

Report Identification Number: NY-17-116

Prepared by: New York City Regional Office

Issue Date: Apr 06, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased

Jurisdiction: Office Of Special Investigations

Date of Death: 10/30/2017

Age: 13 year(s)

Gender: Male

Initial Date OCFS Notified: 10/30/2017

Presenting Information

On 10/30/17, the SCR registered two reports regarding the death of this 13-year-old SC.

The narrative of the first report alleged on 10/30/17 at approximately 3:00 AM the SC was discovered in his bed not breathing, unresponsive, and blue in color. The foster mother notified emergency personnel by calling 911 and EMS transported the SC to the hospital. The cause of death was unknown.

The narrative of the second report alleged on 10/30/17, the 13-year-old SC was brought to the hospital dead on arrival. The report alleged the aunt went to wake the child up for school and found him non-responsive in the bed. The aunt was the last person to see the child alive at about 8:30 PM on 10/29/17 when the mother dropped him off at the aunt's home. The aunt called 911 and when EMS arrived the SC was pronounced dead. The SC's body was transported to the hospital. The child was legally blind, suffered from seizure disorder and a learning disability. All the adults were considered as subjects.

Executive Summary

This 13-year-old male child who had been in kinship foster care placement with his aunt, died on 10/30/17. The SCR registered two reports of the child's death on the same date. One report lists the foster mother as the subject with allegations of DOA/Fatality and IG, while a subsequent report lists the child's biological mother and the foster mother as subjects with allegations of DOA/Fatality and IG of the SC. The ME has not yet provided a cause or manner of death.

Upon receipt of the report, ACS's Office of Special Investigations (OSI) staff made face-to-face contact with the FM and the surviving sibling in the foster mother's home. ACS completed an assessment of the surviving sibling and documented there were no safety concerns for the sibling in the foster home.

According to the OSI staff, on 10/29/17, at approximately 8:00 PM, the FM gave the SC a shower and administered his medication. The SC went to sleep, woke up between 3:00-3:20 AM and went back to sleep. At 5:00 AM, the MU checked the SC and found him unresponsive. The MU initiated CPR, alerted the FM, and called 911. The FM came downstairs and found the SC laying on the sofa; his lips appeared blue. EMS responded, attempted resuscitation, and transported the SC to Staten Island University Hospital where he was pronounced dead on 10/30/17 at 6:23AM.

The OSI staff who investigated the report made a significant number of collateral contacts and followed through with information as necessary. OSI learned the child had a number of medical conditions which according to medical professional could cause his death at any time. OSI staff made contact with the ME and learned that at autopsy the SC's body did not show any signs of abuse or maltreatment. The ME indicated there was no final decision regarding the cause and manner of death.

OSI staff had extensive interviews with the New Alternatives for Children foster care agency staff and learned of the services the children had received, and progress the mother had been making in preparation for the return of her children. OSI learned that on 12/22/17 the court ordered the return of the surviving sibling to the BM.

LE reported they made visits to the homes of the foster mother and the BM, and both residences appeared to be well-



maintained with no visible concerns regarding safety of the children.

On 12/29/17, OSI unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship of the 13-year-old SC by the foster mother. ACS has not yet made a determination on the subsequent report which lists the mother and foster mother as subjects with a DOA/Fatality allegation.

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:

The report involving the foster mother as the subject was appropriately unfounded and closed; however, ACS has not yet made a determination on the subsequent report which lists the mother and foster mother as subjects with a DOA/Fatality allegation.

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:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 10/30/2017

Time of Death: Unknown

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

05:00 AM

County where fatality incident occurred:

Richmond

Was 911 or local emergency number called?

Yes

Time of Call:

05:16 AM

Did EMS 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

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? 002 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 001

Adults: 000

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	20 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	13 Year(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	44 Year(s)
Deceased Child's Household	Foster Parent	No Role	Male	47 Year(s)
Deceased Child's Household	Sibling	No Role	Female	004 Year(s)
Other Household 1	Mother	No Role	Female	30 Year(s)
Other Household 2	Father	No Role	Male	44 Year(s)

LDSS Response

Upon receipt of the report, on 10/30/17, ACS notified the appropriate individuals such as the ADA and made a visit to the foster home and interviewed the family. The information provided by each adult member assisted the Specialist in creating



a timeline of events leading up to the fatality. According to the family, the mother who had overnight visitation with the child, dropped the SC off on her way to work. The SC was given medication and he went to bed. The family explained that because of the SC's medical conditions, the family would often check the SC throughout the night to make sure he was not in distress.

