



**Report Identification Number: NY-18-064**

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

**Issue Date: Dec 14, 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

| <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    |
| FM-Foster Mother                                  | SS-Surviving Sibling                        | PS-Parent Sub                         |
| CH/CHN-Child/Children                             | OA-Other Adult                              |                                       |
| <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                  |
| CPS-Child Protective Services                     |   |                                       |
| <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-Other                               |                                       |
| <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 | 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:** 06/15/2018

**Age:** 8 month(s)

**Gender:** Male

**Initial Date OCFS Notified:** 06/15/2018

## Presenting Information

On 6/14/18, at approximately 10:00 PM, the FF checked the eight-month-old male SC who was asleep and found no cause for concern. On 6/15/18, at approximately 7:00 AM, the FF attempted to wake the SC and found him unresponsive in his crib. The FF immediately called 911.

## Executive Summary

The SCR registered a report regarding the death of an eight-month-old male that occurred on 6/15/18. The report alleged there was no explanation for the SC's death. The allegations of the report were DOA/Fatality and IG of the SC by the foster father (FF). The BM and SC resided in a mother-child program before the SC was remanded into non-kinship foster care.

Following the receipt of the report, ACS' Office of Special Investigations (OSI) contacted NYPD and obtained information regarding the incident. ACS learned that on 6/14/18, at 7:00 PM, the FF placed the SC in the crib to sleep. At 10:00 PM, he checked the SC who appeared well. At 7:00 AM the following morning, the FF attempted to wake the SC and discovered his body was limp. The FF immediately attempted cardiopulmonary resuscitation as he was certified and he summoned 911. EMS responded to the case address and continued resuscitation efforts. They pronounced the child dead at 7:48 AM on 6/15/18. There were no other children in the home and the parents had no other children.

LE reported the FF's home was clean, well-organized and had proper provisions to care for the child. OSI learned from the ME that no physical signs of trauma, neglect or abuse were observed on the SC.

OSI contacted New York Foundling(NYF) Foster Care Agency and the report narrative was confirmed. The agency reported that the FF informed the office of the incident and his account was consistent with that of LE. The FF's home had an approved licensed for two children; however, he had only the SC. OSI notified the Manhattan District Attorney's Office of the death of the SC; however, no action was taken based on the ME's preliminary findings that the SC died of natural causes.

On 6/15/18, OSI contacted the FF and he declined the interview. OSI attempted to assess the FF's home and was informed that he went to visit his family, in another state, to be comforted. The FF referred OSI to his attorney for future contact. ACS submitted the Foster Parent Agreement to FCLS who informed the FF's attorney of the FF's obligation to cooperate with the investigation pursuant to his agreement. The attorney stated, without a guarantee that the FF would not face charges, there would be no interview. According to ACS' case documentation, there had been no communication with the attorney to date and therefore the FF had not been interviewed in relation to the death of the SC.

On 6/15/18, OSI contacted the FF's family. The FF's sister, who was the "back up resource," reported the FF bonded well with the SC. She stated her family had a good relationship with the BM and MGM.

OSI received medical documentation from the foster care agency that reflected the SC was seen for a respiratory condition. He received appropriate medical attention and was followed-up care by his pediatrician. The SC was reported to be a well child.



On 6/18/18 and 8/8/18, OSI received information from SCO Foster Care Agency that the BF had been notified of the SC's death and he accepted bereavement counseling with the agency therapist. The BM received counseling through a private arrangement. The BM was in the early stage of pregnancy at the time of the SC's death. At the time this report was issued, the BM was on trial discharge with the MGM.

OSI issued a corrective action to NYF foster care agency to involuntarily close the FF's home.

On 8/17/18, ACS unsubstantiated the allegation of DOA/fatality of the SC by the FF. ACS based their decision on the result of their investigation that found no credible evidence that the FF caused the death of the SC. ACS also unsubstantiated the allegation of IG of the SC by the FF. ACS stated there was no credible evidence that the FF failed to provide a reasonable standard of care for the SC. ACS noted that they were waiting on the additional information from the office of the ME.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### Determination:

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

### Explain:

No Safety Assessment was required as there were no surviving siblings or other children in the home.

Was the decision to close the case appropriate? Yes

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

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

### Explain:

The determination made by ACS reflected the information obtained during the investigation.

