



**Report Identification Number: NY-16-018**

**Prepared by: New York City Regional Office**

**Issue Date: 8/11/2016**

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

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 16 year(s)

**Jurisdiction:** New York  
**Gender:** Male

**Date of Death:** 02/21/2016  
**Initial Date OCFS Notified:** 02/22/2016

## Presenting Information

The sixteen-year-old male teen was placed into a kinship foster care home on 12/2015. On 2/20/16, throughout the night into the following morning, he was experiencing stomach ache with diarrhea. On 2/21/16, at 9:30 A.M., the paramour saw the SC awake and he went back to bed. At noon, the paramour went to wake him and found him face down on his bed, unresponsive. The paramour contacted 911 and EMS transported the SC to the hospital where he was pronounced dead. The SC had a medical condition and it is unknown whether it contributed to his death.

## Executive Summary

ACS initiated the investigation into the death of the SC on 2/22/16 and made contact with the EMS, ME, and LE. According to the FDNY liaison, EMS received the call on 2/21/16, at 12:27 PM and arrived at the home at 12:30 PM. Upon their arrival, EMS observed the SC was unresponsive. The ME transported the SC to Kings County Hospital in Brooklyn for an autopsy. The ME reported there were no signs of abuse and LE found no signs of criminality.

ACS interviewed the FM on 2/21/16 and learned that the SC was legally placed in her care on 12/4/15, under the auspices of the Children's Aid Society agency. The FM is the SC's paternal half-sister. The FM was at work at the time of the incident. The SC entered the FM's room at 1:30 AM stating that he could not sleep; he was sent back to bed.

The paramour reported that at 9:30 AM, on 2/21/16, the SC returned to the FM's bedroom to complain that he had slept for only three hours. The SC had a violent twitch and the paramour helped him take his medication and return to bed. The paramour was not concerned as it was customary for the SC to twitch in the morning before taking his medication and he would rest for two hours before it subsided. At noon, the paramour went to the SC's bedroom and found him lying face down on his bed unresponsive. The paramour called 911 and was instructed to administer CPR. The paramour stated he is not a foster parent; however, he had been cleared by ACS to provide assistance.

ACS interviewed the SC's biological parents on 2/22/16, and received the following information regarding the SC's medical conditions. This information was also reported by several doctors. The SC was diagnosed with a medical condition at six months of age and at the age of three he was diagnosed with Juvenile Myoclonic Epilepsy and was given medication. The epileptic seizures stopped then reappeared when he was twelve-years-old. On 11/4/15, at age fifteen, he experienced his first seizure while residing with his BF; the BM was not living at home. The BF contacted 911 and reported that the SC needed medical attention but he (BF) was intoxicated. The SC was hospitalized for eight days and was given medication to be taken daily and increase in increments until maximum dosage is reached. The BF admitted that he could no longer care for the SC.

On 2/29/16, ACS received information from the agency's nurse who visited the SC on 12/8/15, 1/20/16 and 2/18/16 in the foster home and reported the SC was very anxious. On 12/18/15, the SC completed a physical exam and a follow up on 1/29/16. On 2/10/16, the SC was examined in the ER due to a seizure. On 2/18/16, he attended a teen group session at the FC agency. The foster care agency had no concerns regarding the care the SC received, he attended all medical appointments.



ACS' case documentation reflected the FM's children's immunizations were current and the school counselor reported the children's attendance was good. However, the eight-year-old male child was having difficulty adjusting and the FM sought counseling for the child.

The ME autopsy report listed the cause of death as Epilepsy (non-traumatic) and the manner of death as natural. On 4/22/16, ACS unsubstantiated the allegations of the report and unfounded and closed the case.

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:

ACS utilized a medical consultant to assist with their investigation.

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 completed the case investigation. The SC has no minor surviving siblings. The FM's biological children remain in the home.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information



# NYS Office of Children and Family Services - Child Fatality Report

Date of Death: 02/21/2016

Time of Death: 12:22 PM

Time of fatal incident, if different than time of death: 12:30 PM

County where fatality incident occurred:

RICHMOND

Was 911 or local emergency number called?

Yes

Time of Call:

12:27 PM

Did EMS to respond to the scene?

Yes

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

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 3 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver

2

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	16 Year(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Other Child	No Role	Female	8 Year(s)
Deceased Child's Household	Other Child	No Role	Female	4 Year(s)
Deceased Child's Household	Other Child	No Role	Male	8 Year(s)
Deceased Child's Household	Other Child	No Role	Female	10 Year(s)

### LDSS Response

The SC died on 2/21/16 at 12:22P.M. ACS initiated the investigation into the death of the SC on 2/22/16 and made contact with the EMS, ME, and LE. ACS learned that EMS received the emergency call on 2/21/16, at 12:27 PM and arrived at the home at 12:30 PM. Upon their arrival, EMS observed the SC was unresponsive. The ME transported the SC to Kings County Hospital in Brooklyn and reported there were no signs of abuse. According to LE, there was no outward sign of



criminality. The SC had no minor siblings.

ACS interviewed the FM on 2/21/16 and learned the SC was living with her from 9/20/15; however he was legally placed in her home on 12/4/15, under the auspices of the Children’s Aid Society agency. The FM is the SC’s paternal half-sister.

The FM was at work when the SC was discovered unresponsive. The paramour went into the SC's bedroom to wake him and discovered he was unresponsive. He stated that when he went to the SC’s bedroom at noon he observed him lying face down, stiff, his face and fingertips appeared blue and there were traces of saliva, blood and foam on the corner of his lips. The paramour called 911 and was instructed to administer CPR. The paramour noted that he is not a foster parent; however, he had been cleared by ACS to support the FM in the event she needed assistance.