The FP stated on 10/30/17 between 3:00AM and 3:20AM the MU checked the child and after 45 minutes the SC went back to sleep. The FP stated around 5:00AM the MU woke up again to check the SC and at that time the SC was found unresponsive and blue. The MU called 911 and attempted CPR based on the instructions provided by the EMS dispatcher. The FP stated the MU called her downstairs to assist him while they awaited EMS's arrival. However, the child remained unresponsive.

The FP stated when the FDNY EMS technicians arrived they continued CPR, removed the SC from the home and brought him to the hospital. Shortly thereafter, NYPD officers arrived and cordoned off the room. The FP stated she waited at the home with the police who allowed her to go collect a few things from room. The FP stated they called the mother who was on her way home from work and she came to the home. The FP stated police escorted her and the MU to the hospital; when they arrived they learned the SC had been pronounced dead. The FP stated the surviving sibling was sent to school to move her away from the incident.

The mother was also interviewed. She reported the child was not sick and was last seen at the primary doctor on 10/20/17. The mother explained on 10/28/17 the SC was up very late so she slept on the sofa next to him; the SC was against the wall without any pillows. The mother said after the SC fell asleep, she picked him up and took him into his bedroom and she went to bed with the surviving sibling. The mother said on 10/29/17 the SC's Home Health Aide was with them from 2:30pm-7:30pm. The mother said she administered the SC's medications and shortly thereafter she was called into work. As a result, she returned the SC to the foster mother's home one day early.

During the month of November the Specialist made a number of contacts with the police, ME, EMS, ADA, and the foster care agency. The police and ADA indicated no arrests would be made as their investigation did not reveal any criminality in the death of the child. The foster care agency provided background information regarding services the family had received and was receiving at the time of the child's death.

On 11/1/17, ACS contacted EMS and learned the call for assistance was received at 5:16AM on 10/30/17 and EMS responded at 5:21AM. When the technicians arrived at the home they found the child on the floor and the MU was attempting CPR. The EMS technicians reported there were no visible signs of trauma.

During the course of the investigation, ACS submitted the appropriate safety assessments. The decisions on the safety assessments accurately reflected the case circumstances. The Risk Assessment Profile was completed appropriately.

On 3/20/17 ACS unsubstantiated the allegations of the report based on the information obtained during the course of the investigation. ACS documented based on supporting information from medical and law enforcement personnel, there was no credible evidence to support the substantiation of the allegation and no evidence the child died because of abuse or neglect.

The subsequent report remains open.

Official Manner and Cause of Death

Official Manner: Unknown

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)?No

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 NYC region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
045001 - Deceased Child, Male, 13 Yrs	045003 - Foster Parent, Female, 44 Year(s)	DOA / Fatality	Pending
045001 - Deceased Child, Male, 13 Yrs	045003 - Foster Parent, Female, 44 Year(s)	Inadequate Guardianship	Pending

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 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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"/>

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"/>



Child Fatality Report

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"/>
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:
Surviving sibling was removed prior to the fatality.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

Sibling was referred for counseling and play therapy.

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

Explain:

Mother and foster family were referred for bereavement counseling. ACS offered burial assistance to family.



History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was there an open CPS case with this child at the time of death?	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)
02/19/2017	Deceased Child, Male, 12 Years	Mother, Female, 44 Years	Inadequate Guardianship	Indicated	No
	Deceased Child, Male, 12 Years	Mother, Female, 44 Years	Lack of Supervision	Indicated	

Report Summary:

Three reports were received on 2/19/17. The reports were merged and the allegations consolidated into one report. ACS closed the intake stage on 2/24/17. The allegations were determined on 3/20/17.

Determination: Indicated

Date of Determination: 03/20/2017

Basis for Determination:

There was credible evidence to substantiate the allegations of IG and LS of the 12-year-old child, but no evidence to substantiate the allegation of IF/C/S of both children. The police who responded to the home found the child unsupervised in the home. Police officers waited in the home and arrested the mother upon her return.

