

**Report Identification Number: RO-16-027**

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

**Issue Date: Jun 20, 2017**

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	

### 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
CPR-Cardio-pulmonary Resuscitation		

### 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-Others	

### 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	

## Case Information



**Report Type:** Child Deceased  
**Age:** 1 year(s)

**Jurisdiction:** Monroe  
**Gender:** Female

**Date of Death:** 12/23/2016  
**Initial Date OCFS Notified:** 12/23/2016

## Presenting Information

On 12/23/2016, the death of 14-month-old SC reported to OCFS by the Monroe County Department of Human Services (MCDHS). The SC was medically fragile child and had been in foster care since 12/3/15. The SC was born with "complex, congenital heart disease consisting of Tetralogy of Fallot, Pulmonary Atresia and collateral vessel pulmonary blood flow." The SC underwent heart surgery in September of 2016 and another surgery to have a permanent IV installed in October of 2016. The SC spent one month in the hospital recovering from these surgeries. The SC was recently seen by the Pediatrician and diagnosed with pneumonia. When the foster parent went into the SC room this morning, the SC was unresponsive and 911 was called. The SC was taken to hospital where the SC passed away.

## Executive Summary

On 12/23/2016, MCDHS notified OCFS of the SC's passing on 12/23/2016 through form 7065. The SC was in the Custody of the Commissioner of MCDHS and was in a certified foster adoptive home at the time of SC's death. The SC was born on 10/28/2015 with a congenital heart defect known as DeGeorge Syndrome. The SC was placed in foster care due to concerns regarding SM's MH and drug use and the fact that the SM had five other SS that had been previously removed from her care via neglect petitions. The SS were subsequently placed with relatives through Article 6 petitions in Family Court and remained out of the SM's care. The SF also had a history of drug use and was incarcerated at the time the SC was born. A neglect petition was filed on 11/16/2015 and on 12/3/2015 a removal was ordered and the SC was placed in foster care upon release from the hospital. On 12/08/2015 MCDHS indicated and opened a Child Protective services case for on-going monitoring. Due SC's heart defect the SC required close medical follow up including numerous medical appointments and special care. The SC's foster parent was a registered nurse and experienced with medically fragile children and was able to provide the care needed.

MCDHS was working on permanency for the SC right up until the SC passing on 12/23/2016. The most recent FASP was completed on 12/12/2016 and the SM had not visited the SC since 8/2016. The SC underwent surgery in Sept. and again in Oct. due to complications. The SM was not present for the SC's surgery despite saying she would be there. The SM was also not available to give authorization for emergency surgery for the SC even though she had been asked to. The hospital had to call Child Protective to obtain administrative approval. The SF continued to not be involved with the SC; MCDHS filed an abandonment petition against him in Oct. 2016. MCDHS continued work towards permanency for the SC.

Immediately upon learning of the SC death MCDHS notified the SM and MCDHS went to the hospital to offer support for to the SM and the foster parents. MCDHS provided contact information for grief counseling. The SF had been notified but was not present at the time of SC passing.

The SC received appropriate medical care and treatment by the foster parent right up until the SC died on 12/23/2016. An autopsy was not performed as the death was ruled to be from natural causes as a result of the SC's medically fragile condition. MCDHS met all NYS foster care regulations and requirements pertaining to casework contacts, frequency of visits for the SM, SF and providing services to the family. The foster home had been cleared through the SCR and criminal data database and was a certified foster home. All Family Assessment and Service Plans (FASPS)



were completed and approved on time and case was appropriately closed upon the SC death.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

Was the decision to close the case appropriate? 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:

The SC was medically fragile child. The SC was born with "complex, congenital heart disease consisting of Tetralogy of Fallot, Pulmonary Atresia and collateral vessel pulmonary blood flow." The SC underwent heart surgery in September of 2016 and another surgery to have a permanent IV installed in October of 2016. The SC spent one month in the hospital recovering from these surgeries.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 12/23/2016

Time of Death: 09:14 AM

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

County where fatality incident occurred: MONROE

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping                       Working                       Driving / Vehicle occupant



