



Report Identification Number: SY-18-019

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

Issue Date: Oct 22, 2018

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		



Case Information

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: St. Lawrence
Gender: Female

Date of Death: 05/01/2018
Initial Date OCFS Notified: 05/02/2018

Presenting Information

The 3-month-old SC died on 5/1/18, while under the care of Hospice in a St. Lawrence County Department of Social Services licensed foster home. The SC was pronounced dead at 4:50 AM by Hospice. The BM and the SC were residing in the foster home together and the BM was present at the time of the SC's death. The SC had been diagnosed with Arthrogyrosis Multiplex Congentia and Lissencephaly and was not expected to live. The SC died of natural causes. St. Lawrence County had an open foster care case at the time of the fatality.

Executive Summary

On 5/1/2018, St. Lawrence County Department of Social Services (SLCDSS) notified OCFS of the 1-month old SC's passing on 5/1/2018 through form 7065. SLCDSS had an open SCR report about the SC at the time of the SC's passing. The reported concerns were the SC was medically fragile and was not expected to live. The parents did not have stable housing or a plan for the SC. SLCDSS spoke with the BF and he refused to be involved with the care of the SC or to assist the BM in locating stable housing for herself and the SC. Based on the BM's history SLCDSS filed an Article 10 Neglect petition in Family Court for derivative neglect. On 4/10/18 the Family Court Judge ordered the SC be removed and placed in foster care. The BF did not show up for the Family Court proceedings. SLCDSS found a foster care home that allowed the BM to reside in the home with the SC. On 5/1/18 the SC passed away. The SC had been receiving hospice services in the foster home. Hospice services pronounced the SC dead at 4:50 AM. The BM held the SC in her arms until the SC body was retrieved by the funeral home.

Immediately upon learning of the SC's death SLCDSS contacted the foster family and the BM to offer support and bereavement services for the foster family, the BM and the BF. SLCDSS obtained information from medical providers and Hospice about the death of the SC, as well as the care provided to the SC by the BM. All parties reported the BM provided appropriate care for the SC. The BM had no children in her care at the time of the SC's passing. The SM had three other children who she had previously surrendered her parental rights. The foster home had no other children in the home at the time of the SC's passing.

Given the BM's circumstances and the best interests of the SC, SLCDSS showed exemplary practice in securing a foster home where the BM could be with the SC until her passing. This provided a safe and stable environment for the SC, while allowing the BM to be with her child. The BM was noted in the case record to have provided more than adequate care for the SC, with the appropriate support and supervision.

There was no autopsy performed and the manner of death was natural and the cause was due to a genetic disorder.

SLCDSS met all NYS regulations and requirements pertaining to casework contacts, safety assessments, risk assessment and the provision of services in the investigation that was open at the time of the SC 's passing. SLCDSS made a determination about that investigation which has been addressed in the history section of this fatality report. SLCDSS continued to offer the BM support and appropriate referrals. The foster family said the BM could reside with them as long as she needed. At the time of the writing of this report that case was IND and closed.

PIP Requirement



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

The surviving siblings had all been surrendered so there were no children in need of assessment

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:

N/A

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: 05/01/2018

Time of Death: 04:50 AM

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

County where fatality incident occurred: St. Lawrence

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

**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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	3 Month(s)
Deceased Child's Household	Foster Parent	No Role	Female	57 Year(s)
Deceased Child's Household	Foster Parent	No Role	Male	62 Year(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)

LDSS Response

SLCDSS notified OCFS of the SC passing through form 7065 as per regulation on 5/1/2018. SLCDSS had an open CPS investigation at the time of the reported fatality about the SC. The medically fragile child was born on 1/26/18. The reported concerns were the parents did not have stable housing or a plan for the SC. The BM and the SC had been residing with the BF's parents at the time the SC was released from the hospital. The BF's parents told the SM that she and the SC had to leave the home. Based on the BM's history and current lack of stable housing and no plan for herself or the SC, filed an Article 10 derivative neglect petition in Family Court on 3/26/2018 requesting court ordered services. SLDSS assisted the BM with referrals for appropriate services for herself and the SC; such as housing, hospice care for the SC, and enrolling the BM in the Youth Advocate Program. The BM was fully cooperating with services. SLDSS had met with the BF and he was not involved and not assisting the BM with the care or stable housing for the SC. The Article 10 neglect petition was dismissed on 5/3/18.

