



Report Identification Number: NY-19-003

Prepared by: New York City Regional Office

Issue Date: Jul 05, 2019

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
Age: 1 year(s)

Jurisdiction: New York
Gender: Male

Date of Death: 01/07/2019
Initial Date OCFS Notified: 01/07/2019

Presenting Information

On 1/7/19, at 5:55 PM, the AS (foster mother) put the SC (age 1) in his crib with a pillow and a full baby bottle. At 6:55 PM the AS's biological child went into the SC's room and observed something wrong with the SC. The AS went upstairs to check on the SC and the SC was found face up, unconscious and unresponsive. The baby bottle was also empty in the crib. The AS called 911. When EMS arrived, the mother brought the SC downstairs and CPR was performed on the SC. The SC was transported to the hospital where he was pronounced deceased at 7:49 PM There was no explanation concerning the SC's death. The roles of the foster children female (age 3) and male (age 1) were unknown.

Executive Summary

The one-year-old male SC died on 1/07/19. The SC resided with his foster mother, her 11 and 15 year old children, a 2-year-old foster child and his SS. The ME had not yet determined the SC's cause of death and NYCRO had not yet received the ME's report.

On 1/7/19, the SCR registered a report that included the allegations of DOA/Fatality, LS and IG of the SC and LS, IG of the SS and 2-year-old foster child by the AS.

At the time of the SC's death, the SC's family had an open service case due to an Article Ten Neglect petition that was filed in the Queens County Family Court on behalf of the now deceased SC and his SSs. The SC was placed in foster care in November 2017 and remained in care until his demise on 1/7/19.

Following the SC's death, ACS contacted hospital staff and interviewed LE. Medical staff reported that the SC was considered a well child; however, ACS learned that the SC was diagnosed with developmental challenges. ACS also interviewed the Foster Parent and learned that the SC was sick with a cold two weeks prior to his demise. LE reported that the SC had hemorrhaging to his face and bruising to his arms, ribs and back. LE reported that the AS disclosed that the SC arrived to her home with injuries from the previous foster home. LE conducted a walkthrough of the AS's home and did not observe suspicious evidence. LE also reported that the ME's assistant visited the case address and asked the AS to demonstrate what could have happened to cause the SC's death.

The AS, was interviewed by a CPS worker and LE regarding the events that led up to the incident. The AS reported on the day of the incident she was cooking dinner when she left the home for 5 minutes to go to the store, (leaving her 15-year-old child to watch the other children). The AS reported that she asked her 11-year-old to check on the SC and bring the SC downstairs for dinner. The AS stated that the 11-year-old returned and told her "the baby wasn't looking right." The AS stated that she found the SC looking lifeless and picked him up and asked her 15-year-old to get help. The AS stated that she then called 911, but hung up accidentally and then called 911 again. The AS reported that she placed the SC on his back, performed CPR on him, took the SC to the sink and splashed water on him.

The CPS worker interviewed the 15-year-old and learned that she arrived home from school around 4:00 PM at which time she saw the AS feeding the SC Cheez doodles in bed upstairs. Thereafter, the 15-year-old reported that the AS put the SC to bed and turned the TV on for him. The 15-year-old stated that sometime later the 11-year-old told her that the SC was not breathing; thereafter, she went upstairs and saw that the SC's face turned blue. The 15-year-old alerted the AS and told her she needed to check on the SC because his face was up, eyes closed and skin appeared blue. The 15-year-old



reported that she never observed any marks on the SC.

As a result of this fatality, ACS subsequently moved the SC's SS and the 2-year-old foster child to a new home. The AS's children were subsequently removed from the AS's home and placed with a kinship relative resource.

On 3/7/19, ACS substantiated the allegations of LS and IG of the SC, SS, and 2-year-old foster child by the AS. ACS unsubstantiated the allegations of DOA/Fatality of the SC. The report was indicated and ACS determined that the AS left the SC unattended for an extended period of time and his needs were unnoticed and not met.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

ACS gathered sufficient information to make a determination for all allegations identified during the investigation.