OCFS Review Results:

The intake report was appropriately merged and addressed.

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)
02/19/2017	Deceased Child, Male, 12 Years	Mother, Female, 44 Years	Lack of Supervision	Indicated	No
	Deceased Child, Male, 12 Years	Mother, Female, 44 Years	Inadequate Guardianship	Indicated	

Report Summary:

Three reports were received on 2/19/17. The reports were merged and the allegations consolidated into one report. ACS closed the intake stage on 2/24/17 and made a determination of the allegations on 3/20/17.

Determination: Indicated

Date of Determination: 03/20/2017

Basis for Determination:

There was credible evidence to substantiate the allegations of IG and LS of the 12-year-old child, but no evidence to



substantiate the allegation of IF/C/S of both children. The police who responded to the home found the child unsupervised in the home. Police officers waited in the home and arrested the mother upon her return.

OCFS Review Results:

The intake report was appropriately merged and addressed.

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)
02/19/2017	Deceased Child, Male, 12 Years	Mother, Female, 44 Years	Lack of Supervision	Indicated	Yes
	Deceased Child, Male, 12 Years	Mother, Female, 44 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 12 Years	Mother, Female, 44 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 3 Years	Mother, Female, 44 Years	Inadequate Food / Clothing / Shelter	Unfounded	

Report Summary:

Three reports received on 2/19/17 alleged the medically and developmentally disabled child was left unsupervised in the home for several hours (2:00AM - 5:00AM). Police were called to the home after child began banging on windows and doors. The mother was arrested upon her return. ACS investigated the allegations of the report which included IF/C/S, LS, and IG of the 12-year-old child and IF/C/S as it pertained to the 3-year-old child. ACS found some credible evidence to substantiate the allegations of IG and LS, but none to support IF/C/S of the children. ACS filed an Article 10 Petition of Neglect; the children were removed from the home and placed into kinship foster care.

Determination: Indicated

Date of Determination: 03/20/2017

Basis for Determination:

ACS based the decision on the fact that when police arrived at the home the child was found unsupervised in the home. They waited until the mother returned. The mother was arrested.

OCFS Review Results:

ACS initiated the report in a timely manner and made contact with the appropriate collaterals. ACS provided notifications to the subject and filed for a remand of the children. The children were removed on 2/19/17; however, the petition was not filed until two days later. ACS obtained a full stay away order against the mother for the children; this was subsequently modified by the court to allow the mother supervised visits for 3 hours daily. The safety assessments for the case were appropriate. The documentation did not reflect the father was notified of the reports on 2/19/17 or the determinations on 3/20/17.

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

Issue:

Failure to provide notice of report

Summary:

The case record did not reflect the father of the children was added to the household composition and notified of the 2/19/17 reports.

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 report. ACS must meet with the staff involved with this investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Issue:

Failure to Provide Notice of Indication

Summary:

The father was not added to the household composition and notified of the indication of the 2/19/17 reports.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

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 report. ACS must meet with the staff involved with this investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Issue:

Assessment as to need for Family Court Action

Summary:

The case documentation reflected on 2/19/17 ACS conducted an emergency removal without court order or parental consent, but did not file an Article 10 petition the next court date after the children were removed. ACS also did not immediately petition the court for an extension of the emergency removal the children. The petition was filed on 2/21/17. SSL 417; FCA 1024, 1026, 1026 (c) and 1027.

Legal Reference:

SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)

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 report. ACS must meet with the staff involved with this 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)
11/10/2016	Deceased Child, Male, 13 Years	Father, Male, 43 Years	Inadequate Guardianship	Unfounded	Yes
	Deceased Child, Male, 13 Years	Mother, Female, 43 Years	Educational Neglect	Unfounded	
	Deceased Child, Male, 13 Years	Mother, Female, 43 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 13 Years	Father, Male, 43 Years	Educational Neglect	Unfounded	

Report Summary:

The family of this 12-year-old child with special needs was reported to the SCR, as the child missed 29 out of 39 days during the school year. The report alleged the child had a history of poor school attendance. Additionally, the report stated the child was not immunized. Additionally, although the mother was aware the child was required to be in school, the situation of poor attendance continued.

