



Report Identification Number: NY-17-043

Prepared by: New York City Regional Office

Issue Date: Nov 09, 2017

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 Not Found

Jurisdiction: Office Of
Special Investigations

Date of Death: Unknown

Age: Unknown

Gender: Male

Initial Date OCFS Notified: 05/05/2017

Presenting Information

In February 2017, while in the care of the foster mother the SC passed away. The SC said hello to the foster parent who reacted by striking the SC in the head two times resulting in the SC sustaining fatal injuries which were classified as blunt force trauma. The BM did not have a role.

Executive Summary

This unidentified child was approximately 2 years old at the alleged time of death in February 2017. Per the ME, there was no autopsy performed and no autopsy report for the case. Neither the ME or LE established the child referenced in the SCR report had died.

The allegations of the 5/5/17 report were DOA/Fatality and II of a child (listed as unknown) by the alleged subject (AS).

The BM had a 2-year-old surviving male child. The family history did not reveal that BM had a second child of the approximate age suggested in the 5/5/17 report. An Article Ten Neglect petition was filed in New York County Family Court (NYCFC) on behalf of the BM's 2-year-old male child, on 4/15/15. The 2-year-old child was in the care and custody of the Commissioner of ACS and had remained in foster care with the Jewish Child Care Association (JCCA) agency.

ACS made several collateral contacts to neighbors, family members, ME, and medical staff. During the investigation, ACS learned that the BM had no other children in the community.

ACS convened an Initial Child Safety Conference (ICSC) on 5/10/17. ACS determined that the unknown deceased child did not exist. The BM had one child who was in a pre-adoptive foster home. ACS determined that the 2-year-old child would remain in his pre-adoptive foster home. JCCA planned to continue with visits between the BM and the 2-year-old child as well as continue all efforts to refer the BM to in-patient drug rehabilitation, medication management and mental health services.

On 5/11/17, ACS contacted the 2-year-old child's service provider who reported there were no concerns regarding the care the FM was providing. The CP reported that she had been working with the family for two and a half months. The CP had not met the 2-year-old child's BM. The CP stated that the FM and the 2-year-old child completed the early learning training services and received a certificate of completion.

ACS conducted several home visits to the FM's home. ACS staff engaged the 2-year-old child in the pre-adoptive home, and observed he did not have marks/bruises. The sleeping arrangements were satisfactory. ACS discussed the 2-year-old child's Early Intervention needs.

On 6/27/17, ACS received a call from BM's friend, who said the BM was in her home. The ACS Specialist spoke to the BM regarding services and the care of the 2-year-old child. The BM said she learned that the 2-year-old child was beaten to death and she was not allowed to see him. The ACS Specialist requested to meet the BM face-to-face.

On 6/29/17, ACS visited the BM friend's home and interviewed the BM. The BM reported that the foster care agency did



not help her. BM stated that the 2-year-old child was being molested. The BM stated that her children were born at New York Presbyterian and Bellevue Hospital. The Specialist contacted each hospital and was informed that there were no children born to the BM other than the 2-year-old male child. The BM stated that she went to Beth Israel hospital for pre-natal care where she was informed that she had three babies. The BM stated that she gave birth during the months of December, February and April. The BM reported that the foster care agency had shown the ACS Specialist the wrong infant.

On 7/3/17, ACS unsubstantiated the allegations of DOA/Fatality and II of the unknown child by the AS. ACS reported that there was no information obtained throughout the investigation that reflected the BM had given birth to any other children other than the 2-year-old male child. The 2-year-old male child was assessed to have no injuries to his body. ACS added that there were no arrests and or criminality involving the 2-year-old male child.

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:

N/A

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The 2-year-old child remained in the care and custody of the Commissioner of ACS. He continued to reside in a foster home that was supervised by the JCCA agency.

Required Actions Related to the Fatality



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

Fatality-Related Information and Investigative Activities

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Unknown	40 Year(s)
Other Household 1	Foster Parent	No Role	Female	52 Year(s)
Other Household 1	Other Child - Half Sibling	No Role	Male	2 Year(s)
Other Household 2	Mother	No Role	Female	38 Year(s)

LDSS Response

On 5/5/17, the ACS Instant Response Team reported that the 2-year-old surviving child was observed on 5/5/17 in the foster home. ACS deemed the 2-year-old child as healthy and free of any visible injuries. ACS learned that the BM was homeless.

ACS contacted JCCA foster care agency and learned that there was one child in placement and there was no deceased child. ACS contacted the BM's brother who stated that the BM had only one child. ACS conducted a clearance through the Legal Tracking System. ACS found that the 2-year old child was born in April 2015 and was the only child listed under the Family Court docket. ACS conducted clearances of the family and reviewed the family's history noting BM's patterns of alleging she had multiple children which was later deemed false.