## 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:** 06/15/2018

**Time of Death:** 07:48 AM

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

07:00 AM

**County where fatality incident occurred:**

New York

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

07:00 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?** 9 Hours

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

## Household Composition at time of Fatality

| Household                  | Relationship   | Role                | Gender | Age        |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim      | Male   | 8 Month(s) |
| Deceased Child's Household | Foster Parent  | Alleged Perpetrator | Male   | 58 Year(s) |

## LDSS Response

On 6/15/18, ACS OSI responded to the report registered by the SCR regarding the death of the eight-month-old male by contacting the NYF foster care agency to obtain information. According to the ACS' case documentation, the allegations were DOA/fatality and IG of the SC by the FF as the SC was found with no indication of abuse or neglect and the FF did not have an explanation for the death.

ACS obtained information from the first responders, LE and the ME investigator who interviewed the FF. The FF reported that on 6/14/18 he placed the SC to sleep in the crib at approximately 7:00 PM. On the same night at 10:00 PM, the FF checked the SC who was still asleep and appeared well. According to LE and the ME, the FF said it was not unusual for the SC to sleep through the night. The following morning, at 7:00 AM, the FF attempted to wake the SC and observed him to be limp and unresponsive. The FF summoned 911 for emergency medical assistance and he initiated CPR. EMS reported they arrived and observed the FF administering CPR. EMS exhausted all resuscitation efforts; however, the SC was pronounced dead at 7:48 AM on 6/15/18. The ME reported the SC appeared to have died from natural causes. The ME's final report is pending to the date this report was issued. LE found no criminality in the death of the SC.



OSI documentation reflected the BM resided in a mother-child program where she exhibited behavioral issues that resulted in the SC being placed with a non-kinship foster parent.

On 3/29/18, the SC was seen for a six-month well visit that reflected the FP expressed his concerns to the pediatrician. He reported the SC had nasal congestion when he laid down and his breathing was “very loud, congestion sounds.” He checked the SC during the nights and used saline drops with a bulb suction; there was no improvement. The pediatrician recommended he continue the same treatment. The SC’s immunizations were up to date.

OSI learned from the medical documentation that on 1/20/18, while in the FF’s care, the SC had experienced what appeared to be a similar episode. The SC did not wake for his feeding and when the FF attempted to wake him, he was not easily aroused and appeared limp. He summoned 911 and the SC was admitted to Mount Sinai Hospital where he was observed overnight then released. On 2/5/18, the SC was taken to a follow-up visit with the agency’s pediatrician, again there were with no recommendations.

On 6/15/18, OSI interviewed the FF’s sister who reported she suspected the SC had asthma because he was often congested but there was no medical diagnosis. OSI learned from a collateral contact that on one occasion the SC was screaming hysterically for approximately thirty minutes. OSI also learned from another collateral contact that the SC was observed in the home with the FF recently and the SC appeared happy.

OSI contacted NYF and learned that the last home visit was conducted on 6/12/18 and no issues were found. The FF is retired and had no children of his own; he had a lot of support from close family members.

On 6/21/18, OSI contacted the FF who reported he was devastated and unable to sleep. He communicated to OSI that the SC was a wonderful child whom he loved. The FF declined an interview and all offers for services.

OSI investigation findings revealed that concerns regarding the SC’s congestion were reported during four separate examinations and the SC was never referred to a specialist for an evaluation. The SC did not receive his two-month Synagis vaccine on schedule during the Respiratory Syncytial Virus season (October- March) in NYC. The SC was placed with a foster parent who conducted an informal daycare out of his home, increasing environmental risk to the SC. OSI recommended the agency review their policy.

On 8/17/18, OSI unsubstantiated all allegations of the report citing the ME's preliminary findings.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

### SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|-------------------|------------------------|---------------|--------------------|
|-------------------|------------------------|---------------|--------------------|



# Child Fatality Report

|                                       |  |                         |                 |
|---------------------------------------|--|-------------------------|-----------------|
| 048516 - Deceased Child, Male, 8 Mons | 048517 - Foster Parent, Male, 58 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 048516 - Deceased Child, Male, 8 Mons | 048517 - Foster Parent, Male, 58 Year(s) | DOA / Fatality          | Unsubstantiated |

### CPS Fatality Casework/Investigative Activities

|   | Yes                                 | No                                  | N/A                                 | Unable to Determine      |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| All children observed?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face?  | <input type="checkbox"/>            | <input checked="" 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"/> |

#### Additional information:

OSI attempted to interview the FF; however, the FF hired an attorney and refused to speak with OSI.