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:

ACS obtained relevant information from LE, physician, MGM, neighbors, and Investigative Consultants.

Required Actions Related to the Fatality

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

Issue:	Adequacy of Progress Notes
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Summary:	The progress notes were not written contemporaneously. Progress notes were entered 30 days after the event date. On 1/8/19 there was an event that was not entered until 3/6/19.
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.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/07/2019

Time of Death: 07:49 PM

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

06:55 PM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

06:55 PM

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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 7 Hours

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

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	1 Year(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	38 Year(s)



Deceased Child's Household	Other Child - Foster Parent Daughter	No Role	Female	15 Year(s)
Deceased Child's Household	Other Child - Foster parents Adopted son	No Role	Male	11 Year(s)
Deceased Child's Household	Other Child - Foster Child in Home	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)
Other Household 1	Mother	No Role	Female	32 Year(s)

LDSS Response

On 1/07/19 following the death of the SC, ACS assessed the AS's home and removed the SS and the 2-year-old foster child from the AS's home.

Between 1/8/19 and 1/9/19, the CPS worker conducted two home visits. During the first home visit, the CPS worker observed the AS to be coherent. The CPS worker interviewed the AS and observed the Pack N Play plays to have clutter during the initial home visit. ACS documented discussing safe sleep with the AS and learned that she laid the SC down around 8:10 AM and sent her adoptive son (11-year-old) to check on the SC at approximately 5:00 PM. The 11-year-old found the SC lying face up in the Pack N Play. The AS reported that she was in the kitchen cooking dinner when she learned that the SC was not breathing. The AS reported that the SC was sick with a cold weeks before the incident and was prescribed Tylenol for his illness. It was unknown how much Tylenol was administered to the SC and if Tylenol was given to the SC the day the incident occurred. The AS denied drug and alcohol use and was observed by the CPS worker to be coherent during the initial home visit. During the second home visit CPS observed the AS slurring her words staggering and unstable. The AS reported that she took cold medicine and denied drug or alcohol use.

On the same date, ACS conducted an Initial Heightened Oversight conference (IHOP) with the investigative consultants. ACS learned that the SC and the SS were medically cleared by a doctor associated with the foster care agency on 12/28/19, prior to being placed in the AS's home. The SC and SS were observed to have no marks and bruises during the 12/28/19 doctor's visit.

On 1/8/19, ACS also had a case planning conference with the foster care agency to discuss the SC's prior medical conditions. According to the foster care agency the AS, and SC's family were offered bereavement services.

On 1/9/19, ACS contacted the ME and learned that the preliminary autopsy revealed no reported trauma to the SC's body. ACS learned from LE that the criminal investigation was pending and had not yet been completed pending the ME's final report.

On 1/9/19, ACS convened an Initial Child Safety Conference (ICSC), and determined that the AS's children would be placed with a kinship relative and the SC, SS and 2-year-old foster child would remain in non-kinship foster care.

On 1/10/19, CPS conducted a home visit to the replacement foster home of the SS. ACS assessed the SS and observed her to be free of any marks or bruises. On this date, CPS also requested video footage from the Super of the AS's building.

On 1/13/19, the CPS worker visited the local precinct and interviewed LE about the circumstances of the SC's death. The CPS worker learned that the AS contacted 911 at 6:57 P.M. LE shared photos of the SC with the CPS worker and notified the CPS worker that the AS and foster care agency case planner were interviewed over the phone and reported that the SC arrived to the AS's home with injuries from the previous foster home. The CPS worker learned that the AS's home was not considered a crime scene. The CPS worker learned that the AS was cooperative and nothing suspicious was observed in the home.

Between 1/17/19 and 1/30/19, CPS worker contacted building management to obtain surveillance video of the AS the day



of the incident. The CPS worker contacted the Family Court Legal Services (FCLS) to subpoena the video surveillance of the AS entering and leaving the home the day of the incident.

