



Report Identification Number: NY-19-082

Prepared by: New York City Regional Office

Issue Date: Jan 02, 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		



Case Information

Report Type: Child Deceased

Jurisdiction: Office Of Special Investigations

Date of Death: 07/07/2019

Age: 2 month(s)

Gender: Male

Initial Date OCFS Notified: 07/07/2019

Presenting Information

The 7/7/19 SCR report alleged on 7/7/19 the SC became unresponsive in the care of the Foster Parent and died. The SC was otherwise healthy making his death suspicious in nature. The home that the Foster Parent, SC, 4-year-old child and female infant resided was in deplorable conditions. The home had a strong odor of urine, feces, and rotten food. There was feces on one of the walls leading to a bedroom. The kitchen was infested with flies and other insects. The appliances and cabinets were dirty. There were dirty utensils, and open food containers on the counter and rotten food inside the refrigerator. There were clothes coming out of the stove and the floor was slippery. The litter box in the kitchen was full. There was garbage, clothes, and clutter throughout the home and on the stairs.

Executive Summary

This 3-month-old male SC died on 7/7/19. NYCRO had not yet received the ME report at the time this fatality report was issued.

At the time of the SC's death, the SC's family had an open services case that began on 4/05/17. The SC resided in a non-kinship foster home with two other children (4 years old and 1 month old). The SC had one SS, who resided with his father.

On 7/7/19, the SCR registered a report that included the allegations of DOA/Fatality of the SC, and IF/C/S and IG of the SC, 4-year-old and 1-month-old surviving children by the Foster Parent (FP).

ACS findings showed the SC slept in a bassinet that was free from items except for a "wee wee pad" that was wet with an unknown substance. The FP found the SC unresponsive at approximately 9:30 AM, she called 911 and attempted CPR until EMS arrived. EMS arrived at the home at 10:23 AM and administered CPR; however, resuscitation attempts were unsuccessful. EMS observed the SC laying in the bassinet. The SC was transported to the local hospital and was pronounced dead at 11:02 AM. There were no signs of trauma visible on the SC's body.

ACS interviewed LE regarding the household conditions and learned there were animal feces throughout the home. There was an abundance of clothing strewn throughout the home and coming out of the oven. The home had a foul odor and upon opening the refrigerator LE observed rotten food.

ACS visited the hospital and interviewed medical staff. ACS obtained information regarding the SC's medical history. ACS learned that the SC was an otherwise healthy child with no medical concerns.

ACS interviewed the CP who assessed the FP's home in April 2019. The CP reportedly observed the home to have toys on the floor in the dining area. The CP observed the kitchen and bedrooms and noted they were clean and free of debris blocking the hallways or exits of the home. The CP observed one cat and two dogs in the home and denied smelling a foul odor or observing animal feces in the home during the visit.

On 9/5/19, ACS unsubstantiated the allegation of DOA/Fatality of the SC by the FP on the basis of no credible evidence found during the investigation, as the SC was not found with suspicious injury or trauma to his body. The ME did not rule the SC's death as foul play.



ACS substantiated the allegations of IG, and IF/C/S of the SC, 4-year-old and 1-month-old surviving children by the FP on the basis of credible evidence, as the conditions of the home created a risk of harm to the children. The photos obtained during the investigation showed the FP's home was infested with flies, insects, and there were clothing found inside the oven. ACS learned that the NYC Fire Department declared the home a fire hazard.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

Sufficient information was gathered to determine all allegations.

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:

ACS obtained relevant information from the collateral contacts.

Required Actions Related to the Fatality

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

Issue:	Failure to provide notice of report
Summary:	The record did not reflect that the BM and BF were provided with the notice of existence of the report.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)



Action: ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/07/2019

Time of Death: 11:02 AM

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

10:19 AM

County where fatality incident occurred:

Richmond

Was 911 or local emergency number called?

Yes

Time of Call:

10:20 AM

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

How long before incident was the child last seen by caretaker? 1 Hours

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	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	46 Year(s)
Deceased Child's Household	Other Child - Foster Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Other Child - Foster Child	Alleged Victim	Female	4 Year(s)

LDSS Response

ACS interviewed the foster parent (FP) on 7/7/19. Per the FP's account, at approximately 8:00 AM, the SC fell asleep in her arms and she placed the SC in his bassinet face up on his back. The SC was swaddled in a blanket around his torso.



