

**Report Identification Number: SY-23-036**

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

**Issue Date: Dec 29, 2023**

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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		

## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Oswego  
**Gender:** Male

**Date of Death:** 08/24/2023  
**Initial Date OCFS Notified:** 08/28/2023

## Presenting Information

An OCFS-7065 Agency Reporting Form was completed by Oswego County Department of Social Services (OCDSS) on 8/25/23 regarding the subject child's death and received by OCFS the following business day. The form reflected the subject child was born at approximately 25 weeks gestation. The mother was unaware of her pregnancy and the child was birthed at home. Due to the child's prematurity, his lungs were underdeveloped, and he suffered from respiratory issues that ultimately caused his lungs to fail, resulting in his death on 8/24/23. The SCR was not contacted regarding the child's death. The child's death was caused by medical complications and the child had never been outside the care of the hospital since birth.

## Executive Summary

This fatality report concerns the death of the 2-month-old subject child that occurred on 8/24/23. OCDSS learned of the child's death that day. The fatality occurred during two open CPS investigations and an open family services stage due to the subject child's foster care placement, and the 1-year-old surviving sibling's direct placement (1017). At the time of the child's death, he was hospitalized.

The mother was unaware of her pregnancy with the subject child until she delivered him at home, at approximately 25 weeks gestation on 6/15/23. The mother and child were brought to the hospital, and the child was then transferred to a neonatal intensive care unit at another facility. On or around 8/20/23, the child's condition worsened, and the hospital requested a meeting with the mother and OCDSS to discuss the child's health outcomes. On 8/22/23, OCDSS accompanied the mother to the hospital and together they met with the child's medical team. It was explained that due to the child's premature birth, his lungs had not fully developed. Lungs as premature as the child's were not meant to have oxygen pushed directly into them. Despite medical interventions, the child was not developing new lung tissue and the procedures and medicine were thought to be causing the child pain. It was the medical opinion at that time that the child would not survive, and it was recommended that interventions be gradually stopped to allow the child to pass naturally, on his own. The mother consented and on 8/24/23, the child's ventilator was removed, and he died.

The hospital reported the preliminary cause of death was lung disease. The child was prematurely born, which caused a lack of lung development and subsequent respiratory failure. An autopsy was not performed at the wishes of the mother. There was no law enforcement involvement related to the fatality. The SCR was not contacted regarding the fatality, as there was no indication the death was a result of maltreatment. The appropriate Regional Office was notified timely, and the corresponding OCFS-7065 Agency Reporting Form was completed.

OCDSS provided the mother with relevant referrals in response to the fatality, as well as to address the service needs identified in the services case, including supervised visitation, parenting, mental health, and substance use treatment.

Due to the sibling's placement status, the services case remained open.

### PIP Requirement

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

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

### Explain:

This was not an SCR reported fatality, therefore the Safety Assessment tool was not required. As there were no allegations related to the fatality, a determination was not necessary.

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 family services stage remained open due to the sibling's 1017 placement and ongoing service needs. The record did not reflect why the 4/28/23 and 8/9/23 investigations remained open as neither had ongoing casework activity.

## 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: 08/24/2023

Time of Death: 08:27 PM

County where fatality incident occurred: Onondaga

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 and/or ingested alcohol or drugs? No

Child's activity at time of incident:

- Sleeping  Working  Driving / Vehicle occupant

- Playing
  Eating
  Unknown  
 Other: Hospitalized

**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	2 Month(s)
Other Household 1	Mother	No Role	Female	30 Year(s)
Other Household 2	Sibling	No Role	Female	1 Year(s)

**LDSS Response**

There were two open CPS investigations at the time of the child's death, as well as a services case due to the subject child and sibling's removal from the mother on 8/15/23 and their subsequent placements. It was learned through an Additional Information report made to the SCR on 7/19/23, that the mother gave birth to the subject child prematurely on 6/15/23. The child was born at approximately 25 weeks and was immediately admitted to a neonatal intensive care unit (NICU). The mother was unaware she had been pregnant and gave birth on a toilet at home. Since 6/24/23, the mother had not seen the child in the NICU. On 7/6/23, hospital staff attempted to contact the mother regarding the child's declining health to no avail. The record did not reflect OCDSS attempted to contact the mother following receipt of the Additional Information report until an SCR report was registered with similar concerns on 8/9/23, prompting a new CPS investigation.

