



**Report Identification Number: SY-20-009**

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

**Issue Date: Jun 18, 2020**

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

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

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

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

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

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

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

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



## Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 6 month(s)

**Jurisdiction:** St. Lawrence  
**Gender:** Male

**Date of Death:** 02/26/2020  
**Initial Date OCFS Notified:** 02/28/2020

## Presenting Information

On 2/27/2020, the death of the 6-month-old male subject child was reported to OCFS by St. Lawrence County Department of Social Services (SLCDSS) through the required 7065 Agency Reporting Form. The child died at the hospital on 2/26/2020 due to complications from a medical condition the child was born with. The child was in the custody of SLCDSS at the time of his death.

## Executive Summary

This fatality report concerns the death of the 6-month-old male subject child that occurred on 2/26/2020. At the time of his death, the child was in Foster Care as his parents were unable to provide adequate care for his significant medical needs. The parents struggled with drug addictions and were not effectively utilizing treatment services that were offered to them. There were no siblings; however, the other children in the foster home were assessed to be safe in the care of the foster parents.

St. Lawrence County Department of Social Services (SLCDSS) learned of the death from law enforcement on 2/26/2020. An autopsy was performed, and the cause of death was acute respiratory failure due to significant hypoplastic lungs with other significant conditions of achondroplasia and failure to thrive. The manner of death was natural.

Information was gathered that the foster parents took the child to a medical appointment on 2/26/2020. When they returned home and took the child out of his car seat, they noticed the child was unresponsive and not breathing. Emergency services were called, and the foster mother performed CPR until first responders arrived and took over resuscitation efforts. The child was transported to the hospital where he was pronounced deceased.

SLCDSS gathered information regarding the death from hospital staff, first responders, the foster parents and the coroner's office.

Home visits were made to both the parents and the foster parents' homes throughout the Services case. SLCDSS offered and provided an abundance of services to the family throughout the case in an effort to reunite the child with his parents. In response to the fatality, the parents and foster parents were provided with referrals to bereavement services and funeral assistance. It remained unknown if the adults utilized the services.

### PIP Requirement

For issues identified in historical cases, SLCDSS will submit a PIP to the Syracuse Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the SLCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SLCDSS 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:**

The family did not have an open CPS investigation at the time of the child's death.

Was the decision to close the case appropriate? Yes

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 decision to close the case was appropriate.

### 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: 02/26/2020

Time of Death: 06:02 PM

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

County where fatality incident occurred: St. Lawrence

Was 911 or local emergency number called? Yes

Time of Call: 05:29 PM

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

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

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

At time of incident 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	6 Month(s)
Deceased Child's Household	Foster Parent	No Role	Female	55 Year(s)
Other Household 1	Father	No Role	Male	24 Year(s)
Other Household 1	Mother	No Role	Female	25 Year(s)

**LDSS Response**

On 2/26/2020, SLCDSS learned the 6-month-old child died while in Foster Care. SLCDSS closely monitored the family throughout the Foster Care case. The Department became involved with the family on 10/15/19, when they received an SCR report concerning family's unwillingness to follow medical recommendations with consideration to the child's significant medical needs.

Information was gathered during the CPS investigation that the child was born with medical conditions affecting his respiratory system and overall health. The family was told not to smoke in the presence of the child; however, they continued to do so and as a result, the child was hospitalized on multiple occasions. The investigation also revealed the parents used drugs which were not prescribed to them and appeared to be unable to provide for the child. On 12/26/2019, SLCDSS filed a Neglect Petition against the parents and the child was removed from their care on 1/2/2020 while he was hospitalized. The child began living with the foster family on 1/29/2020. SLCDSS appropriately monitored the child and the family's progress toward reunification throughout the Foster Care case.

Upon learning of the death through law enforcement, SLCDSS conducted a home visit to the foster home to speak with the foster parents. Information gathered from the foster parents and law enforcement statements noted the foster family brought the child to a medical appointment to discuss the child's upcoming surgery. On the way home, the family made a few stops and at times, the child cried. When the family arrived home around 5:20 PM, the foster mother saw the child looked different. The foster mother picked up the child and ran into the home with him. She placed him on a changing table and began to perform CPR while she screamed for someone to call 911. She performed CPR until first responders arrived and took over resuscitation efforts.

The foster father said that he rode in the backseat with the child on the way home from the medical appointment. When the foster family arrived at their home, he immediately noticed something was wrong with the child, and 911 was called. The foster family was offered services; however, it remained unknown if the foster family utilized the services.

The information provided to SLCDSS by first responders and hospital staff corroborated the foster parent's recollection of the fatal incident.

Following the death, SLCDSS went to the biological family's home and notified them of the child's death. The parents and grandmother were offered an abundance of services including mental health counseling, bereavement services and funeral assistance. It remained unknown if the family accepted the services. The Foster Care case was closed on 3/10/2020.

