



**Report Identification Number: SY-21-026**

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

**Issue Date: Nov 26, 2021**

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** Cortland  
**Gender:** Male

**Date of Death:** 05/27/2021  
**Initial Date OCFS Notified:** 05/28/2021

## Presenting Information

On 5/27/21, Cortland County Department of Social Services (CCDSS) learned of the death of the 4-month-old male subject child that occurred on the same date. There was an open investigation and open Foster Care case at the time of the death, which alleged concerns about the mother and father's substance use, the condition of the home, and the parents' failure to provide appropriate medical intervention for the subject child. On 5/28/21, CCDSS notified the Syracuse Regional Office of the death via phone call and the 7065 Agency Reporting Form.

## Executive Summary

This report concerns the death of the 4-month-old male subject child that occurred on 5/27/21. At the time of the subject child's death, he was in the custody of the Commissioner of Cortland County Department of Social Services (CCDSS) with a goal of Return to Parent. The child and his 3-year-old sibling had been in Foster Care since January 22, 2021 due to the parents' history of failing to provide safe and stable housing, substance abuse, and failure to provide appropriate medical care for the subject child. The subject child and his 3-year-old sibling were placed via a 1024 emergency removal without a court order. An Article 10 Neglect Petition was filed against the parents. The subject child was hospitalized from birth until his death on 5/27/21.

The subject child had multiple medical diagnoses. He was born six weeks premature, had an inoperable heart valve defect, and an intestinal issue, necrotizing enterocolitis, which resulted in him having a nasogastric tube for feeding and an ostomy bag. The subject child had been on a ventilator since birth and his health continued to deteriorate. On 5/22/21, the hospital recommended comfort care for the child. On 5/27/21, the subject child was taken off life support and passed away at 6:06PM.

CCDSS provided the parents with information for grief and mental health counseling. CCDSS continued working with the parents through the open Foster Care case on reunification with the sibling. At the time of this writing, the sibling remained in a certified foster boarding home and attended regular supervised visitation with the parents. CCDSS closed the investigation that was opened at the time of the subject child's death.

### PIP Requirement

For issues identified in historical cases, CCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) CCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, CCDSS will review the plan and revise as needed to address ongoing concerns.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**



- Safety assessment due at the time of determination? N/A

**Determination:**

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

**Explain:**

This was not an SCR reported fatality. CCDSS determined there was no reasonable cause to suspect the death was a result of abuse or maltreatment.

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:**

CCDSS was informed of the death and spoke with familial and collateral contacts to obtain information about the fatality, and determined there was no reasonable cause to suspect the death was a result of abuse or maltreatment.

### 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: 05/27/2021

Time of Death: 06:06 PM

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

County where fatality incident occurred: Cortland

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? No

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: hospitalized

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:



Distracted  
 Asleep

Absent  
 Other:

**Total number of deaths at incident event:**

**Children ages 0-18:** 1  
**Adults:** 0

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	4 Month(s)
Deceased Child's Household	Father	No Role	Male	50 Year(s)
Deceased Child's Household	Mother	No Role	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)

**LDSS Response**

On 5/27/21, CCDSS was notified by the hospital that the subject child’s health was deteriorating, and comfort care was recommended for the child. CCDSS and the father met with hospital staff on 5/27/21 to discuss options for the subject child. The father understood the child’s condition and agreed to the discontinuation of care. The mother refused to attend the meeting and did not wish to be present for the end-of-life process. CCDSS notified the Syracuse Regional Office and submitted the required 7065 Agency Reporting Form. CCDSS visited the foster boarding home to assess the sibling, who was safe in the care of the foster family. CCDSS spoke to the subject child and sibling’s providers and all relevant collateral sources.

The subject child and sibling were placed in CCDSS custody on 1/22/21. The parents were living in deplorable conditions, abusing illicit substances, and failed to cooperate with CCDSS. The parents were not communicative with the hospital where the subject child had been admitted and medical personnel had to sign off on treatment, including a blood transfusion, as staff were unable to get in contact with the parents. The sibling was placed in a certified foster home while the subject child remained hospitalized, and an Article 10 Neglect Petition was filed against the parents.