On 1/31/19, ACS contacted the case planner, and learned that prior to the SC's death the case planner had not observed scratches, bruises, welts. ACS met with the substance abuse consultant and received referral information for random drug screenings and bereavement counseling for the AS.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050261 - Deceased Child, Male, 1 Yrs	050262 - Foster Parent, Female, 38 Year(s)	Lack of Supervision	Substantiated
050261 - Deceased Child, Male, 1 Yrs	050262 - Foster Parent, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
050261 - Deceased Child, Male, 1 Yrs	050262 - Foster Parent, Female, 38 Year(s)	DOA / Fatality	Unsubstantiated
050263 - Sibling, Female, 3 Year(s)	050262 - Foster Parent, Female, 38 Year(s)	Lack of Supervision	Substantiated
050263 - Sibling, Female, 3 Year(s)	050262 - Foster Parent, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
050264 - Other Child - Foster Child in Home, Male, 2 Year(s)	050262 - Foster Parent, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
050264 - Other Child - Foster Child in Home, Male, 2 Year(s)	050262 - Foster Parent, Female, 38 Year(s)	Lack of Supervision	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input 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"/>



Child Fatality Report

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 type="checkbox"/>	<input checked="" type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACS entry of progress notes and initial FASP were not completed within the required timeframes.

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 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"/>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain:
 The AS was offered substance abuse services; however, she refused random drug testing at the initial start of the investigation. The AS accepted parenting classes, substance abuse services, after the Neglect petition was filed against the AS regarding her 15 year-old and 11-year-old children. The BM of the SC and SS accepted bereavement counseling.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
 On 1/9/19, Queens County Family Court (QCFC) ordered the removal of the SC's SS (now age 4) to be placed with her sibling in a kinship foster home. On 1/9/19, the AS's children (female age 15 and adoptive son age 11) were removed from the AS and placed in a kinship foster boarding home.

Legal Activity Related to the Fatality

Was there legal activity as a result of 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:
01/10/2019	There was not a fact finding	There was not a disposition
Respondent:	050262 Foster Parent Female 38 Year(s)	
Comments:	On 1/10/19, ACS filed an Article 10 Abuse/Neglect petition in Queens County Family Court against the AS and her husband on behalf of the AS's children.	

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"/>				
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The AS was referred to bereavement/individual, substance abuse counseling, parenting skills, foster care services, and legal services. ACS utilized the AS's family members as safety resources. The BM was offered bereavement counseling, funeral arrangements, and mental health services. The foster care agency utilized the BM's family as safety resources.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The SS and the 2-year-old foster child was removed from the AS's home and placed in a non-kinship home foster home. The AS's children were placed with a kinship relative.

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

Explain:

The AS was referred for bereavement counseling and a CASAC Assessment. The case planner from the foster care agency offered the SC's BM and MGM grief counseling at the foster care agency.

History Prior to the Fatality**Child Information**



Did the child have a history of alleged child abuse/maltreatment? Yes
Was the child ever placed outside of the home prior to the death? Yes
Were there any siblings ever placed outside of the home prior to this child's death? Yes
Was the child acutely ill during the two weeks before death? Yes

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/12/2018	Other Child - Mother's biological child, Female, 15 Years	Mother, Female, 38 Years	Childs Drug / Alcohol Use	Unsubstantiated	No
	Other Child - Mother's biological child, Female, 15 Years	Mother's Partner, Male, 44 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Other Child - Mother's biological child, Female, 15 Years	Mother, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Mother's biological child, Female, 15 Years	Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Adoptive Child, Male, 10 Years	Mother, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Adoptive Child, Male, 10 Years	Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Mother's biological child, Female, 15 Years	Mother's Partner, Male, 44 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Mother's biological child, Female, 15 Years	Mother's Partner, Male, 44 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Adoptive Child, Male, 10 Years	Mother's Partner, Male, 44 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Adoptive Child, Male, 10 Years	Mother's Partner, Male, 44 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Mother's biological child, Female, 15 Years	Mother's Partner, Male, 44 Years	Sexual Abuse	Unsubstantiated	

Report Summary:

On 4/12/18 the now AS and her husband used drugs to the point of impairment. The AS and her husband were too impaired to properly care for her female child now age 15 and male child now age 11. The AS's husband sold drugs from the home and encouraged the child age 15 to buy drugs for her to abuse. The 15-year-old child's behavior was out of control, she snuck out of the home, used marijuana and engaged in sexual activity. The parents were aware, but were too impaired to intervene.

