



**Report Identification Number: AL-17-028**

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

**Issue Date: Mar 21, 2018**

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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 5 year(s)

**Jurisdiction:** Warren  
**Gender:** Male

**Date of Death:** 09/18/2017  
**Initial Date OCFS Notified:** 09/25/2017

## Presenting Information

On 9/18/17, an OCFS-7065 Agency Reporting Form was received from Warren County Department of Social Services (WCDSS) regarding the death of a 5-year-old male child (SC) who was in foster care at the time of his death. The SC had been diagnosed with Stage 4 cancer in June 2017, and passed away from complications on 9/18/17. SC had three SS who were also in foster care, and resided in the same foster home. The death was not deemed suspicious, and therefore an SCR report was not necessary.

## Executive Summary

This fatality report concerns the death of a 5-year-old male (SC) that occurred on 9/18/17. A completed 7065 form was submitted to OCFS on that same date. At the time of SC's death, SC and his three SS (ages 10, 11, and 13 years old), were in the care and custody of Warren County Department of Social Services (WCDSS) and engaged in an ongoing foster care case. WCDSS gathered information surrounding SC's death. An autopsy was not completed. The Death Certificate noted the immediate cause of death as Tonsillar Herniation due to, or as a consequence of increased intracranial pressure and Rhabdomyosarcoma.

At the time of the fatality, SC resided with his three siblings, SS1 (age 13), SS2 (age 11), and SS3 (age 10), and their foster mother (FM) and foster father (FF). The children had been in foster care with the same foster family since May 2015, due to ongoing concerns regarding their biological mother (BM) and biological father's (BF) drug use and domestic violence. At the time of SC's death, BF was incarcerated, and BM was deceased.

In June of 2017, a mass was found on SC's abdomen, and SC was diagnosed with Stage 4 Rhabdomyosarcoma, with tumors in his lungs and at the base of his brain. SC was released from the hospital and a treatment regimen was put into place, which was properly followed by the foster parents. On 9/11/17, SC went to the hospital to undergo scheduled chemotherapy treatment, and began having seizures. As a result, SC was admitted. SC received appropriate treatment and testing, and on 9/15/17, results showed fluid and swelling surrounding SC's brain. On 9/16/17, SC became unresponsive and was moved to the Intensive Care Unit; the physicians believed the cancer had spread. On 9/17/17, SC was confirmed brain dead. On 9/18/17, life support was ceased, and SC was pronounced dead.

From the time WCDSS learned of SC's medical complications and death, to the time of this writing, WCDSS had completed interviews with the foster parents, the three SS, and BF, as well as spoke with several collateral contacts. WCDSS assessed the safety and service needs of the SS, and offered appropriate services to the foster parents, maternal grandparents, and BF. WCDSS gathered sufficient information surrounding SC's death. The SS were deemed safe, and the foster care case remained open at the time of this writing.

Review of this case resulted in citations related to casework practice. In response, WCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) WCDSS has taken, or will take, to address the cited issues. For citations where a PIP is currently implemented, WCDSS will review the plan(s) and revise as needed to further address on-going concerns.

## Findings Related to the CPS Investigation of the Fatality

**Safety Assessment:**

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

**Determination:**

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

**Explain:**

Casework activity was commensurate with the case circumstances.

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 foster care case remained open at the time of this writing, and services remained in place for the 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: 09/18/2017

Time of Death: 04:41 PM

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

County where fatality incident occurred: Albany

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

Child's activity at time of incident:

- |   |                                  |   |
|---|----------------------------------|---|
| <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: Hospitalized |                                  |   |



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

**Is the caretaker listed in the Household Composition?** No

**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	Male	5 Year(s)
Deceased Child's Household	Foster Parent	No Role	Male	66 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	65 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Other Household 1	Father	No Role	Male	38 Year(s)

### LDSS Response

On 9/18/17, WCDSS submitted a completed 7065 Reporting Form to OCFS regarding the death of SC, which occurred on that same date. In the days prior to SC's death, WCDSS and the foster care case planners were actively involved with the family and aware of SC's declining condition. WCDSS and the case planners made appropriate contacts during that time, offered a wealth of support to the SS and the foster family, and gathered pertinent information regarding the circumstances surrounding SC's death by speaking with the hospital staff where SC had been admitted. WCDSS discovered there was nothing to indicate SC's death was suspicious in nature.