The foster boarding home was certified through CCDSS, with a current foster boarding home certificate, and the foster parents had the appropriate clearances and required training. CCDSS and an additional placement agency provided an abundance of services to the sibling and ongoing support to the foster family. CCDSS offered additional fatality-related services to the parents. It was unknown if the parents utilized services. CCDSS determined the death was not the result of abuse or maltreatment and closed the investigation that was open at the time of the death. Foster Care services remained open and the parents were ordered to comply with conditions of their court orders.

**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:** Unknown

**Multidisciplinary Investigation/Review**



**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** There is no OCFS approved Child Fatality Review Team in Cortland County.

### 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 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"/>

**Additional information:**

Progress notes were entered contemporaneous to their event dates.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
This was not an SCR reported fatality, thus the 24 hour, 7 day, and 30 day safety assessments were not necessary.

### 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 The subject child and sibling were removed prior to the death and an Article 10 Neglect Petition was filed. The sibling remained in foster care at the time of this writing.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 Prior to the fatality, the sibling and subject child were removed and placed in LDSS custody.

### 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 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"/>				



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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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:**  
 Funeral services, foster care services, and bereavement and mental health referrals were provided to the family following the fatality.

**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:**  
 Foster Care services were provided to the sibling prior to and following the death.

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

**Explain:**  
 Services related to bereavement, mental health counseling, and foster care services were provided to the parents.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? Yes
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? Yes

### Infants Under One Year Old

**During pregnancy, mother:**



- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

### 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)
01/05/2021	Sibling, Female, 2 Years	Father, Male, 50 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Female, 2 Years	Father, Male, 50 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Days	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Days	Mother, Female, 22 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 1 Days	Father, Male, 50 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Days	Father, Male, 50 Years	Lack of Medical Care	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Male, 1 Days	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

CCDSS received a report from the SCR which alleged the residence to be a health and safety hazard to the 2-year-old sibling. The residence was dirty, cluttered and had excessive amounts of dog and cat feces throughout. There was a strong foul odor in the home. The mother and father failed to adequately clean the residence. A subsequent report was received alleging the parents were failing to follow through with medical recommendations for the medically fragile subject child. The parents were not responsive to medical providers, thus medical personnel had to sign off on the child's treatment.

**Report Determination:** Indicated

**Date of Determination:** 02/03/2021

**Basis for Determination:**

CCDSS determined the mother and father were unable to make a plan for the subject child, who was medically fragile. The parents had a history of substance abuse and were unavailable on separate occasions to sign medical consents for the subject child. Medical personnel had to sign off on the child's emergency medical care when the parents were



unreachable. The subject child and sibling were removed from the parents' care and placed in foster care. A neglect petition was filed in Family Court.

**OCFS Review Results:**

CCDSS gathered a substantial amount of information from collateral contacts by way of face-to-face interviews, telephone contacts, and copies of records. The information gathered supported the basis for indicating the report. CCDSS removed the subject child and sibling and filed an Article 10 Neglect Petition when it became evident that the children would not be safe remaining in the care of their parents. CCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. The record reflected a review of CPS history was completed 14 days after receipt of the report.

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)
08/13/2020	Sibling, Female, 2 Years	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Female, 2 Years	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Father, Male, 49 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 2 Years	Father, Male, 49 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 2 Years	Father, Male, 49 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

CCDSS received a report from the SCR alleging the parents had been abusing drugs at home and other places in the presence of the 2-year-old sibling. The mother and the father were impaired while being the sole caretakers of the sibling, and the drugs and paraphernalia were accessible to the sibling. There were concerns that the mother and the father had been getting into verbal arguments and physical altercations at home while they were impaired in the presence of the sibling. On 08/11/2020, the mother punched the father while the father was holding the sibling. It was unknown if the child had sustained any injuries from these incidents. The home was deplorable and infested with rats.

**Report Determination:** Indicated

**Date of Determination:** 10/19/2020

**Basis for Determination:**

CCDSS determined there was evidence to substantiate the allegations. The home the family was residing in was deplorable and the family had been evicted. The family became uncooperative and moved out of jurisdiction. CCDSS exhausted efforts to locate the family to no avail. CCDSS was unable to provide referrals for services to the parents as a result.

**OCFS Review Results:**

CCDSS completed all casework activity in a timely fashion, commensurate with case circumstances. CCDSS determined the allegations given the information obtained during the investigation.