Collateral contact with the hospital on 8/9/23 revealed the child was critically ill and not doing well. He had been on a ventilator since birth and his lungs were dangerously fragile. Despite transportation being offered, the mother had not returned to the hospital since 6/24/23 and had not been responsive to the hospital's outreaches to plan for the child's care. The mother failed to engage in planning with OCDSS at that time as well.

The sibling had been in the temporary custody of a grandparent before the subject child's birth due to concerns regarding the mother's substance use and parenting abilities. The mother was to be having supervised visitation. Upon learning that the grandparent was not ensuring appropriate supervision of the sibling and was allowing the sibling to visit with the mother at inappropriate locations, OCDSS planned with the family for the sibling to temporarily reside with an alternative approved family resource until a court date was scheduled. Due to the mother's lack of participation in planning for the child's medical care and concerns regarding the sibling and mother's visitation, OCDSS filed a Neglect Petition and requested a removal of the subject child to foster care and the sibling to a 1017 placement with the family resource. The placements were granted on 8/15/23.

By 8/21/23, the hospital requested a meeting with OCDSS and the mother to discuss end of life planning. The hospital explained it had been an uphill battle trying to get the child's body to accumulate new lung tissue. Due to his premature birth, his lungs had not fully developed. Medical procedures and medication had been given in an attempt to assist in building new lung tissue; however, interventions had not been successful. The medical opinion was that the child would not survive and eventually his heart and organs would fail. It was recommended the assisted living devices be gradually stopped and the child should be allowed to pass naturally on his own. The mother expressed agreement that the child should not be forced to endure pain any longer and agreed to the gradual removal of assisted living devices. The child's

ventilator was removed 8/24/23 and he died later that day in the mother's arms.

The sibling remained in the 1017 placement following the subject child's death. The mother was visiting regularly, participating in substance use treatment, and completed an intake with a visitation and parenting skills program.

**Official Manner and Cause of Death**

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

**Multidisciplinary Investigation/Review**

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

**Comments:** The OCFS-7065 Agency Reporting Form reflected OCDSS submitted this case to their Child Fatality Review Team.

**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"/>

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

<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<b>Fatality Risk Assessment / Risk Assessment Profile</b>
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	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 The Risk Assessment Profile (RAP) tool was not required; however, the sibling's ongoing risk had been assessed as part of the open CPS investigations and services case. Appropriate services were offered to the family to address the identified service needs. The sibling had been placed outside of the household prior to the fatality. A removal in response to the fatality was not required as the sibling was assessed safe in her 1017 placement.

<b>Placement Activities in Response to the Fatality Investigation</b>
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	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Legal Activity Related to the Fatality</b>
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Was there legal activity as a result of the fatality investigation? There was no legal activity.

<b>Services Provided to the Family in Response to the Fatality</b>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other, specify:** Preventive Services

**Additional information, if necessary:**

The mother was referred to supervised visitation, which included pre-post visit parenting skills, parenting education, a psychological evaluation, and substance use treatment. It was unknown if she engaged in the psychological evaluation. The mother was advised to seek housing assistance through HUD, which she had. The SS remained in 1017 placement with a family resource, not foster care.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No**

**Explain:**

A service need in response to the fatality was not identified for the 1-year-old sibling.

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

**Explain:**

The record reflected the mother was provided information on grief counseling, and assistance with funeral and burial costs. It was unknown if she engaged in bereavement specific services.