Report Determination: Unfounded

Date of Determination: 05/31/2018

Basis for Determination:

During the 4/12/18 investigation, ACS visited the family and obtained information from various collaterals. ACS did not find credible evidence to substantiate the allegations of CD/A, IG, PD/AM, SA, IG. The AS presented well, she did not appear to be under the influence of any kind. She initially agreed to submit to a substance screening, but did not show up.



She later reported she had hired an attorney for advice and guidance. The children, AS and her partner did not reside at the case address. ACS assessed the children and deemed them safe.

OCFS Review Results:

Based on the information obtained in the course of the investigation, ACS' decision to unsubstantiate the allegations of the report was 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 AS (foster parent) was known to the SCR and ACS in reports dated 10/16/08, 2/9/10, and 4/20/2012. The allegations of the 10/16/08 report were IG, PD/AM, CD/A, SA, of the AS's daughter and male foster child by the AS and her husband. The 2/9/10 report, had allegations of IG and PD/AM of the AS's daughter and foster child by the AS and her husband. The 4/23/2012 report had allegations of IG of the AS's daughter by the AS and her husband. All of the reports were unfounded against the AS. The 2/9/10 report was indicated against the AS's husband.

Known CPS History Outside of NYS

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

Services Open at the Time of the Fatality

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

Date the Child Protective Services case was opened: 02/02/2017

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" 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"/>



Child Fatality Report

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

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

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Preventive Services History

According to the ACS case record, the BM, SC and SSs received COS from 2/3/17 through 8/7/2018. ACS opened the Family Services Stage to provide case management services. On 4/25/17, ACS held a joint home visit/ transition meeting with, Jewish Child Care Association (JCCA) to address BM's need for a mental health evaluation, individual counseling, DV counseling and parenting skills. The BM signed the agreement accepting PPRS with JCCA General Preventive and, the BM, SS, and SC were referred for JCCA- Child Parent Psychotherapy.

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: 08/07/2018
 Date of placement with most recent caregiver? 12/26/2018
 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 07/16/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 08/03/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 07/16/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: The SC, SSs remained in foster care at the time this report was issued. All children of the AS were placed with a kinship resource.				

Required Action(s)

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

Yes No

Issue:	Coordination of Services
Summary:	The SC required physical therapy, speech therapy, occupational therapy and Early Intervention services. Little Flower Children Services did not ensure that the SC's services were coordinated while in the AS's home.
Legal Reference:	18 NYCRR 432.2(b)(4)(i) and 432.2(b)(4)(viii)
Action:	Little Flower Children's Services 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. Little Flower Children's Services 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

On 08/07/18, ACS filed a third Article 10 petition in the Queens County Family Court against the parents, BF and BM. ACS sought a remand of the SC and SSs on 8/7/18, after the BM received COS. The SC and 3-year-old SS were subsequently placed in multiple kinship, non-kinship homes, and replaced not long after to the AS's home in December 2018.

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:
02/03/2017	There was not a fact finding	There was not a disposition
Respondent:	050501 Mother Female 32 Year(s)	
Comments:	On 2/3/2017, an Article 10 Abuse/Neglect petition was filed against the SC's father in Queens Family Court.	



Have any Orders of Protection been issued? Yes

From: 01/29/2018

To: 01/29/2019

Explain:

On 2/3/2017, the presiding judge in Queens County Family Court granted a full stay away order of protection against the SC's father, on behalf of the SC and his SSs.

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