



Report Identification Number: AL-21-015

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

Issue Date: Jan 03, 2022

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: 3 month(s)

Jurisdiction: Essex
Gender: Male

Date of Death: 07/17/2021
Initial Date OCFS Notified: 07/17/2021

Presenting Information

Essex County Department of Social Services received a report from the SCR on 7/17/21 which alleged the foster mother, subject child, and sibling had been camping in a mobile camper since 7/7/21. On 7/16/21, the subject child was sleeping in his swing inside the camper. He woke around 8:30PM and the foster mother fed him and put him back to nap in the swing. At approximately 10:00PM, the foster mother reported placing the subject child into his bassinet to sleep. The foster mother woke at 7:33AM and found the subject child unresponsive. The foster mother attempted CPR and contacted 911. First responders arrived and took over efforts but were unsuccessful. The subject child was transported to the hospital where he was pronounced dead.

Executive Summary

This report concerns the death of the 3-month-old male subject child that occurred on 7/17/21. At the time of the subject child's death, he was in the custody of the Commissioner of Essex County Department of Social Services (ECDSS) with a goal of Return to Parent. An autopsy was completed; however, the final report had not yet been issued at the time of this writing, and the cause and manner of death remained pending.

The child and his 3-year-old sibling were placed in a certified foster boarding home together due to the parents' history of failing to provide safe and stable housing, substance abuse, and failure to comply with mandated court orders. The subject child was placed in foster care on 3/31/21. An Article 10 Neglect Petition was filed against the parents. The sibling had been in foster care since 2018. The parents had supervised visitation with both children prior to the death but were inconsistent in exercising visitation.

The investigation revealed that the foster mother, subject child, and sibling had been camping at a campground for just over a week. The family was staying in a mobile camper on the campground. The night of 7/16/21, the foster mother drank two alcoholic beverages but reported being sober. The subject child was being fussy, so the foster mother placed him in bed with her. The subject child was initially placed to sleep on her chest, but she later laid him on the bed beside her. The foster mother woke in the morning and found the subject child unresponsive. She immediately called 911 and first responders arrived and transported the child to the hospital, though resuscitative efforts were unsuccessful, and the child was declared deceased at the emergency room.

ECDSS provided the foster mother and parents with information for grief and mental health counseling. ECDSS continued working with the parents through the open Foster Care case, though the permanency planning goal for the sibling had changed to placement for adoption. At the time of this writing, the sibling remained in the certified foster boarding and efforts were being made towards his adoption. ECDSS found credible evidence to substantiate the allegations of DOA/Fatality and IG against the foster mother regarding the subject child. ECDSS determined the foster mother had extensive training in safe sleep practice and was aware of the harm associated with co-sleeping. Despite that knowledge, the foster mother chose to sleep on a pull-out couch with the subject child and family dog. The preliminary findings from the coroner reflected the sleeping environment was unsafe.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Explain:

ECDSS gathered information to determine the allegations. ECDSS assessed the safety of the surviving sibling throughout the investigation.

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:

The level of casework was commensurate with case circumstances. The case remained open to provide foster care services to the sibling and family.

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: 07/17/2021

Time of Death: Unknown

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

County where fatality incident occurred: Essex

Was 911 or local emergency number called? Yes

Time of Call: Unknown



Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

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

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
- Absent
- Asleep
- 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	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Other Household 1	Mother	No Role	Female	41 Year(s)

LDSS Response

On 7/17/21, ECDSS received the SCR fatality report regarding the subject child. Upon receipt of the fatality report, ECDSS initiated their investigation within 24 hours and coordinated efforts with their MDT. The safety of the surviving sibling was assessed, and he was determined to be safe with the foster mother.

ECDSS interviewed the foster mother immediately upon receipt of the report on 7/17/21. The foster mother reported the subject child was placed to sleep, on his back, in the bassinet. She reported when she woke in the morning, he was unresponsive. Later that day, after receiving information from law enforcement's forensic unit, ECDSS went back to the campsite to interview the foster mother a second time. Information from the forensic unit suggested the subject child was in bed with the foster mother when he died. Upon confronting the foster mother with the information, she admitted that she placed the child into the bed with her and the family dog. The foster mother reported she withheld that information for fear that ECDSS would remove the sibling from her care. A bassinet was observed in the camper for the subject child, but the foster mother reported he became fussy during the night and that is why she placed him in her bed. An immediate safety plan was made for the foster mother's father to supervise contact between the foster mother and sibling while the concerns were investigated further.

ECDSS interviewed the parents of the subject child and sibling. Neither the mother nor the father had been consistent in their visitation with the children. The parents did not identify safety concerns for the children in the care of the foster mother.



Child Fatality Report

The foster boarding home was certified through ECDSS, with a current foster boarding home certificate, and the foster mother had the appropriate clearances and required training. ECDSS and an additional placement agency provided an abundance of services to the sibling and ongoing support to the foster mother. ECDSS offered additional fatality-related services to the parents. It was unknown if the parents utilized services. Upon further investigation, it was determined the sibling was safe in the care of the foster mother as the unsafe situation was isolated to the circumstances of the infant's vulnerability. Law enforcement determined there was no criminality or foul play suspected in the death and closed their investigation.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: ECDSS adhered to previously approved protocols for joint investigations by coordinating efforts with law enforcement and notifying the DA's office of the death.