On 3/28/18, the SC was readmitted to the hospital due to the SC's ongoing medical issues. On 4/10/18 there was a Family Court appearance and the Family Judge ordered the SC to be placed in foster care upon discharge from the hospital. SLDSS arranged for a foster home that would take the BM and the SC upon discharge from the hospital. The SC was discharged from the hospital and the SC and the BM were residing together in the foster home. The SC received hospice services while in the foster home.

On 5/1/2018, SLDSS was notified of the SC's passing and immediately went to the foster home to offer support and services. The foster mother and the BM explained the SC was found at 4:00 AM that morning by the foster mother. The foster mother said the SC was no longer breathing. The FM and the BM said they immediately contacted hospice services and hospice services pronounced the SC deceased at 4:50 AM. The foster mother told SLDSS the BM held the SC for 4.5 hours, until the funeral home arrived to retrieve the SC's body.

SLDSS interviewed all family members and offered bereavement services. There were no other children residing in the foster home and the BM had no other children in her care at the time of the fatal incident. SLDSS gathered sufficient



information and it was determined there was no reasonable cause to suspect that the BM caused the death of the SC. The SC was a medically fragile child and was not expected to live. SLCDDSS obtained and reviewed all medical documentation pertaining to the SC and interviewed the SC's medical providers. There were no noted concerns for the care of the SC by the BM or the foster mother. The medical providers told SLDSS that the SC lived longer than was expected given the severity of her medical issues.

There was no autopsy performed and the manner of death was natural and the immediate cause of death was due to a genetic disorder.

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 reviewed by an OCFS approved Child Fatality Review Team?No

Comments: St. Lawrence County does not have an OCFS approved CFRT.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

This was a medically fragile child who was not expected to live. The BM and the SC were residing together in a St. Lawrence County certified foster home at the time of the SC's passing. The SC had in home Hospice care at the time of the SC'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:
 The BM had no children in her care at the time of the SC's passing. The BM had three other children she had surrendered for adoption.

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:
 SLCDSS were already involved with the BM at the time of the SC's death. SLCDSS had filed an Article 10 Neglect petition at the time of the SC's birth. SLCDSS was granted removal of the SC by the Family Court Judge. This was based on the BM's history with the SC's surviving siblings who were previously surrendered for adoption. SLCDSS made arrangements for the BM to reside in the foster home with the SC. The SC was a medically fragile child and was not expected to live.

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"/>



Child Fatality Report

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"/>
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Explain as necessary:
 There were no other children in the household at the time of the SC's death. The BM had three children she had previously surrendered for adoption and were no longer in her care.

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"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" 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:
 SLCDSS had an open CPS case with the BM and the SC prior to the SC's death. The SC had been removed and placed in foster care via an Article 10 Neglect petition. SLCDSS found a foster home that was willing to allow the BM to reside in their home with the SC. The SC was a medically fragile child and was not expected to live.



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? N/A

Explain:
There were no other children in the household and the BM had no other children in her care at the time of the SC's passing. The BM had three other children that she had surrendered for adoption.

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

Explain:
St. Lawrence County DSS offered referrals and assistance to the BM for bereavement services, funeral arrangements and housing assistance. The BF was offered referrals for bereavement services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	No
Was there an open CPS case with this child at the time of death?	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:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record | |

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/21/2018	Deceased Child, Female, 1 Months	Father, Male, 24 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The one-month-old SC was born with serious medical concerns. The SC required a feeding tube and ventilation. The SC also was sent home with hospice and requires morphine every two hours. The BM was aware of the follow up appointment for the SC and the seriousness of the SC's condition. The BM missed the follow up appointment for the SC which was to check the SC's weight and to check the SC's oxygen levels. The grandparent had an unknown role.

Report Determination: Indicated

Date of Determination: 05/24/2018

Basis for Determination:

SLDSS Sub the allegation of IG against both parents for the SC. The parents did not have suitable and stable housing or a plan for the SC's care. The BF refused to be involved with the SC's care or assisting the BM in securing appropriate housing. The case was IND and opened court ordered services.