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)
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12/04/2019	Sibling, Female, 1 Years	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 1 Years	Father, Male, 49 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 1 Years	Aunt/Uncle, Male, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	

**Report Summary:**

CCDSS received a report from the SCR which alleged the mother, father, and uncle were failing to provide the 1-year-old sibling with adequate food.

**Report Determination:** Unfounded**Date of Determination:** 04/20/2020**Basis for Determination:**

CCDSS did not find credible evidence to substantiate the allegations. The parents were found to be providing adequate food and shelter to the sibling. Though the family was being evicted from their home, the father obtained employment and was working to find suitable housing. The family was receptive to Preventive Services and began working with service providers.

**OCFS Review Results:**

CCDSS completed all casework activity in a timely fashion, commensurate with case circumstances. CCDSS determined the allegations given the information obtained during the investigation.

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)
09/12/2019	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 1 Years	Father, Male, 48 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 1 Years	Aunt/Uncle, Male, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 48 Years	Lack of Medical Care	Unsubstantiated	

**Report Summary:**

CCDSS received a report from the SCR which alleged the residence where the 1-year-old sibling resided was deplorable. There was garbage and animal feces all over. The home had a pungent odor and was cluttered with garbage bags, which prevented an exit way in the event of an emergency. The father, mother, and uncle were aware of this but failed to address the concern. As a result, the sibling had been sick for over a week and received no treatment.

**Report Determination:** Unfounded**Date of Determination:** 11/25/2019**Basis for Determination:**

CCDSS determined there was no credible evidence to support the allegations. The home was observed to be clean during each home visit and the parents reported obtaining medical care for the sibling when she was sick. CCDSS confirmed with medical personnel that the sibling was seen when sick.

**OCFS Review Results:**

CCDSS completed all casework activity in a timely fashion, commensurate with case circumstances. CCDSS determined the allegations given the information obtained during the investigation.



# Child Fatality Report

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

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

The father had indicated history dating back to 1996 regarding domestic violence and lack of supervision involving his now adult children.

### Known CPS History Outside of NYS

There was no known history outside of New York State.

### Services Open at the Time of the Fatality

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

Date the Child Protective Services case was opened: 01/22/2021

### 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 behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

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

### Services Provided

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



# Child Fatality Report

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"/>
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### 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 most recent FASP prior to the death was 95 days late.				
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"/>

### 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: 01/22/2021  
 Date of placement with most recent caregiver? 02/07/2021  
 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"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input 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: 05/13/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 05/13/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 05/13/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional information, if necessary:

At the time of this writing, the foster care case remained open as the sibling remained in the care and custody of CCDSS.



A permanency hearing was held on 8/18/21 and foster care placement was ordered to continue. The sibling was attending weekly supervised visitation with her parents.

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	The initial FASP, which was the FASP most recent to the death, was due to be completed on 2/21/21 but was not completed and approved in CONNECTIONS until 5/27/21.
<b>Legal Reference:</b>	18 NYCRR428.3(f)
<b>Action:</b>	CCDSS will complete timely and accurate FASPs.
<b>Issue:</b>	Failure to Complete a Plan Amendment
<b>Summary:</b>	FASPs were completed and approved on 5/27/21 and 6/07/21, the subject child was still listed as a tracked child and the reports reflected he was hospitalized, though he had already passed away. A plan amendment reflecting his death was not done.
<b>Legal Reference:</b>	18 NYCRR 428.7
<b>Action:</b>	CCDSS will complete a plan amendment when necessary. The FASP must be amended whenever there are certain changes in the case status. The purpose of a plan amendment is to describe and document certain significant changes in the status of a case and to direct a reassessment of the family and/or child's situation so that any necessary revisions to the service plan can be made.

### Foster Care Placement History

The sibling and subject child were removed on 1/22/21 and an Article 10 Neglect Petition was filed. The sibling remained in foster care at the time of this writing.

### 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

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
01/22/2021	There was not a fact finding	Care/Custody to OCFS Commissioner
<b>Respondent:</b>	058629 Mother Female 22 Year(s)	
<b>Comments:</b>	The subject child and sibling were removed from the custody of the mother and father on 1/22/21 via a 1024 removal without a court order. A hearing was held on 1/25/21 and the removal was granted by the family court judge and the children remained in foster care at that time.	



## 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