Was the fatality referred to an OCFS approved Child Fatality Review Team? No

Comments: ECDSS does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058982 - Deceased Child, Male, 3 Mons	058984 - Foster Parent, Female, 41 Year(s)	DOA / Fatality	Substantiated
058982 - Deceased Child, Male, 3 Mons	058984 - Foster Parent, Female, 41 Year(s)	Inadequate Guardianship	Substantiated

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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:

ECDSS contacted relevant collateral sources.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

ECDSS provided grief counseling to the foster mother and family. 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

Have any Orders of Protection been issued? No

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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
 ECDSS provided the foster mother and parents referrals for bereavement and mental health counseling. Foster Care services for the family were continued as the sibling remained in care following the death.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

Ongoing foster care services were provided to the sibling following the death.

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

Explain:

Grief and mental health services were offered to the parents and foster mother following the death.

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

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)



Child Fatality Report

03/26/2021 | Deceased Child, Male, 1 Days | Mother, Female, 40 Years | Inadequate Guardianship | Substantiated | Yes

Report Summary:

ECDSS received a report from the SCR alleging the mother gave birth to the subject child on 3/26/21. The mother had other children who had all been removed from her care and remained in foster care due to child protective services involvement.

Report Determination: Indicated

Date of Determination: 05/25/2021

Basis for Determination:

ECDSS determined the mother failed to meet a minimum standard of care for the subject child. The child was removed from her care shortly after birth due to the mother not making a realistic plan for the care of the child. The sibling had been removed from the parents' care previously and the mother failed to address the conditions which led to the sibling's removal. The mother was not engaged in her mandated court ordered services and refused to comply with ECDSS and the conditions of her orders.

OCFS Review Results:

All appropriate collateral contacts were made including, pediatricians, treatment professionals, and family members. ECDSS adequately assessed the safety of the subject child and removed the child from the mother when it was determined he was not safe remaining in her care. ECDSS filed an Article 10 Neglect Petition in family court based on derivative neglect. The review of CPS history was not documented in CONNECTIONS until 5/24/21, 59 days after receipt of the report. The record did not reflect a discussion surrounding safe sleep was had with the mother nor with the foster mother.

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

Issue:

Review of CPS History

Summary:

A CPS history check was completed untimely. The SCR report was received on 3/26/21; however, the history check was completed on 5/24/21.

Legal Reference:

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

Action:

No PIP is required as ECDSS has a PIP in place for this and is working with their regional office on this matter.

Issue:

Failure to provide safe sleep education/information

Summary:

Though they were in the home and documented sleep provisions for the child, ECDSS did not have a conversation surrounding safe sleep education/information at any point during the investigation with the foster mother nor the parents.

Legal Reference:

13-OCFS-ADM-02 & CPS Program Manual, Chapter 6, J-1

Action:

ECDSS will provide information on sleep safety to the parents and caretakers of infants and parents-to-be whom they encounter and see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.

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

There were multiple unfounded cases against the parents from 2010 through 2016 regarding the two older siblings. The parents made an agreement with relatives to have those siblings stay with relatives. The parents have not had contact with those siblings since they went to live with their relatives. There were additional indicated historical cases from 2010



against the mother regarding another sibling who had been removed at that time and freed for adoption.

There was an indicated report dated 1/30/2018 against the mother and father regarding the sibling. The sibling was born with a positive toxicology and was placed on morphine. The mother and father continued using substances and it was determined the sibling was not safe in their care. The maternal grandmother became a safety resource and the parents were supervised with the sibling. A derivative Neglect Petition was filed and a family services stage was opened.

Known CPS History Outside of NYS

The mother and father had history regarding a sibling in Vermont. The state of Vermont filed Neglect Petitions against both parents. That sibling was subsequently placed in foster care and was freed for adoption.

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 was completed and approved one day after the FASP due date.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preventive Services History

A family services stage was opened on 2/18/18 due to the mother and father's service needs as well as the Article 10 Neglect Petition. The parents were mandated to comply with ECDSS and complete court-ordered services related to substance abuse counseling, mental health services, and parenting skills. Ultimately, the sibling was removed from the parents and placed in foster care due to their noncompliance with ECDSS and their court mandated services.

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: 03/31/2021

Date of placement with most recent caregiver? 03/31/2021

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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input 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: 08/24/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was a check completed through the State Central Register? Date: 09/10/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Was a check completed through the Staff Exclusion List? Date: 08/23/2021	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information, if necessary:
The foster care case for the sibling remained open following the death. The sibling remained in the care of the foster mother.

Foster Care Placement History

The sibling was placed in foster care with a relative on 10/7/2019 following the maternal grandmother's request for an Order to Show Cause. Family Court ordered the placement of the sibling with the grandmother at that time. The grandmother was ordered to become emergency certified through a community agency. During the certification process, it was determined the grandmother was not an appropriate resource and the sibling was placed in a certified foster boarding home. The subject child was removed from the parents on 3/31/21 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

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
03/31/2021	There was not a fact finding	Care/Custody to Local Social Services District
Respondent:	058985 Mother Female 41 Year(s)	
Comments:	On 3/31/21, ECDSS removed the subject child via an article 1024 emergency removal without a court order based on derivative neglect. The sibling had previously been removed and there was a termination of parental rights petition pending for that child. Diligent efforts were made for reunification, but it was unsuccessful. The subject child was placed in the same certified foster boarding home as his sibling.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
Unknown	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	058985 Mother Female 41 Year(s)	
Comments:	The sibling was removed from the parents via a 1025 removal with consent and placed in foster care due to the parents' failure to comply with ECDSS. A hearing was held on 10/7/19 and the sibling was returned to the care of a relative. On 7/13/20, the sibling was placed in a certified foster boarding home.	

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