OCFS Review Results:

SLDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. Given the BM's circumstances and the best interests of the SC, SLDSS showed exemplary practice in securing a foster home where the BM could be with the SC until her passing. This provided a safe and stable environment for the SC, while allowing the BM to be with her child. The BM was noted in the case record to have provided more than adequate care for the SC, with the appropriate support and supervision.

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)
06/02/2015	Sibling, Female, 1 Months	Mother, Female, 25 Years	Lack of Medical Care	Unsubstantiated	Yes
	Sibling, Female, 1 Months	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The 1-month-old SS was born with significant health issues. The child had no respiration, was limp, no heart rate and had to be resuscitated. The child was placed in neonatal cooling to prevent brain damage. At one point, the child was on ventilation and required intravenous feeding. Due to the child's extreme health issues, she required on going medical follow up. The BM was aware, however, failed to follow through. There were strong concerns for the child's well being. The roles of the 6yo and 3yo were unknown.

Report Determination: Unfounded

Date of Determination: 08/12/2015

Basis for Determination:

Based on interviews with family members, home visits and medical provider SLDSS Unsub the allegations. The BM had only missed one appointment and there was no impact on the child. The provider had medical provider stated the child had been seen and there were no significant concerns. The case was UNF and closed. The BM was involved with voluntary preventive services and continued to work with services.

OCFS Review Results:

SLDSS had not completed a history check of the family within the required time frame per regulation. There was a significant number of progress notes entered more than 30 days after the event date. The notice of existence was not provided to the subjects and the fathers within the 7 day required time frame as per regulation.

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

Issue:

Failure to provide notice of report

Summary:

SLDSS failed to provide notification letters within the 7 day required time frame as required by regulation. Notification letters were mailed a month after the report was received.

Legal Reference:

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

**Action:**

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

SLDSS had several notes that were entered more than thirty days after the event date.

Legal Reference:

18 NYCRR 428.5

Action:

All progress notes will be entered as contemporaneously as possible to their event dates.

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

Between 2010 and 2015, there were 8 SCR reports with allegations including IG, IF/C/S, LS, L/B/W and B/S against the mother and IG against the father. There were 2 indicated and 3 were unfounded. There were 3 appropriately tracked to FAR.

Known CPS History Outside of NYS

There was no known CPS history outside NYS.

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"/>

Preventive Services History

A preventive case was opened on 8/18/10 with the following services were being provided to both the parents and SS, case management services, transportation, parent training, drug counseling/treatment, domestic violence services, mental health services and home maker services. A plan amendment was completed on 2/14/11, the case was closed at request of the parents. The services were voluntary.

A preventive case was opened on 4/13/12 with the following services being provided to mother of the SS, early intervention, case management services and financial management. The case closed on 8/24/13, as the mother had successfully completed YAP and homemaker services. The mother had a stable residence and was meeting the children's needs.

On 4/6/2015, SLDSS filed an Article 10 neglect petition and services were ordered by the Family Court Judge. The



concerns being addressed were unsafe and unsanitary living conditions and lack of supervision. The following services were being provided to the mother, mental health, homemaker/parent education and housing. On 9/22/15, the mother made an admission in Family Court to a finding of neglect. The mother was under court ordered supervision. On 11/12/15 a violation was filed in Family Court due to non-compliance with the order of supervision and the SS were placed in foster care.

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: 04/10/2018

Date of placement with most recent caregiver? 04/10/2018

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



Child Fatality Report

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"/>
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: There is no additional information.				

Foster Care Placement History

On 11/12/15, a violation was filed in Family Court due to non-compliance with the order of supervision and the SS were placed in foster care.(see preventive section above) SLDSS were providing services to the mother and the three fathers of the SS. On 8/4/17, the mother surrendered her parental rights for two of the SS. Subsequently, on 1/2/18, the mother surrendered her parental rights of the remaining SS. On 9/11/17, father 1 surrendered surrendered his parental rights for the SS. On 3/14/2018, father 2 surrendered his parental rights. SLDSS was in the process of filing abandonment petitions against father 3. Two of the SS were freed for adoption one on 9/11/17 and one on 3/14/18.

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:
03/26/2018	There was not a fact finding	There was not a disposition



Respondent:	047821 Mother Female 27 Year(s)
Comments:	SLCDSS made arrangements for the BM to reside in the foster home with the SC. The SC was not expected to live. The SC died in the foster home on 5/1/18. SCDSS submitted an order of dismissal on 5/3/18.

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