Playing  
 Other

Eating

Unknown

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

**Is the caretaker listed in the Household Composition? Yes - Caregiver**

1

**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	1 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	60 Year(s)
Deceased Child's Household	Foster Parent	No Role	Male	60 Year(s)
Deceased Child's Household	Other Child	No Role	Male	15 Year(s)
Other Household 1	Father	No Role	Male	42 Year(s)
Other Household 1	Mother	No Role	Female	26 Year(s)

### LDSS Response

On 12/23/2016 the foster parent notified MCDHS to inform them the SC was unresponsive when she went to check on her this morning. The foster parent called the ambulance and the SC was taken to the hospital. The SC was not expected to survive the day. MCDHS then contacted the family members to notify them of what had transpired with the SC.

After MCDHS was informed of the SC passing, MCDHS went to the hospital to support for the family and the foster parents. MCDHS provided contact information for grief counseling to the SM and the foster parents. The SF was not at the hospital. He had been told and was driving from out of state to the hospital and had not yet arrived. MCHDSS stayed with the family and the foster parents until the SC was removed from the room.

On 12/23/2016, MCDHS notified OCFS of the SC passing through form 7065. MCDHS had follow up contact with the foster parent to see how she was doing. The SC funeral was held on 12/31/2016. The abandonment petition filed against the SF was withdrawn on 1/10/17 and the Family Court case regarding the SM was settled. MCDHS completed a FASP with a plan amendment closing the case.

### 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? Yes

Comments: The SC was medically fragile and died of natural causes while in Foster Care.

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to



	Death	Refused	if Used	Offered	Unavailable		Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? No

**Explain:**  
The SS were assessed to have no need for services related to the fatality, they had never had contact with the SC. There were five other SS who were in the custody of relatives.

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

**Explain:**  
MCDHS provided SM and the foster parents with information regarding grief counseling.

## History Prior to the Fatality

## Child Information

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

### CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/30/2015	16563 - Deceased Child, Female, 14 Months	16561 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	No

#### Report Summary:

SCR report received on 10/30/15, stating that the SM gave birth to SC on 10/26/15. The SM had 5 other SS removed from her care as a result of abuse and maltreatment. Those SS have remained out of her care. The SC was diagnosed with congenital heart defect. The SC required close medical follow up and special care. The SM was not in any services even though she was court-ordered during the last Family Court case. Both the SM and SF have a history of MH and substance abuse. An Article-10 petition was filed on 11/16/15. On 12/3/15, a removal was ordered and SC was placed in FC.

**Determination:** Indicated

**Date of Determination:** 12/08/2015

#### Basis for Determination:

The INV was IND for IG against the SM. The SC was born DiGeorge Syndrome and required close medical follow-up including numerous medical appointments and special care and handling given that she had a feeding tube. The SM had a hx of mental health and substance abuse issues and was not compliant with services. A neglect petition was filed and the Judge ordered the SC placed in FC.

The SM was not able to demonstrate how to appropriately care for SC while the SC was still in the hospital. The SM was not able to provide a minimum degree of care. The case was IND and was transferred to CPSM.

#### OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/12/0014	16533 - Sibling, Female, 2 Years	16531 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	No

#### Report Summary:

An SCR report was received on 10/1/14, alleging IG against the SM regarding SS. The SM had 4 other children removed from her care. The SM admitted to MH history and substance abuse but was not in any treatment at the time she gave birth to SS. The SM resides with the SF who also had substance abuse issues and was not deemed a resource.

**Determination:** Indicated

**Date of Determination:** 10/16/2014

#### Basis for Determination:

The SM had four other SS removed from her care who had different Bio Fathers. The SM had significant CPS hx including a neglect finding in Steuban County. The SM had a history of MH and substance abuse and was not in any treatment. The SM consented to the removal and the SS entered FC upon discharge from the Hospital. The SF resided with the SM, also had substance abuse and was not deemed a resource. On 10/10/14 the Judge placed the SS with an



Adult SS. The case was IND for IG against SM

**OCFS Review Results:**

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

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

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

2/11/11 IND 7/25/11 allegations of FX,SWDS and IG in regards to the SS (11-month-old) against SM's boyfriend, allegations were added for SM for FX,SWDS and IG in regards to the SS. The SS sustained a fracture to the left femur. Believed to have been a non-accidental injury. The BF of the SS was granted custody and SM only had supervised visits. The case was IND and closed.