Determination: Unfounded

Date of Determination: 01/05/2017

Basis for Determination:

ACS unsubstantiated the allegation of the report on the basis there was no credible evidence to substantiate the



allegations. ACS documented the mother was working with the preventive services agency regarding the child's medical condition and his missing school. Medical providers reported the mother was actively involved with the child's care and explained the reasons for the child's absences from school.

OCFS Review Results:

While OCFS does not disagree with the determination to unsubstantiate the allegations of the report, the decisions recorded in the Safety Assessments for this case were not consistent with the documentation throughout the investigation. The Specialist documented the mother had adequate provisions for the children, and was meeting the standard of a minimum degree of care; however, ACS identified safety factors which placed the child in immediate danger of serious harm. ACS also indicated a safety plan was necessary; however, no safety plan was documented. ACS ultimately unsubstantiated the allegations of the report.

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

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

The decisions on the 7-Day and Investigation Determination Safety Assessments were not correct and was not consistent with information obtained and documented during the course of the investigation.

Legal Reference:

18 NYCRR 432.2 (b)(3)(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 report. ACS must meet with the staff involved with this 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)
05/12/2016	Deceased Child, Male, 12 Years	Mother, Female, 43 Years	Inadequate Guardianship	Unfounded	No
	Deceased Child, Male, 12 Years	Mother, Female, 43 Years	Educational Neglect	Unfounded	

Report Summary:

Report received alleging the child was excessively absent from school and was in danger of failing. Additionally, report alleged the mother has not provided documentation regarding child's illness and was not doing anything about the child's absences.

Determination: Unfounded

Date of Determination: 07/08/2016

Basis for Determination:

The report was unfounded as there was no credible evidence to support the substantiation of the allegation. ACS documented the child suffered from severe medical conditions which caused him to be frequently absent from school. The child was a part of a medical study to address his condition. The information was corroborated by medical professionals. The mother was encouraged to provide notes to the school for each absence.

OCFS Review Results:

ACS initiated the investigation in a timely manner and made contact with the appropriate collaterals. Pertinent questions were asked and information from collaterals was followed up in a timely manner. ACS contacted and notified the father who did not reside in the household. The Safety and Risk Assessments were adequate.

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



There were no CPS investigations that occurred more than three years before the fatality that involved 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.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Family Assessment and Service Plan (FASP)

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

Preventive Services History

In November 2006, independent of ACS, the mother solicited services. An Advocate Preventive Only (ADVPO) services case was opened and remained open until January 2007. The case was then reopened in February 2007 and remained opened until 2010. According to the ACS case documentation, the child was diagnosed with complex medical needs and the family became homeless as a result of the death of the MGM. The mother sought assistance for a housing subsidy and other services for herself and the child. Family Resources assisted the family with rent and security deposit for her new apartment. Her child was linked with the Lighthouse School where he received therapy and educational services.

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: 02/19/2017

Date of placement with most recent caregiver? 02/21/2017

How did the child(ren) enter placement? Emergency removal without Court Order

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

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



Visitation

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

Casework Contacts

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

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional information, if necessary:**

Child was in kinship placement with his sibling. Sibling remains in care.

Foster Care Placement History

In February 2017, the foster care case was opened, after it was determined the mother left the disabled and nonverbal child in the home unsupervised while she went out for several hours. The child, in a state of panic, banged on the windows and doors of the apartment to alert neighbors of his distress. Neighbors called 911; the police intervened and rescued the child. When the mother returned home she was arrested. Although the mother had a plan of care for her infant during the incident, ACS filed an Article 10 Petition of Neglect in the Richmond County Family Court on behalf of both children. The children were removed from the mother placed in kinship foster care with their maternal aunt. The mother had supervised visits with the children in the first months of care. This was gradually changed to overnight unsupervised visits.

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:
02/21/2017	There was not a fact finding	There was not a disposition
Respondent:	045005 Mother Female 30 Year(s)	
Comments:		

Have any Orders of Protection been issued? Yes

From: 02/21/2017

To: 02/20/2018

Explain:

Full stay away order was issued. On 2/24/17, the order was amended to reflect supervised visitation at ACS's discretion and on 12/22/17 the surviving sibling was returned to the mother as per the order of the Court.

Additional Local District Comments

N/A

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