WCDSS was familiar with SC and his SS, as the children had been in the custody of the department and with the same foster family since May 2015. BM passed away suddenly in January 2017; the case record was up to date and reflected BM's passing. The foster family had expressed interest in adopting all four children. On the date of SC's death, WCDSS spoke with the foster family, SS, BF, and maternal grandparents to offer condolences and provide information and referrals to grief counseling and bereavement services. WCDSS assessed the safety and well-being of the SS, and spoke with their schools to make them aware additional supports may be needed due to the passing of their brother.

BF was incarcerated at the time of SC's death. WCDSS diligently worked to get information to BF regarding the condition of his son and explored options so he could say his goodbyes. In November 2017, BF was released from prison, and articulated a desire to regain custody of the SS. As there was an ongoing foster care case, WCDSS tailored service plan goals to meet the needs of BF. At the time of this writing, BF continued having court-ordered supervised visitation with the SS, but was not in compliance with the visits or his service plan. Therefore, the permanency goal for the SS to be adopted by the foster parents remained.

Throughout the foster care case, assessments were completed timely and thoroughly, face to face contacts were conducted as required, and concerns were addressed promptly when they arose. The needs of the SS were being met by their foster parents, and the children were deemed safe. The foster care case and Family Court proceedings remained ongoing at the time of this writing.



## Official Manner and Cause of Death

**Official Manner:** Natural

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

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

## Multidisciplinary Investigation/Review

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

**Comments:** Warren County does not have an OCFS approved 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

WCDSS gathered information surrounding SC's death from all appropriate collateral sources. There were no required logs to be reviewed.

## 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 safety 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"/>
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"/>



<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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**Explain:**  
This was not an SCR reported fatality. An Initial Safety Assessment was not required.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Placement Activities in Response to the Fatality Investigation**

	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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
The SS were in foster care prior to SC's death, and remained in foster care at the time of this writing.

**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**



# Child Fatality Report

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**  
 Appropriate services were offered to the family to address the loss of SC. The SS remained with their foster parents, and services were being provided to them as well as BF.

**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:**

Grief counseling was offered to the SS, and ongoing services remained in place.

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

**Explain:**

Grief services were offered to the foster parents, as well as the grandparents and BF. CPS Services remained in place for the family.

## History Prior to the Fatality

### Child Information

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

Yes





Was there an open CPS case with this child at the time of death? No  
 Was the child ever placed outside of the home prior to the death? Yes  
 Were there any siblings ever placed outside of the home prior to this child's death? Yes  
 Was the child acutely ill during the two weeks before death? Yes

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/06/2015	Sibling, Male, 7 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	Sibling, Male, 10 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 8 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Male, 7 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 3 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 8 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Male, 8 Years	Father, Male, 36 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 3 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Indicated	
	Deceased Child, Male, 3 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Male, 10 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Male, 8 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 8 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Indicated	
	Deceased Child, Male, 3 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 10 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Male, 8 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Indicated	
Sibling, Male, 7 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Indicated		
Sibling, Male, 7 Years	Father, Male, 36 Years	Inadequate Guardianship	Indicated		



Deceased Child, Male, 3 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Indicated
Sibling, Male, 10 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Indicated
Sibling, Male, 10 Years	Father, Male, 36 Years	Inadequate Guardianship	Indicated
Sibling, Male, 10 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Indicated
Sibling, Male, 7 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Indicated
Sibling, Male, 7 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Indicated
Deceased Child, Male, 3 Years	Father, Male, 36 Years	Inadequate Guardianship	Indicated

**Report Summary:**

WCDSS received an SCR report with concerns BM was abusing prescription medication and as a result, was unable to appropriately care for her CHN. There were further concerns that SS3 was running out of his medication and BM did not refill it.

**Determination:** Indicated**Date of Determination:** 06/26/2015**Basis for Determination:**

WCDSS completed an investigation into the concerns received. Interviews were conducted with family and collateral sources. WCDSS utilized Family Court to obtain an Access Order to locate the CHN. The CHN were removed and placed into Foster Care, and CPS opened the case for services.

**OCFS Review Results:**

A CPS history check was not completed until 6/18/15. WCDSS did not add MGM or MGF to the report, even though they shared custody of the CHN along with BM. MGF was never interviewed regarding the concerns in the report.

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

**Issue:**

Review of CPS History

**Summary:**

The CPS history check was not completed until 6/18/15.