ACS interviewed the SC’s biological parents on 2/22/16, who reported the SC’s medical history. This information was also reported by several doctors from the Staten Island University Hospital. At six-months of age, the SC was diagnosed with a medical condition and three years later with Juvenile Myoclonic Epilepsy for which he was given medications. On 11/3/15, at age fifteen, the SC experienced an epileptic seizure while living with his BF; the BM was not living at the home. The BF contacted 911 and reported that he was intoxicated and the SC needed medical attention. On 12/04/15, the SC was placed with his adult half-sister. The BF admitted he was an alcoholic and he could no longer care for the SC.

ACS documented the SC had bonded with FM's paramour and the four children who resided in the home. The FM and her paramour rotated their schedule to accommodate monitoring the SC at home and the children’s travel to from school. The FP’s biological eight-year-old son shared the bedroom and was present at the time of discovery; the FM and paramour declined an interview with the children stating the children were already traumatized. The family plans to engage in bereavement counseling in the community.

ACS received information from the FM's children’s Dr. on 2/22/16 that reflected they had recent medical exams and their immunizations were up to date. On 3/1/16, ACS interviewed the children's school guidance counselor who reported the children were doing well and their attendance was good. However, the eight-year-old male child was having some difficulty adjusting and ACS gave the FM a referral.

On 3/21/16, ACS contacted the attorney from family court legal services and was informed that on 3/16/16, the neglect case had been withdrawn.

On 4/22/16, ACS unsubstantiated the allegations of the report and unfounded and closed the case.

### 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:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

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



# NYS Office of Children and Family Services - Child Fatality Report

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
029856 - Deceased Child, Male, 16 Year(s)	029981 - Mother's Partner, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
029856 - Deceased Child, Male, 16 Year(s)	029848 - Foster Parent, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
029856 - Deceased Child, Male, 16 Year(s)	029848 - Foster Parent, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
029856 - Deceased Child, Male, 16 Year(s)	029981 - Mother's Partner, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated

### 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>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</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"/>

**Additional information:**

The FM and paramour declined ACS' request to interview their four children who resided in the home. They did not want the children re-traumatized. ACS documentation did not reflect whether the Specialist interviewed the SC's home school teacher.



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## 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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
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				<b>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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 The FM and the paramour's biological children were deemed safe and remained in the home.

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but 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 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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**Additional information, if necessary:**

The FM and her paramour plan to seek bereavement counseling without assistance from ACS in the community.

**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 FM and the paramour sought individual and family counseling from the community.

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

**Explain:**

The FM and paramour declined services from ACS; however, they were given a referral and stated they planned to seek services in the community.

## 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?** 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

## 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)
11/03/2015	10162 - Deceased Child, Female, 15 Years	10161 - Father, Male, 45 Years	Parents Drug / Alcohol Misuse	Indicated	No
	10162 - Deceased Child, Female, 15 Years	10161 - Father, Male, 45 Years	Educational Neglect	Indicated	
	10162 - Deceased Child, Female, 15 Years	10161 - Father, Male, 45 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

The SCR report alleged that the BF is an alcoholic and drinks to the point that he is not able to care for his sixteen-year-old child. The SC has not been to school since 10/5/15 and attended only a few days prior. The report also alleged that the SC often stays up late playing video games and then does not want to go to school the next day. Due to the BF's



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drinking, he does not discipline the child and is unable to get the SC to school. The BF is aware of the child's absences but fails to ensure he attends regularly. The allegations of this report were EDn, IG and PD/AM of the SC by the BF.

**Determination:** Indicated **Date of Determination:** 12/01/2015

**Basis for Determination:**  
ACS documented they found credible evidence to substantiate the EDN allegation as BF allowed the SC to stay home with him on school days. The allegation of PD/AM was substantiated as the BF admitted to hospital staff, on the day of the report, that he was unable to care for his son due to alcoholism. ACS also substantiated the allegation of IG based on the BF's statement that the SC was medically fragile and that he could not provide him with medical insurance.

**OCFS Review Results:**  
ACS took the necessary actions to provide a stable home, medical insurance and consistence medical treatment for the SC. The determinations were appropriate.

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

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

The FM is the adult half sister of the SC and the subject of the report was known to ACS as a child in a report dated 5/13/1998 and a subsequent dated 5/18/1998. The allegation was IG of the child by her BM. The allegation of the reports were substantiated and both cases were indicted and closed on 6/27/1998 and 7/7/1998, respectively.

## Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

## Services Open at the Time of the Fatality

## Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes No

## Preventive Services History



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There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

## 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: 12/05/2015

Date of placement with most recent caregiver? 12/05/2015

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



# NYS Office of Children and Family Services - 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 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 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 type="checkbox"/>	<input checked="" 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: Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>

#### Additional information, if necessary:

The petition was withdrawn on 3/16/16 due to the death of the SC and the foster care cased was closed.

### Required Action(s)

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

Yes  No

### Foster Care Placement History

The 11/3/15 report alleged the SC was residing with his BF and on 11/4/15 the SC had a medical crisis. The BF called 911 for medical assistance; however, the BF informed the 911 dispatcher that he was intoxicated. During the investigation ACS learned the SC had medical conditions that the BF admitted he could not manage and also that the SC was not attending school.



On 11/5/15, ACS filed an Article Ten Abuse/Neglect in Queens Family Court on behalf of the SC against the BF. On 12/4/15, the SC was placed into the home with the FM (paternal half-sister), under the auspices of the Children's Aid Society agency.

As a result of the placement, the SC showed signs of improvement; however, he passed away due to his medical condition. The Article Ten petition was withdrawn on 3/16/16 and the and the foster care 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?** There was no legal activity

### 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