She checked the SC at approximately 9:30 AM and found his face was cold. She attempted to breathe air into the SC, heard a gurgling sound come from his throat, and observed milk exiting his nose. The FP contacted 911 for medical assistance.

On said date, ACS interviewed LE at the local hospital. The LE official said the FP stated she placed the SC in the bassinet to sleep at approximately 8:30 AM and returned to check the SC at 9:30 AM, and found the SC unresponsive. LE showed ACS photos of the foster home. The photos reflected numerous bags, boxes, and other clutter scattered in the home. There were items piled on top of what seemed to be a toddler bed, and piles of clothing in a crib.

On 7/7/19, ACS visited the local hospital and interviewed a medical professional who said the 4-yo and 1-month old foster children, who resided in the home with the SC were both admitted to the hospital for tests and observation.

On 7/7/19, ACS interviewed the CP and learned the last visit and assessment of the FP's home was on 6/20/19. The CP said the condition of the foster home was not in deplorable condition at the time of the visit.

On 7/8/19, ACS interviewed the ME and learned that the SC was prescribed treatment for his medical condition but was diagnosed as a well child by his physician. The SC had white creamy fluid in the stomach that might have been due to feeding, and nothing in the lungs.

ACS conducted a home visit to assess the home of the SS. ACS found there was an adequate supply of food and clothing in the home. ACS noted that the SS was a well child and noted no safety concerns. ACS also ordered medical examinations of the other foster children in the FP's home and assessed the replacement foster home of the foster children. There were no documented concerns regarding the replacement foster home.

On 7/8/19, ACS convened a HOP (Heightened Oversight Process) initial conference and devised a plan to obtain the photos that LE took of the FP's home. ACS discussed following up with the local hospital medical staff.

On 7/19/19, the SC's funeral was held. There was no indication that burial assistance was offered to the SC's family.

On 8/23/19, ACS interviewed a medical professional and verified the SC's last medical assessment was on 6/10/19 for a well child visit. ACS learned there were no reported concerns regarding the SC's health and well-being. The SC's immunizations were up to date, and there were no medical concerns noted.

Subsequently, ACS requested mental health and medical consultations. ACS addressed mental health related trauma associated with the SS's family by offering bereavement counseling; however, the family declined.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: The investigation adhered to previously approved protocols for joint investigation.

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

Comments: There is no OCFS approved Child Fatality Review Team in the New York City region.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052386 - Deceased Child, Male, 2 Mons	052387 - Foster Parent, Female, 46 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
052386 - Deceased Child, Male, 2 Mons	052387 - Foster Parent, Female, 46 Year(s)	Inadequate Guardianship	Substantiated
052386 - Deceased Child, Male, 2 Mons	052387 - Foster Parent, Female, 46 Year(s)	DOA / Fatality	Unsubstantiated
052388 - Other Child - Foster Child, Female, 1 Month(s)	052387 - Foster Parent, Female, 46 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
052388 - Other Child - Foster Child, Female, 1 Month(s)	052387 - Foster Parent, Female, 46 Year(s)	Inadequate Guardianship	Substantiated
052389 - Other Child - Foster Child, Female, 4 Year(s)	052387 - Foster Parent, Female, 46 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
052389 - Other Child - Foster Child, Female, 4 Year(s)	052387 - Foster Parent, Female, 46 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

There was no documentation in the case record to determine ACS interviewed the BM and BF.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



Child Fatality Report

Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

Fatality Risk Assessment / Risk Assessment Profile

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

Explain:
 ACS did not explore service needs for the FP. The SS's family was offered bereavement counseling. There was no documentation that reflected the BM and BF's need for services following the fatality. However, prior to the fatality, the BM and BF were referred for mental health, substance abuse and domestic violence counseling.