**Legal Reference:**

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

**Action:**

Within 1 business day of a report, WCDSS must review all SCR records of prior reports, including legally sealed reports, involving the subject of the report, the allegedly abused or maltreated child, or the child's sibling, and, for indicated reports, must also review prior reports pertaining to other children in the household or other persons named in the report, and document such.

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

MGM and MGF had joint custody of the CHN at the time of the report, and were considered persons legally responsible. WCDSS did not add the grandparents to the report, nor did they conduct a face to face interview with MGF.

**Legal Reference:**

432.1 (o)

**Action:**



WCDSS will make efforts to make casework contacts with biological parents, guardians and/or other persons named in a report. Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/10/2015	Sibling, Male, 10 Years	Mother, Female, 36 Years	Educational Neglect	Indicated	Yes
	Sibling, Male, 8 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 8 Years	Mother, Female, 36 Years	Lack of Supervision	Indicated	
	Sibling, Male, 10 Years	Mother, Female, 36 Years	Lack of Supervision	Indicated	
	Sibling, Male, 7 Years	Grandparent, Female, 57 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 7 Years	Mother, Female, 36 Years	Lack of Medical Care	Indicated	
	Deceased Child, Male, 2 Years	Mother, Female, 36 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 7 Years	Mother, Female, 36 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 10 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 7 Years	Grandparent, Female, 57 Years	Lack of Medical Care	Indicated	
Sibling, Male, 7 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated		

**Report Summary:**

WCDSS received an SCR report, as well as 3 subsequent reports, with concerns the CHN were missing school often, which was affecting their grades, SS3 was not receiving his medication as prescribed, the CHN were not being appropriately cared for or supervised by BM, and lastly, there were concerns regarding BM's drug use as well as BM allowing BF around the CHN despite an order of protection that was in place.

**Determination:** Indicated

**Date of Determination:** 05/22/2015

**Basis for Determination:**

WCDSS completed an investigation into all concerns received throughout the investigation. Interviews were conducted with family and collateral sources, and diligent efforts were made to locate family when they could not be contacted. WCDSS offered services which were declined. When serious concerns arose, they were addressed promptly and adequately. WCDSS found evidence to determine the allegations in the report. At the close of this investigation, the CHN were placed into foster care and CPS opened the case for services.

**OCFS Review Results:**

The RAP was inaccurate regarding BM's mental health concerns, and a CPS history check was not completed on MGM until 5/12/17. WCDSS did not add MGF to the report, even though he shared custody of the CHN along with MGM and BM.

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

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP question regarding mental health was answered "no" regarding BM, when it should have been answered "yes"; BM had a documented history of clinical diagnoses and treatment.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

WCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile. A PIP was been implemented in Warren County, as of 1/26/17, to address this concern.

**Issue:**

Review of CPS History

**Summary:**

MGM was named as a subject on the report, but her CPS history was not reviewed until 5/12/15.

**Legal Reference:**

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

**Action:**

Within 1 business day of a report, CCDSS must review all SCR records of prior reports, including legally sealed reports, involving the subject of the report, the allegedly abused or maltreated child, or the child's sibling, and, for indicated reports, must also review prior reports pertaining to other children in the household or other persons named in the report, and document such.

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

The maternal grandparents shared custody of the CHN with BM; however, MGF was not added to the report, nor interviewed adequately surrounding his care of the CHN or the concerns received.

**Legal Reference:**

432.1 (o)

**Action:**

WCDSS will make efforts to make casework contacts with biological parents, guardians and/or other persons named in a report. Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/14/2015	Sibling, Male, 7 Years	Mother, Female, 36 Years	Lack of Medical Care	Unfounded	Yes

**Report Summary:**

WCDSS received an SCR report with concerns BM was not administering SS3's medications as prescribed, and as a result, his behaviors in school were ungovernable.

**Determination:** Unfounded**Date of Determination:** 02/26/2015**Basis for Determination:**

WCDSS conducted an investigation into the allegations, which included interviews with BM, the verbal SS, MGM, and an array of collateral contacts. BF's whereabouts were unknown during this investigation. WCDSS offered SM services but she declined. WCDSS did not find evidence to support the allegations, and unfounded and closed the case.

**OCFS Review Results:**

The RAP was inaccurate regarding BM's drug use. A few months prior to this report, BM was on probation and violated for several reasons, one of which was taking MGM's prescribed controlled medication. This contributed to her incarceration. WCDSS did not add MGM and MGF to the report, even though they shared custody of the CHN along with BM.



