



Report Identification Number: AL-20-022

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

Issue Date: Feb 01, 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

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 16 year(s)

Jurisdiction: Clinton
Gender: Female

Date of Death: 08/10/2020
Initial Date OCFS Notified: 08/12/2020

Presenting Information

On 8/12/20, the death of the 16-year-old subject child was reported to OCFS by Clinton County Department of Social Services through the required Agency Reporting Form 7065. The subject child died on 8/10/20, due to a medical condition of which the child and family were unaware.

Executive Summary

On 8/11/20, CCDSS was notified by the mother that the subject child passed away on 8/10/20. CCDSS had an open preventive services case at the time, which was initiated on 12/06/19. Services were being provided to the family to assist with the reunification process between the mother and children. The mother had been incarcerated for a year and a half due to violating probation and drug-related offenses. Preventive services were implemented to offer support and assistance with regard to the mother’s mental health, substance abuse, and limited cognitive functioning.

The subject child and 9-year-old sibling had different fathers, neither of which had a consistent role in either of their lives. The children resided with a family friend while the mother was incarcerated as neither father was a suitable permanency resource for the children. In August, 2019, the mother was released from prison and began supervised visits with the children. Upon obtaining suitable housing in December, 2019, the children transitioned home with the mother. The family friend remained a support for the family.

Through interviews with the coroner, it was learned the subject child’s death was natural. The subject child suffered respiratory arrest caused by a 6.5cm pulmonary embolism in the left lung. The child’s time of death was 11:55PM.

Due to the conditions surrounding the death, law enforcement was not contacted and did not conduct a joint investigation with CCDSS. There were no criminal charges in the death.

CCDSS closed the preventive services case on 12/29/20. CCDSS determined preventive services were no longer necessary as the mother completed parole, found suitable housing, and was meeting the needs of the sibling.

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.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Unable to Determine

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

Explain:

This was not an SCR reported fatality. At the time of the child's death, CCDSS had an open preventive services case with the family. The record reflected supervisory consultation took place during the service case. The record reflected the family was seen face-to-face, but transitioned to zoom visits as a result of the COVID-19 pandemic.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/10/2020

Time of Death: 11:55 PM (Approximate)

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

County where fatality incident occurred: Clinton

Was 911 or local emergency number called? Yes

Time of Call: 09:30 PM

Did EMS 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:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: walking | | |

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	16 Year(s)
Deceased Child's Household	Mother	No Role	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)

LDSS Response

On 8/11/20, CCDSS was notified of the subject child’s death during a brief phone call from the mother. CCDSS conducted a home visit on the same date to assess the sibling and learn the circumstances surrounding the death. CCDSS learned the child had been complaining of a pain in her calf the day leading up to the death. The mother offered to take the child to seek medical attention, but the child declined. The mother and child were watching television on the evening of 8/10/20, when the child got up to change into pajamas. The child passed out while attempting to walk to her room. The child regained consciousness and the mother’s boyfriend called 911. First responders arrived and transported the child to the ER. Though the child was able to walk to the ambulance on her own and converse with first responders, she became unresponsive en route to the hospital and was unable to be revived. CCDSS provided the mother with burial assistance information which the mother utilized. There were no concerns for the sibling’s care.

The preventive services case does not have record of what services were being utilized nor is there documentation of service providers being contacted regarding the service goals. Though the record reflected the mother completed parole, there are no progress notes regarding communication with the parole officer or any other service providers who could speak to the mother’s completion of parole and substance abuse treatment. Though the record lists the sibling and subject child as family participants in the progress notes, the record does not reflect purpose-driven casework contacts for obtaining personal objectives and resolving problems or needs were made. The record does not reflect an assessment of the family’s progress toward resolving the issues, situations, or conditions that led to the provision of services.

Based on information gathered, CCDSS determined the child’s death was the result of natural causes and not due to abuse or maltreatment by a caretaker. The mother reported she was engaged in mental health counseling and was trying to get the sibling engaged in services. The record does not reflect that CCDSS verified the mother's engagement in counseling. At the time of this writing, it was unknown if the sibling was engaged in mental health or grief counseling. The preventive service case was closed as the record reflected services were no longer necessary.

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: Coroner

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
--	-----	----	-----	----------------------------



All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

CCDSS contacted relevant collateral sources. Notes were entered more than a month after 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"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

Explain:

This was not an SCR reported fatality.

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"/>



Child Fatality Report

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:
This was not an SCR reported fatality. The child died during an open preventive services case. The family was receiving services in order to assist with the mother's transition home from being incarcerated. At the time of this writing, the preventive services case had closed.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed 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"/>

Explain as necessary:
There was no removal of the sibling.

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 CCDSS offered burial assistance. At the time of the child's death, CCDSS had an open preventive services case. The mother reported she was engaged in mental health counseling following the death and was working to get the sibling into counseling. The record does not reflect whether the sibling was engaged in counseling at the time of this writing.

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? Unable to Determine

Explain:
 The record reflected the mother was attempting to get the sibling into mental health counseling to deal with the grief of losing her sister but it was unknown if she was engaged in counseling at the time of this writing.

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

Explain:
 CCDSS assisted the family with funeral arrangements. The mother reported she was engaged in mental health counseling.