ACS addressed the allegations with the alleged subject (AS), (FM), who denied the allegations. The ACS Specialist recommended that the AS take the 2-year-old child to the ER for medical clearance. Per the ACS Specialist, the hospital determined that the child was a well-child with no signs of injuries.

On 5/6/17 and 5/8/17, the ACS Specialist attempted face-to-face contact with the BM; however, was unsuccessful. The Specialist spoke to the BM's family relative who reported she did not know BM's whereabouts. The relative was not aware of any other children other than the 2-year-old male child. On 5/8/17, the Specialist contacted the BM's friend who reported that the BM did not have any other children. The only child BM had was in foster care. The Specialist contacted the CP who confirmed that the 2-year-old child was born at New York Weil Cornell Medical Center, as a single birth. The Specialist verified the information by obtaining and reviewing the 2-year old child's birth certificate. The CP confirmed that the 2-year-old child came into care four days after his birth and there were no other siblings in the community.

On 5/10/17, a request for an Initial Child Safety Conference was made to discuss the safety of the 2-year-old child. ACS discussed BM's multiple reports to the SCR and the unknown deceased child. The Specialist learned that the BM's whereabouts were unknown.

On 5/11/17, ACS learned that the 2-year-old child continued to receive services to support his language development and other identified needs. The Specialist submitted a mental health consult on behalf of the BM.

On 5/15/17, ACS contacted the ME, to conduct a search for the deceased child. ACS provided the relevant information for



the unknown deceased child. The ME reported that the information provided by ACS yielded a finding of no children listed in the ME's database. The ME searched the 2015, 2016 and 2017 records using the given date of birth.

On 5/15/17, ACS contacted the BM's uncle, who reported not seeing the BM since 2014. The BM's uncle said the BM had one male child. The Specialist contacted the ACS homeless shelter liaison to locate BM. The Specialist learned that the BM was last in a shelter in 2015. ACS visited the last known address of the BM and spoke to neighbors.

On 5/23/17, ACS discussed plans for a mental health consultation and was advised to obtain BM's mental health history, contact mobile crisis and refer BM for CASAC.

On 6/29/17, ACS obtained the 2-year-old child's medical record and the home study of the foster parent.

Multidisciplinary Investigation/Review

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

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
040381 - Deceased Child, Male,	040494 - Foster Parent, UNK, 40 Year(s)	Internal Injuries	Unsubstantiated
040381 - Deceased Child, Male,	040494 - Foster Parent, UNK, 40 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:



During the investigation there was timely entry of progress notes and other required documentation.

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



Child Fatality Report

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"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: An Article Ten Neglect petition was filed in NYCFC on behalf of the BM's 2-year-old male child on 4/15/15.				

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 2-year-old child was deemed ineligible for Early Intervention services. The family received foster care services. The BM whereabouts were often unknown and she did make herself available for services.

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 2-year-old male child was provided with Early Intervention Services.

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

Explain:

There were no services provided to parents and other caregivers to address immediate needs related to the fatality. The BM did not comply with her service plan.

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)
04/01/2016	Other Child - Child, Male, 1 Years	Foster Parent, Female, 50 Years	Inadequate Guardianship	Unfounded	No
	Other Child - Child, Male, 1 Years	Foster Parent, Female, 50 Years	Lacerations / Bruises / Welts	Unfounded	
	Other - Unknown child, Male, 18 Months	Foster Parent, Female, 50 Years	Inadequate Guardianship	Unfounded	

Report Summary:

Approximately 3 weeks prior to 4/1/16, the foster child presented with bruises on his face, arms and legs. The foster parent's explanation was that he probably fell. The explanation was inconsistent as the child did not walk and the injuries were too widespread to be from one fall.

The 1-year-old and 18-month-old subject children were placed in foster care with an unknown foster parent. The foster parent had inflicted marks on the subject children's heads causing a concussion. The 1-year-old SC had red marks from a hypodermic needle on his legs. The 1-year-old SC had razor blade cuts on his penis from a box cutter and a gray rash on his private area.

Determination: Unfounded

Date of Determination: 05/26/2016

Basis for Determination:

The allegation of IG of the unknown child by the foster parent was unsubstantiated. ACS was informed by the CP from JCCA that the SM believed that she had multiple children; however, the BM has only one child who was in foster care. There were no known other children from the BM.

The allegation of IG and LBW of the SC against the foster parent was unsubstantiated. The BM alleged that the SC had been abused in the foster home by sustaining marks, head trauma, genital cuts and stuck by needles.

OCFS Review Results:

The results of the review showed ACS entered timely progress notes. ACS made thorough assessments regarding the foster child's needs. ACS obtained relevant information from pertinent collateral contacts with the ACS medical consultant, investigative consultant and the foster care agency case planner.