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

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP was inaccurate regarding BM's drug use. A few months prior to this report, BM was on probation and violated for several reasons, one of which was taking MGM's prescribed controlled medication. This contributed to her incarceration.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

WCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile. A PIP was been implemented in Warren County, as of 1/26/17, to address this concern.

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

WCDSS did not add MGM or MGF to the report, even though they shared custody of the CHN along with BM, and were considered persons legally responsible. MGF was never interviewed face to face regarding the allegations in the report.

**Legal Reference:**

432.1 (o)

**Action:**

WCDSS will adequately interview all persons named in a report, who may have been present during what was alleged in the report, and/or may have information pertinent to concerns that arise during a report and/or the safety and well-being of children that reside in the home.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/29/2014	Sibling, Male, 6 Years	Mother, Female, 36 Years	Internal Injuries	Unfounded	Yes
	Sibling, Male, 6 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

WCDSS received an SCR report with concerns SS3 had an unexplained black eye. Additional information was received on 10/12/14 which noted BM was admitted to the hospital for an infection in her hand, and while in the hospital, BF broke an order of protection, and may have tried to harm BM by injecting something into her IV. There were concerns regarding breaking the order of protection that was in place, as well as past drug use and domestic violence concerns.

**Determination:** Unfounded

**Date of Determination:** 11/04/2014

**Basis for Determination:**

WCDSS observed all the CHN, and interviewed those who were verbal. WCDSS met with the grandparents and observed the home environment; the home and the CHN were deemed safe. WCDSS interviewed BM while she was hospitalized and she informed the CW SC had hit SS3 with a toy, which is why there was a small bruise under his eye. WCDSS spoke with BM about the additional information that was received, and she denied BF had broken the order of protection. WCDSS learned SM's blood tested positive for opiates and cocaine metabolites, and BM later admitted to taking one of MGM's controlled substances. WCDSS spoke with collateral contacts and unfounded the report.

**OCFS Review Results:**

The RAP was inaccurate, and the CPS history check was not completed during the required time frame. WCDSS did not appropriately follow up with or contact collateral sources. Questions surrounding allegations in the report narratives were



not adequately discussed with family members. WCDSS did not add MGM and MGF to the report, even though they shared custody of the CHN along with BM.

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

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP was not completed accurately. The question surrounding drug use was answered "no" for both BM and BF, when it should have been answered "yes".

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

WCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile. A PIP was been implemented in Warren County, as of 1/26/17, to address this concern.

**Issue:**

Review of CPS History

**Summary:**

WCDSS did not complete the CPS history check until the second business day.

**Legal Reference:**

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

**Action:**

Within 1 business day of a report, CCDSS must review all SCR records of prior reports, including legally sealed reports, involving the subject of the report, the allegedly abused or maltreated child, or the child's sibling, and, for indicated reports, must also review prior reports pertaining to other children in the household or other persons named in the report, and document such.

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

The investigation revealed BM had taken one of MGM's prescribed controlled substances, and BM tested positive for drugs in her system while in the hospital. There were also concerns expressed by BM's probation officer that BM may soon be going to jail. MGM and MGF had joint custody of the CHN at the time, and WCDSS did not discuss these concerns with either.

**Legal Reference:**

432.1 (o)

**Action:**

WCDSS will adequately interview all persons named in a report, who may have been present during what was alleged in the report, and/or may have information pertinent to concerns that arise during a report and/or the safety and well-being of children that reside in the home.

**PIP Requirement:**

WCDSS will make efforts to make casework contacts with biological parents, guardians and/or other persons named in a report. Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**



WCDSS obtained information that drugs were found in BM's system at the hospital, and further tests were going to specify which drugs. WCDSS did not follow up with medical staff regarding this. BM had a lengthy substance abuse history and was alleged to have MH diagnoses. WCDSS did not ask if BM was currently receiving treatment so collateral contacts could be made.