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?	No

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)



Child Fatality Report

09/19/2018	Sibling, Female, 7 Years	Other Adult - father of sibling, Male, 30 Years	Other	Unsubstantiated	Yes
	Sibling, Female, 7 Years	Mother, Female, 31 Years	Other	Unsubstantiated	

Report Summary:
 CCDSS received a request from Family Court for a Court Ordered Investigation to be completed with a return date of 9/24/18.

Report Determination: Unfounded **Date of Determination:** 02/15/2019

Basis for Determination:
 CCDSS determined the allegation of OTHER against the mother and father of the sibling would be unfounded as there was no credible evidence to support the allegations. At the time the court ordered investigation was requested, the mother was incarcerated and had made an appropriate plan for the care of the sibling and subject child. The father of the sibling was allowed supervised visitation with the sibling.

OCFS Review Results:
 CCDSS interviewed all pertinent collateral sources and assessed the sibling and subject child throughout the investigation. The 7-day safety assessment tool was not completed timely; however, the record reflected safety was assessed. Notes were not entered contemporaneously in that 25 of the 28 notes were entered more than a month after their event dates, with the majority of the notes entered 5 or more months after their event dates.

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

Issue:
 Timely/Adequate Case Recording/Progress Notes

Summary:
 The record reflected 25 of the 28 progress notes were entered more than a month after their event dates.

Legal Reference:
 18 NYCRR 428.5

Action:
 Notes will be entered as contemporaneously to their event dates as possible.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/23/2018	Sibling, Female, 7 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	No
	Deceased Child, Female, 14 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 7 Years	Mother's Partner, Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 14 Years	Mother's Partner, Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:
 CCDSS received a report from the SCR alleging the mother and parent substitute used methamphetamine regularly in the presence of the subject child and sibling.

Report Determination: Indicated **Date of Determination:** 02/05/2019

Basis for Determination:
 CCDSS determined there was credible evidence to support the allegations. The mother tested positive for



methamphetamine and was sent to prison as a violation of her probation. There was no credible evidence to support the parent substitute used illicit substances in a manner that impacted the children.

OCFS Review Results:

CCDSS completed all regulatory requirements for their investigation. CCDSS contacted pertinent collateral sources and assessed the safety of the subject child and sibling throughout 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)
04/27/2018	Deceased Child, Female, 14 Years	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 14 Years	Mother, Female, 31 Years	Lack of Medical Care	Substantiated	

Report Summary:

CCDSS received a report from the SCR alleging the mother was failing to provide the subject child with appropriate medical care. The subject child was exhibiting suicidal ideations and had been hospitalized 3 times in the year prior. The mother failed to follow up with treatment provider recommendations and did not engage the subject child in the recommended appointments.

Report Determination: Indicated

Date of Determination: 02/05/2019

Basis for Determination:

CCDSS determined the mother failed to follow through with treatment recommendations for the subject child and also failed to address her own mental health concerns. The mother relapsed on drugs during the investigation, which was a violation of her probation. The mother went to prison and the subject child and sibling went to reside with a family friend.

OCFS Review Results:

CCDSS completed all regulatory requirements for their investigation. CCDSS contacted collateral sources and addressed new concerns as they arose during the investigation. CCDSS provided the family friends with resources and referrals to assist with the children's transition into their home.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/24/2018	Deceased Child, Female, 14 Years	Mother, Female, 31 Years	Educational Neglect	Unsubstantiated	No

Report Summary:

CCDSS received a report from the SCR alleging the then 14-year-old subject child missed 32 days of school and was tardy 18 times. The child was failing as a result.

Report Determination: Unfounded

Date of Determination: 04/03/2018

Basis for Determination:

CCDSS determined, though the child missed a substantial amount of school, she was hospitalized for the absences thus being medically excused. At the time of the investigation, the subject child was receiving necessary mental health treatment and the family was engaged in community-based services.

OCFS Review Results:

CCDSS addressed new concerns as they arose during the investigation. CCDSS completed all regulatory requirements



for their investigation. CCDSS made exhaustive attempts to locate the subject child's father, to no avail. CCDSS provided referrals and resources to the family.

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known history outside of New York.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 12/24/2019

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Child Fatality Report

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"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

Preventive Services were provided by CCDSS.

Required Action(s)

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

Yes No

Issue:	Adequacy of Progress Notes
Summary:	Circumstances related to health and safety of the children were not addressed in the case record. The record does not reflect an assessment of the family's progress toward resolving the issues and conditions that led to the provision of services.
Legal Reference:	18 NYCRR 428.5
Action:	Children will be engaged in discussions whenever possible in an effort to elicit key information surrounding safety and risk. Discussions with all family members will include relevant safety-related questions.

Preventive Services History

A preventive services case was opened on 12/06/19 and closed on 12/29/20, following the subject child's death. Services were being utilized as the mother was released from prison and there was a need for support during the transition process. The subject child and sibling had been staying with a family friend during the year and a half the mother was incarcerated. The subject child had taken on a parental role to her younger sibling due to the mother's cognitive delays, depression, and substance abuse. The record reflected the preventive services case ended as services were no longer necessary. The sibling was doing well in school and had no behavioral issues at home. The mother completed parole, was working full time, and was able to support the sibling. The mother was utilizing her support system.

Legal History Within Three Years Prior to the Fatality



Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

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