**Official Manner and Cause of Death**



**Official Manner:** Natural

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

**Person Declaring Official Manner and Cause of Death:** Coroner's Physician

### Multidisciplinary Investigation/Review

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

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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 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 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 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 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 checked="" 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 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:**  
 SLCDCSS offered an abundance of services to the family and the foster parents. It remained unknown if the services were utilized.

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

**Explain:**  
 The biological parents and foster parents were offered grief and mental health counseling referrals in response to the fatality.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? Yes
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- 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"/> Was not noted in the case record to have any of the issues listed |  |

### Infant was born:

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither 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)
10/15/2019	Deceased Child, Male, 2 Months	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 2 Months	Mother, Female, 25 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 2 Months	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Male, 2 Months	Father, Male, 23 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 2 Months	Father, Male, 23 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 2 Months	Father, Male, 23 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Male, 2 Months	Grandparent, Female, 55 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Months	Grandparent, Female, 55 Years	Lack of Medical Care	Unsubstantiated	

### Report Summary:

An SCR report alleged the parents and grandmother did not follow medical recommendations for the child, and his health deteriorated. The child was born with a hole in his diaphragm that required surgery. When discharged from the hospital, the adults knew not to smoke in the presence of the child; however, he returned to the hospital with a lung infection due to smoke exposure. He was released to the parents on 10/11/19. On 10/14/19, the child returned to the Intensive Care Unit as he had an infection. The adults did not seek medical treatment for up to three days and the child's breathing deteriorated.

**Report Determination:** Indicated

**Date of Determination:** 01/27/2020

### Basis for Determination:

During the investigation, the parents were observed to be under the influence of substances and were unable to care for the child. The investigation revealed the parents abused drugs that were not prescribed to them. The adults smoked in the home against medical advice. As a result of their actions, the child was hospitalized on multiple occasions. The Investigation Conclusion did not reflect the basis for determining the allegations against the grandmother.

**OCFS Review Results:**

The investigation was initiated timely and appropriate collateral contacts were made. The Safety Assessments and Risk Assessment Profile were completed accurately. Casework contact with the family was thorough and appropriate. Progress notes were entered timely. Notice of Existence letters were provided untimely. A CPS history check was documented untimely. The appropriate legal action was taken and the child was placed in Foster Care.

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

**Issue:**

Review of CPS History

**Summary:**

A CPS history check was completed untimely. The SCR report was received on 10/15/19; however, the history check was completed on 11/7/19.

**Legal Reference:**

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

**Action:**

Within 1 business day of a report, SLDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, SLCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

**Issue:**

Failure to provide notice of report

**Summary:**

Although the adults were provided with written notice of the SCR report, the letters were provided untimely on 10/28/19.

**Legal Reference:**

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

**Action:**

SLCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

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

10/12/99 -12/23/99 The paternal grandmother was substantiated for Inadequate Guardianship of another child.

2/9/10 - 3/16/10 The paternal grandmother was unsubstantiated for Inadequate Guardianship of other children.

5/17/10 - 7/6/10 The paternal grandmother was unsubstantiated for Inadequate Guardianship, Emotional Abuse and Lack of Medical care for another child.

6/14/11 8/25/11 The paternal grandmother was unsubstantiated for Inadequate Guardianship of another child.

**Known CPS History Outside of NYS**

There was no known CPS history outside of New York.

**Services Open at the Time of the Fatality**

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

Date the Child Protective Services case was opened: 01/03/2020

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



# Child Fatality Report

	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

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

### Services Provided

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

### Closing



	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes  
 Date deceased child(ren) was placed in care: 01/02/2020  
 Date of placement with most recent caregiver? 01/29/2020  
 How did the child(ren) enter placement? Court Order

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

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

### Visitation

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

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 09/13/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 12/26/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 12/13/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The foster home the child was placed in was certified; however, Foster Care was no longer needed as the child was deceased.

### Foster Care Placement History

The child was placed in Foster Care on 1/2/2020. SLCDSS appropriately monitored the family, their progress and completed casework activity appropriately. The child died as a result of a medical condition while he was in the care of the foster parents. The record reflected the Department consulted legal in an effort to withdraw the Neglect Petition after the child's death. The case was closed on 3/10/2020.

### 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:



12/26/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	054203 Mother Female 25 Year(s)	
<b>Comments:</b>	There was no fact finding hearing. SLCDSS noted intent to withdraw the Neglect Petitions against the parents after the child's death.	

Family Court Petition Type: FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
12/26/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	054204 Father Male 24 Year(s)	
<b>Comments:</b>	There was no fact finding hearing as the child died while the petition was pending.	

Have any Orders of Protection been issued? Yes	
<b>From:</b> 01/02/2020	<b>To:</b> Unknown
<b>Explain:</b> An Order of Protection was granted against the parents with regard to the child. The child passed away while the Order of Protection was active.	

### Additional Local District Comments

The review of CPS history and timeliness of the SCR notice letters were not done within the required timeline. The Department will continue to make efforts to adhere to the 24 hour and 7 day timelines.

### 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