### Fatality Safety Assessment Activities

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

### Legal Activity Related to the Fatality

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

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



# Child Fatality Report

| Services                             | Provided After Death                | Offered, but Refused     | Offered, Unknown if Used            | Not Offered              | Needed but Unavailable   | N/A                                 | CDR Lead to Referral     |
|--------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Economic support                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional information, if necessary:**  
 According to ACS case documentation, the SC's parents engaged in bereavement counseling. However, the FF declined 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? N/A**

**Explain:**  
 There were no siblings or other children in the household.

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

**Explain:**  
 The FF was offered services and they were declined. The parents engaged in bereavement counseling.

## 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

### Infants Under One Year Old

#### During pregnancy, mother:

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

#### Infant was born:

- Drug exposed  With fetal alcohol effects or syndrome  
 With neither of the issues listed noted in case record

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

| Date of SCR Report | Alleged Victim(s)              | Alleged Perpetrator(s)   | Allegation(s)           | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 12/21/2017         | Deceased Child, Male, 3 Months | Mother, Female, 17 Years | Inadequate Guardianship | Substantiated      | No                  |

#### Report Summary:

The SCR report alleged that the BM had a chronic ongoing history of going AWOL, for days at a time, from the residential facility placement. The report further alleged that the BM made unsafe decisions that placed the SC at risk. She left the SC in his car seat asleep overnight and propped his bottle with a blanket to feed him, in spite of advice given to her by the agency staff.

On 1/3/18, the BM failed to make provisions for the SC when she left without him. She returned on 1/6/18. ACS removed the SC on 1/4/18 and placed him into foster care. He was returned to the SM on 1/12/18 and on 1/22/18, he returned to the FP when the SM failed to comply with stipulations.

**Report Determination:** Indicated **Date of Determination:** 02/14/2018

#### Basis for Determination:

ACS found substantial evidence during their investigation and the allegations were substantiated. The SC remained in non-kinship foster care.

#### OCFS Review Results:

ACS actions 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 BM's family was known to the SCR and ACS in five reports dating from 2/2/10 thru 12/16/15 that involved the BM as the maltreated child by the MGM. Four of those reports were unsubstantiated. The recurring pattern of these reports was XCP and IG of the BM by the MGM. The allegations of the indicated report dated 1/17/14 included PD/AM. On 2/06/14, the BM was placed in kinship foster care with a MA under the auspices of Little Flowers agency. The MGM engaged in mental health counseling from New York Psychotherapy. On 3/7/14, ACS closed the investigation.



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

## Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 01/04/2018

Date of placement with most recent caregiver? 01/22/2018

How did the child(ren) enter placement? Court Order

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

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

## Visitation

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



## Casework Contacts

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were face-to-face contacts with the child in the child's placement location made with the required frequency?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Was the certification/approval for the placement current?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Was a Criminal History check conducted?<br>Date: Unknown   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Was a check completed through the State Central Register?<br>Date:   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Was a check completed through the Staff Exclusion List?<br>Date:   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**Additional information, if necessary:**

The FF, at times, provided care to the children in his family through an informal arrangement. This information was given to the foster care agency during the initial home study. The SC may have been inadvertently in contact with children, thereby increasing his risk of illness.

## Foster Care Placement History

On 12/16/15, the MGM petitioned for a Person In Need of Supervision (PINS) for the BM stating that her behavior was out of control. The MGM had filed many missing person reports, poor grades and attendance, altercations with peers and



an altercation with her (MGM) that resulted in the BM's arrest. The Brooklyn Family Court remanded the BM to foster care. In June of 2017, the BM entered a mother/child program under the auspices of New York Foundling Foster Care Agency. On 1/28/2018, the SC was placed in the care of the non-kinship FP where he remained until his death on 6/15/18. The BM returned to the MGM on a trial discharge on 6/13/18.

### 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