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/29/2016	Other Child - Child, Male, 1 Years	Mother, Female, 37 Years	Inadequate Guardianship	Unfounded	Yes
	Other - Unknown child, Male, 11 Months	Mother, Female, 37 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The BM went to the Jamaica Hospital on 3/28/16 due to mental illness and alcohol use. The BM had a history of alcohol abuse. The BM demanded to be discharged on 3/29/16, because she reported she had to return to her children who were in foster care. The BM refused to divulge information regarding her children, except they were one year old and 11 months old. Due to the BM's mental health condition she was not able to care for the children.

Determination: Unfounded**Date of Determination:** 05/24/2016**Basis for Determination:**

The allegation of IG of the SC against the BM was unsubstantiated. The BM was interviewed and appeared to be in a delusional state. BM said she had more than one child; however factual information did not support that she had more than one biological child. BM did not have custody of the SC. According to the CP the BM had only one child who was in foster care. The BM spoke of having multiple children with celebrities. The BM had supervised visits with the SC.

OCFS Review Results:

ACS staff visited the hospital and interviewed the medical staff and the BM on 3/29/16. ACS assessed the SC and did not observe any marks or bruises. ACS staff contacted the provider agency and obtained the SC's medical information and the status of the SC in care. ACS staff visited the foster parent's home and observed there were adequate provisions in the home. ACS notified FCLS that the BM had an open investigation. ACS staff attempted to engage the BM after their initial visit to the hospital; however, BM's whereabouts were unknown. ACS made collateral contact with the BM's relative resource who reported that the BM whereabouts were unknown.

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

Issue:

Adequacy of Progress Notes

Summary:

ACS progress note entered on 3/30/16 appeared to be incomplete.

Legal Reference:

18 NYCRR 428.5

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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/10/2015	Other Child - Child, Male, 2 Days	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	Yes
	Other Child - Child, Male, 2 Days	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Indicated	

Report Summary:

The BM gave birth to the SC on 4/10/2015. BM was homeless and had no provisions for the infant. BM had been



hospitalized for months. There were serious concerns about the SM's ability to care for the SC. At the time, the SM was unable to provide the SC with the minimum degree of care.

Determination: Indicated

Date of Determination: 05/29/2015

Basis for Determination:

The allegation of IF/C/S of the SC by the BM was substantiated as at the time of birth, BM was un-domiciled and had no provisions for the SC. The allegation of IG of SC by the BM was substantiated. The BM was mentally unstable and incapable of caring for the SC.

OCFS Review Results:

ACS staff visited the hospital, observed the SC and interviewed medical staff and the BM on 4/10/15. The SC and BM tested negative for substances. The SC was diagnosed with health conditions that were un-related to the BM's drug use. ACS staff obtained relevant information from the BM's service provider and the SC's maternal uncles. ACS staff held a Child Safety Conference and determined that a legal consult was needed. ACS filed the case in NYCFC and was granted a remand of the SC. The SC was placed in a non-kinship foster home. ACS continued efforts to service the BM by contacting the BM's resources.

The 4/10/15 progress notes listed children who were unrelated to the case.

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

Issue:

Adequacy of Documentation of Safety Assessments

Summary:

The children's interview assessment documented on 4/10/15, listed other children who were unrelated to the case.

Legal Reference:

18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

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.

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

There was no CPS History more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Services Open at the Time of the Fatality

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

Date the Child Protective Services case was opened:

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



Child Fatality Report

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"/>

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"/>

Preventive Services History

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:

Date of placement with most recent caregiver?

How did the child(ren) enter placement? Unknown

Casework Contacts

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

Required Action(s)

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

Yes No



Issue:	Adequacy of Progress Notes
Summary:	The JCCA agency did not comply with timeliness and content requirements for progress notes. CONNECTIONS database revealed that notes within the FSS were not entered contemporaneously.
Legal Reference:	18 NYCRR 428.5
Action:	The JCCA agency must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. JCCA 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.

Foster Care Placement History

ACS investigated the 4/10/15 SCR report and found there were concerns regarding the BM giving birth to a new born (other child). The investigation revealed that the BM needed services to address her history of mental health and substance abuse, and housing instability. On 4/14/15, ACS filed an Article Ten Neglect petition in the NYCFC on behalf of the child against the BM. The child was placed in a non-kinship foster home with JCCA agency. The child remained in foster care with a permanency goal of adoption.

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:
Unknown	Adjudicated Neglected	Foster Care Placement to Continue
Respondent:	040621 Mother Female 38 Year(s)	
Comments:	An Article Ten Neglect petition was filed in NYCFC on behalf of the BM's 2-year-old male child on 4/15/15. The 2-year-old child was in the care and custody of the Commissioner of ACS and remained in foster care under the supervision of the JCCA agency.	

Additional Local District Comments

There are no additional Local district comments.

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