3/6/13 IND 5/28/13 allegations IG, L/B/W and LMC in regards to SS against SM and SM's boyfriend. The SS had multiple lacerations and bruises and sustained scars to the buttocks as a result. An Abuse/Neglect Petition was filed and the SS were placed with PGGM.

8/5/13 IND 8/16/13 allegations of IG in regards to newborn SS against SM. A neglect petition was filed and the SS was placed in FC on 8/6/13. This SS was later placed in the care of PGGM with the three other SS.

10/9/98 IND for XCP, L/B/W and IG against the SF in regards to SS. The BM was granted full custody of those SS and SF only had supervised visitation.

### Known CPS History Outside of NYS

There was no known history outside of NYS.

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality?** Yes

**Date the Child Protective Services case was opened:** 12/08/2015

### Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
<b>Did the service provider(s) comply with the timeliness and content requirements for progress notes?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the services provided meet the service needs as outlined in the case record?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did all service providers comply with mandated reporter requirements?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>danger or increased their risk of harm?</b>				
--	--	--	--	--

### Casework Contacts

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

### Services Provided

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<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
<b>Was the most recent FASP approved on time?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

	Yes	No	N/A	Unable to Determine
<b>Was the decision to close the Services case appropriate?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Required Action(s)



Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes  No

### Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### 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: 12/03/2015

Date of placement with most recent caregiver? 12/03/2015

How did the child(ren) enter placement? Court Order

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

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

### Visitation

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

### Casework Contacts

	Yes	No	N/A	Unable to Determine



Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input 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 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: 01/12/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 01/12/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:**

MCDHS met all NYS foster care regulations and requirements pertaining to casework contacts, frequency of visits for the SM, SF and providing services to the family. The foster home had been cleared through the SCR and criminal data database and was a certified foster home.

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
---------------	---



<b>Summary:</b>	MCDSS had numerous case progress notes that were entered 5-9 weeks after the event.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)
<b>Action:</b>	MCDSS will enter progress notes in a contemporaneous manner as events occur.

### Foster Care Placement History

Their were five SS that were not in the care of the SM at the time of the fatality. Three of the SS were placed by consent of the SM under the Article 10 on 3/21/13 with the PGGM in Steuban County. On 8/5/13 SM gave birth to the 4th SS and that SS was placed in Foster Care under an Article 10 filed on 8/6/13. On 9/4/13 the SS was placed with the PGGM in Steuban County with his siblings. The PGGM was awarded custody under an Article 6 on 4/11/14 of all four SS. The case was subsequently closed.

On 10/1/14 SM gave birth to the 5th SS, the SM signed a removal with consent and an Article 10 petition was filed and the SS was placed in FC upon release from the hospital. This SS was then placed with an adult sibling of the SF. On 11/24/14 the adult sibling was granted custody under an Article 6 petition and was offered services. The case for that child was closed on 1/8/15.

The SC was born on 10/26/15 with congenital heart disease and was a medically fragile child. An Article 10 Petition was filed on 11/16/15 and the SC was placed in FC upon discharge from the hospital on 12/3/15. The SC was removed based on SM history and her inability to care for a medically fragile child. The SC died on 12/23/16 while in FC as a result of her medical condition.

### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?**

Family Court                       Criminal Court                       Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
11/16/2015	Adjudicated Neglected	Order of Supervision
<b>Respondent:</b>	038021 Mother Female 26 Year(s)	
<b>Comments:</b>	This petition was regarding the SC.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
11/16/2015	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	038021 Mother Female 26 Year(s)	
<b>Comments:</b>	The fifth SS was placed in foster care upon consent for removal signed by the SM. The SS was placed in care 10/3/2014 upon discharge from the hospital. Family Court petition was filed by MCDHS on 10/9/14 and on 10/10/14 at the initial hearing the Judge placed the fifth SS with an adult SS. The adult SS filed an article 6 custody petition. On 11/24/14 the Article 10 petition was withdrawn and the adult SS was granted custody by the Judge.	



## 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