## History Prior to the Fatality

## Child Information

**Did the child have a history of alleged child abuse/maltreatment?** Yes  
**Was the child acutely ill during the two weeks before death?** Yes

## Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

- |   |   |
|---|---|
| <input type="checkbox"/> With a positive toxicology     | <input type="checkbox"/> With fetal alcohol effects or syndrome                         |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> With none of the issues listed noted in case record |

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/09/2023	Deceased Child, Male, 1 Months	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 1 Years	Grandparent, Female, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 30 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 30 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

An SCR report was received on 8/9/23, which stated the subject child was born significantly premature and had been in the neonatal intensive care unit for the last 55 days. There had been multiple attempts to reach the mother to give her instruction on what was needed for the child's care. The role of the sibling was unknown.

**Report Determination:** Indicated **Date of Determination:** 10/31/2023

**Basis for Determination:**

The grandparent knowingly allowed the sibling to visit the mother without ensuring appropriate and sober supervision. The grandparent and mother were deceptive with OCDSS regarding this violation of the visitation plan. The mother was residing in a high traffic residence with drug paraphernalia and LE presence. The mother failed to visit the subject child

in the hospital following his birth and was unresponsive to hospital outreach to discuss his care. The subject child died once removed from life support. As a result of the investigation, the sibling was placed via FCA 1017.

**OCFS Review Results:**

Collateral contact revealed the subject child was born on 6/15/23, at approximately 25 weeks gestation. The child remained in the hospital until his death on 8/24/23. When it was learned the family was not adequately enforcing the mother’s visitation plan with the sibling, OCDSS intervened, and family court was accessed. A services case was opened to address ongoing needs. Allegations regarding the sibling were added. The record reflected intent to close the investigation on 9/7/23. The allegations were determined 10/31/23 and the case was closed 11/29/23.

**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)
04/28/2023	Sibling, Female, 9 Months	Mother, Female, 29 Years	Other	Pending	Yes
	Sibling, Female, 9 Months	Grandparent, Male, 51 Years	Other	Pending	
	Sibling, Female, 9 Months	Grandparent, Female, 36 Years	Other	Pending	
	Sibling, Female, 9 Months	Mother, Female, 29 Years	Inadequate Guardianship	Pending	
	Sibling, Female, 9 Months	Mother, Female, 29 Years	Lack of Supervision	Pending	
	Sibling, Female, 9 Months	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Pending	

**Report Summary:**

OCDSS received a court ordered investigation due on 5/26/23. The allegation of Other referred to the court ordered investigation. A subsequent report was received 5/16/23 which alleged the mother was actively using drugs to the point of impairment while caring for the sibling. The mother was taking the sibling out as late as 3:00AM to purchase drugs. The mother was leaving the sibling unsupervised in a stroller on the side of a house as late as 11:00PM, while the mother went to the back of the house to use drugs. The role of the maternal grandmother was unknown, and the unknown children had unknown roles. An additional information report was received 7/19/23 regarding the subject child.

**Report Determination:** Undetermined

**OCFS Review Results:**

The court ordered investigation was requested by Oswego County Family Court on 4/28/23 regarding a custody petition. During the investigation, subsequent and additional information reports were received. Multiple progress notes were entered untimely in December 2023, following an initial review of the case record which identified casework practice concerns since addressed with the entry of the absent notes. During the case, the subject child was born, placed in foster care, and died. The sibling was placed pursuant to FCA 1017 and an FSS was opened. A concurrent 8/9/23 investigation was investigated, determined, and closed. It was unknown why this investigation remained open.

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

**Issue:**

Failure to Conduct a Face-to-Face Interview (Subject/Family)

**Summary:**

The maternal grandmother was listed on the subsequent report with an unknown role and was not adequately engaged regarding the allegations, despite residing in the household.

**Legal Reference:**

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

**Action:**

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

**Issue:**

A child was born during an open CPS investigation and not added to the report

**Summary:**

The subject child was born during this investigation and was not added to this report, despite documentation referring to his birth by way of an Additional Information report and progress notes. His subsequent death was not recorded in progress notes in this investigation.

