gaining weight.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
02/21/2023	There was not a fact finding	There was not a disposition
Respondent:	066060 Mother Female 27 Year(s)	
Comments:	On 2/21/23, the subject child and sibling were placed in foster care pursuant to an Article 10 Neglect Petition. The subject child was placed in a certified foster boarding home and the sibling was placed with a relative resource. The parents were ordered to comply with court-ordered services. A hearing was held on 4/7/23 and it was determined the subject child would be transferred to the care of the relative resource upon his discharge from the hospital. Court was adjourned and trial was scheduled for 6/20/23. The record did not reflect the circumstances of the 6/20/23 trial or if the trial was held, though the notes alluded to the mother making an admission to the neglect on 6/20/23. A pre-trial conference was held on 8/4/23 and updates were provided to the judge. The subject child had been discharged from the hospital on 8/2/23 and his medical needs were being met by the relative resource who appeared via phone. The next court date for the permanency hearing was to be held 9/29/23 and the neglect trial for the father was scheduled for 10/16/23.	



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