**Legal Reference:**

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

**Action:**

WCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

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

- 5/2008: IND against BF for IG re: the three SS.
- 1/2009: IND against BM for IG, PD/AM, IF/C/S re: the three SS.
- 6/2009: IND against BM for IG, LS, PD/AM re: the three SS; case was opened for CPS services.
- 5/2010: IND against BM for IG, LS, PD/AM re: the three SS; services were ongoing.
- 5/2010: IND against previous foster parent for LS re: SS1 and SS3; services were ongoing.
- 5/2011: UNF against BM and BF for IG, PD/AM re: the three SS; services were ongoing.
- 6/2011: UNF against previous foster parents for IG, PD/AM re: all three SS; services were ongoing.
- 7/2011: UNF against BM for IF/C/S, IG, PD/AM re: the three SS; services were ongoing.
- 8/2011: UNF against BM for IF/C/S, L/B/W, IG re: SS2; services were ongoing.
- 11/2011: UNF against BM for IG, L/B/A re: SS3; services were ongoing.
- 5/2012: IND against BM for IG, LM, PD/AM re: SC and the three SS; case opened for preventive.
- 3/2013: UNF against BM and BF for IG, PD/AM re: SC and all three SS; services were ongoing.
- 5/2013: UNF against BM and BF for IG re: SC and the three SS.
- 9/2013: UNF against BM and BF for IG, L/B/W and LM re: SC and the three SS.
- 2/2-14: UNF against BM for EdN, IG, LS, LM re: SC and the three SS.

### Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

### 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"/>

### Preventive Services History

A voluntary preventive services case was opened in July 2012 after SC was born with a positive toxicology for illicit substances. BM elected to engage in services to address her substance abuse and the children's MH needs. As this was a



voluntary services case, BM chose to end her involvement in June 2013. At the time of case closure, the preventive case record reflected there were still concerns regarding BM's sobriety and ability to place her children's needs above her own.

## 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: 05/08/2015

Date of placement with most recent caregiver? 05/08/2015

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

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

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

## Visitation

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

## Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





### Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Additional information, if necessary:</b> At the time of this writing, the foster care case remained open.				

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Coordination of Services
<b>Summary:</b>	The maternal grandparents had shared custody of the CHN when the services case began. There was a neglect finding against both grandparents in 2016. Neither grandparent was added to the FSS although they were involved in service planning and goals.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(4)(i) and 432.2(b)(4)(viii)
<b>Action:</b>	In coordinating the delivery of rehabilitative services, the child protective service worker must ensure that the roles, responsibilities, tasks and activities of all service providers are clearly defined and that the established plan of service is being implemented.
<b>Issue:</b>	Adequacy of case recording in FASP
<b>Summary:</b>	BM passed away in January 2017; however, the June 2017 FASP and December 2017 FASP both note her visitation plan as active and in compliance.
<b>Legal Reference:</b>	18 NYCRR 428.6(a)
<b>Action:</b>	WCDS will accurately reflect changes in case circumstances, visitation, and service plan goals in the FASP.



### Foster Care Placement History

In July 2009, the three SS were placed into Foster Care (1021) after BM was found abusing prescription narcotics and leaving her children unsupervised. At the time of this case, BF was incarcerated. A Neglect Petition was filed in Family Court in August 2009. BM engaged in an array of services, including inpatient substance abuse treatment. In July 2011, all three SS returned to the care and custody of BM; BM had maintained her sobriety and was compliant with treatment recommendations. The court order expired in January 2012, and the case was closed.

### 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:
05/12/2015	There was not a fact finding	Foster Care Placement to Continue
<b>Respondent:</b>	044068 Father Male 38 Year(s)	
<b>Comments:</b>	SC and the three SS were placed into foster care 5/8/15, and an Abuse/Neglect petition was filed against BM and BF on 5/12/15. The children were removed due to their parents' ongoing drug use and domestic violence concerns. The domestic violence concerns had previously resulted in an Order of Protection between BM and BF, which was violated numerous times, also placing the children at risk. In May 2015, BM and BF attempted to flee with the children, but were found at a campsite. BF was found in possession of drugs and drug paraphernalia, and BM was found with bruises due to BF physically assaulting her; the children witnessed the abuse. Both parents were arrested on 5/8/15. Services were put into place to address concerns surrounding DV, MH and substance abuse. Services were also put into place for the CHN. In January 2017, BM passed away suddenly. SC passed away while in the care of the foster parents. BF was released from prison and placed on parole in November 2017; he has since been working with WCDSS toward reunification. At the time of this writing, Family Court proceedings continued, and the SS remained in the care and custody of their foster family, with a goal of adoption. The foster parents were complying with service plan goals; however, BF was not compliant with service plans or visitation.	

### Have any Orders of Protection been issued? Yes

**From:** 05/12/2017

**To:** 02/01/2018

### Explain:

An Order of Protection was put into place against BF and BM regarding SC and the SS. This order allowed supervised visitation only. At the time of this writing, the Order of Protection remained in place against BF, but had been modified surrounding days/times of allowed supervised visitation.

### 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