**Legal Reference:**

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

**Action:**

OCDSS will add all appropriate household members to open investigations.

**Issue:**

Case record contains information that is relevant, useful, factual and objective

**Summary:**

This investigation had not been determined at the time the 8/9/23 investigation was initiated and the subsequent FSS was opened. Although progress notes can be copied between cases, in this instance, it led to case recording that did not account for all services delivered during the length of time the case remained open.

**Legal Reference:**

18 NYCRR 428.1(a) and 18 NYCRR 428.1(b)(1)

**Action:**

OCDSS records must contain information that is relevant, useful, factual and objective to best reflect accuracy throughout documentation. Such information is pertinent to investigations and the review of service needs.

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Over 74% of progress notes were not entered contemporaneously during the investigation and were documented between one and seven months after their event dates.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

**Issue:**

Timeliness of Determination

**Summary:**

The investigation had remained open over seven months at the time of this review. The child protective service has the sole responsibility for making a determination within 60 days after receiving the report as to whether there is some credible evidence of child abuse and/or maltreatment so as either to “indicate” or “unfound” a report of child abuse and/or maltreatment.

**Legal Reference:**

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)



**Action:**

OCDSS will make a determination of either “indicated” or “unfounded” within 60 days after receiving the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/15/2022	Sibling, Female, 5 Months	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 5 Months	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 5 Months	Other Adult - Parent Substitute , Male, 52 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report received on 12/15/22 alleged that on 12/10/22, the mother was under the influence of drugs while caring for the sibling. The mother was wobbly, could not open her eyes, and was falling asleep while the sibling was in her arms. On 12/12/22, the mother was under the influence and had the sibling in her arms. The mother was falling asleep and could not stay awake. The parent substitute was also under the influence of drugs while caring for the sibling. The role of the sibling's father was unknown.

**Report Determination:** Unfounded

**Date of Determination:** 03/28/2023

**Basis for Determination:**

The Investigation Conclusion Narrative stated the mother was drug seeking and was suspected of bringing the sibling when obtaining drugs. The mother denied this. There were concerns the mother had returned to drug use; however, corroboration was lacking, and law enforcement records did not yield substance-related offences. The mother acted appropriately when concerns were raised related to the parent substitute. The mother planned for the sibling to stay with family while the mother was recuperating from an illness and while the sibling was ill. The record reflected the reason why the sibling remained with family was suspicious; however, OCDSS did not feel here was an alternative explanation.

**OCFS Review Results:**

The investigation was initiated timely, and the sibling's safety was assessed immediately while in a relative's care. Despite multiple reports of the mother's alleged substance use, the mother was not asked to complete a drug screen and supervisory guidance to refer the mother for a substance use evaluation was not completed. There was a period of no casework activity from 12/30/22 to 2/10/23. Supervisory notes were conflicting. They reflected credible evidence was uncovered related to the mother using substances as the sole caretaker to the sibling and that collateral contacts supported the allegation of PD/AM, then stated due to lack of evidence the report would be unfounded.

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

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

No attempts were made to assess the sibling between 12/30/22 – 2/10/23. When it was learned the mother and sibling were staying elsewhere, contact was not attempted to locate the infant sibling for 3 weeks, despite concerns about the mother's substance use. Additionally, the mother had not been asked for a drug screen or a substance use assessment prior to the sibling returning to her care.