Placement Activities in Response to the Fatality Investigation

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



Child Fatality Report

If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

Explain as necessary:
 On 7/7/19, ACS transferred the 4-year-old and 1-month-old surviving foster children to a new foster home.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
 The SS's family was offered bereavement counseling and daycare. There were no services offered to the BM and BF following the fatality of the SC.

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:**

The SS was offered bereavement counseling; however, the caretaker declined services. The 4-yo and 1-month-old foster children were placed in another foster home.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

There were no services provided to the BM and BF to address immediate needs related 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? Yes

Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With fetal alcohol effects or syndrome
- 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)
04/12/2019	Deceased Child, Male, 3 Days	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 3 Days	Father, Male, 22 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The 04/12/19 report alleged the BM had a history of drug use and a positive toxicology with the SS. The BM gave birth to the SC in April 2019. The SC showed signs of withdrawal. The BM hid her pregnancy, and acted suspicious. The medical professionals were unclear if the BM had provisions at home for the newborn. The BM's history and suspicious behaviors, prompted concerns with sending the SC home with the BM.

Report Determination: Indicated

Date of Determination: 05/22/2019

Basis for Determination:

During the 4/12/19 investigation, ACS found credible evidence to substantiate the allegation of IG of the SC by the BM



and BF. The investigative findings showed the BM tested positive for cocaine upon giving birth to the SC. On 4/16/19, ACS filed an Article Ten Neglect petition against the BM on behalf of the SC for concerns of substance abuse. Shortly after the birth of the SC he exhibited signs of withdrawal.

OCFS Review Results:

Based on the information obtained during the investigation, ACS' decision to substantiate the allegation of the report was appropriate. ACS assessed the children and their caregivers throughout the investigation. ACS obtained information from various collateral contacts.

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 history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS History outside of New York State.

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: 04/05/2017

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Preventive Services History

Between April 2017 and April 2019, the SC's family received case management services to address the BM's behavior and the family's identified needs. The BM received mental health evaluation, substance abuse treatment and supervised visitation. ACS provided Court Ordered Supervision to the family. The preventive services ended because the BM no longer complied with the service plan requirements, and the SS and SC entered foster care.

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: 04/16/2019
 Date of placement with most recent caregiver? 04/19/2019
 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Did the placement comply with the appropriateness of placement standards?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input type="checkbox"/>	<input checked="" 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"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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: 06/26/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 06/26/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 06/26/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: The foster care case regarding the SC ended on 9/6/19.				

Foster Care Placement History

In April 2017, an Article Ten Neglect petition was filed on behalf of the SS against the BM and father of the SS. A remand was granted and the SS was placed in the custody of ACS. He resided in Kinship foster care with the MGM. On 01/23/18, a motion was filed in Family Court and the SS was released to the BM and MGM under ACS Court Ordered Supervision until 5/8/19.

An Article Ten Neglect petition was filed against the BM on 4/16/19, on behalf of the SC, and on 4/17/19, a motion was filed on behalf of the SS. The SC was placed in non-kinship foster care in April 2019. The father of the SS was granted a final order of custody on 8/26/19.

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:
04/16/2019	There was not a fact finding	Withdrawn
Respondent:	051301 Other	
Comments:	On 4/16/19, ACS filed an Article Ten Neglect petition against the BM on behalf of the SC in RCFC. The case was heard on 8/1/19 and the petition against the BM was withdrawn.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
04/05/2017	There was not a fact finding	Return to Parent
Respondent:	051301 Other	
Comments:	On 4/5/2017, ACS filed an Article Ten Neglect petition on behalf of the SS against the BM and father of the SS. A remand was granted, and the SS was placed in LDSS custody. The SS resided in Kinship foster care with the MGM. On 1/23/18, a motion was filed in Family Court and the SS was released to the BM and MGM under ACS Court Ordered Supervision until 5/8/19.	
	An Article Ten Neglect Petition was filed against the BM on 4/16/19, on behalf of the SC, and on	



4/17/19, a motion was filed on behalf of the SS. The father of the SS was granted a final order of custody on 8/26/19.

Have any Orders of Protection been issued? Yes

From: 04/17/2019

To: Unknown

Explain:

ACS documented that on 4/17/19, RCFC granted an OP against the BM on behalf of the SS.

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