**Legal Reference:**

18 NYCRR 432.2 (b)(3)(iii)(b)

**Action:**

OCDSS will prioritize making an adequate assessment of safety and risk to all children in the household and continue an on-going assessment of safety and risk throughout the length of the investigation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/17/2022	Sibling, Female, 2 Days	Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 2 Days	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Days	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 2 Days	Other Adult - Unrelated adult, Male, 47 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**  
 An SCR report alleged the mother gave birth on 7/15/22 and tested positive for cocaine. The mother was using cocaine and other drugs to the point of impairment on an ongoing basis. The mother lacked parenting skills. While in the hospital, the mother was leaving the sibling in dirty clothing, a dirty blanket, and dirty diapers for extended periods of time. The mother was homeless and had no shelter or provisions for the sibling. The mother had WIC, but no food for the sibling. A subsequent report received on 8/5/22 added an allegation that an unrelated other adult was selling drugs out of the home, in the presence of the sibling.

**Report Determination:** Unfounded      **Date of Determination:** 09/07/2022

**Basis for Determination:**  
 The report was unfounded. At initial contact, appropriate necessities for the sibling were observed in the home. Safe sleep was reviewed and practiced. The home was found to be safe and appropriate for the mother and sibling. Public health and the sibling’s pediatrician reported no concerns, and all appointments were being kept. The mother had familial supports in place. The mother did test positive for cocaine during a prenatal appointment; however, neither the mother nor the sibling tested positive at birth. The allegation against the other adult was unsubstantiated. The adult provided minimal care to the sibling and concerns about drug sales could not be proven.

**OCFS Review Results:**  
 The investigation was initiated timely and appropriate collaterals were contacted. OCDSS provided support to the mother and encouraged her to engage in relevant community-based services. At case closing, the mother had appropriate provisions for the sibling, was attending pediatric appointments, and medical collaterals did not have concerns for the sibling’s care. Although the safety assessment tools indicated the mother was not positive for drugs at the siblings’ birth or at a 6-week follow-up appointment, it was not documented if the requested drug screen on 8/8/22 was completed. The record reflected the mother did not appear under the influence and numerous home visits were conducted.

**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 CPS history outside of NYS.

### Services Open at the Time of the Fatality

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

**Date the Child Protective Services case was opened:** 08/17/2023

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

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Date of placement with most recent caregiver?

08/15/2023

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

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

### Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
<b>Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Did the provider comply with discipline standards?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Were the foster parents receiving enhanced levels of foster care payments because of child need?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was the certification/approval for the placement current?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was a Criminal History check conducted?</b> Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was a check completed through the State Central Register?</b> Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was a check completed through the Staff Exclusion List?</b> Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The services case was opened 7 days prior to the SC's death, therefore, many of the required casework activities were not yet due. Upon the subject child's death, there were no longer any children in the case composition in a formal foster care placement. The sibling remained placed outside of the home; however, was placed via FCA 1017.

### Required Action(s)

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

Yes    No

<b>Issue:</b>	Assessment of Services and Maintaining Records
<b>Summary:</b>	The subject child's date of death was incorrectly recorded in CONNECTIONS.
<b>Legal Reference:</b>	18 NYCRR 428.1(a)(2), (b)(3) and 428.3(a)
<b>Action:</b>	OCDESS records must contain information that is factual to best reflect accuracy throughout documentation. Such information is pertinent to the review of service needs.

### Foster Care Placement History

OCDSS filed a Neglect Petition on 8/11/23 and requested the removal of the subject child and sibling. The removals were granted on 8/15/23. The subject child was placed in the custody of OCDSS and remained hospitalized until his death. The sibling was placed pursuant to FCA 1017 with a family resource. The sibling's placement continued following the subject child's death. The initial FASP was pending at the time of review; however, indicated a service plan that included maintaining stable housing, and that the mother engage in mental health and substance use treatment.

### 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:
08/15/2023	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	065440 Mother Female 30 Year(s)	
<b>Comments:</b>	A Neglect Petition was filed in family court against the mother, on behalf of the subject child and sibling. A removal of both children was requested and granted on 8/15/23. The subject child, who was hospitalized at the time, was placed in the care and custody of OCDSS. The sibling was placed in a direct placement, pursuant to FCA 1017, with a family resource. The mother was permitted supervised visitation. Final orders had not yet been granted at the time this fatality report was written and family court proceedings were ongoing.	

### 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