



**Report Identification Number: NY-22-086**

**Prepared by: New York State Office of Children & Family Services**

**Issue Date: Mar 10, 2023**

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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  
**Age:** 1 month(s)

**Jurisdiction:** Queens  
**Gender:** Female

**Date of Death:** 09/12/2022  
**Initial Date OCFS Notified:** 09/13/2022

## Presenting Information

On 9/13/2022, Rising Ground, a voluntary agency contracted by the New York City Administration for Children’s Services (ACS), notified OCFS through an OCFS 7065 Agency Reporting Form of the death of a 1-month-old child (SC). The death occurred on 9/12/2022, following a 10-day hospitalization. On 9/2/2022, the maternal cousin (MC), who was the kinship foster parent, noticed the child was lethargic and not eating well and felt there was something wrong with the child. The maternal cousin brought the child to the hospital where she was diagnosed with having had multiple seizures, a brain bleed, and brain hemorrhaging. The child was admitted to the ICU and placed on life support until her death.

## Executive Summary

This report concerns the death of a 1-month-old child which occurred while hospitalized for a medical condition. The child had been placed in foster care upon her birth. The mother had nine other children removed from her care due to multiple concerns for her mental health, and the child was removed on a Derivative Neglect Petition. The child was in the care of a maternal cousin when she displayed signs of a worsening medical condition on 9/2/2022. The maternal cousin brought the child to the hospital where she remained hospitalized until her death on 9/12/2022.

The maternal cousin was interviewed by Rising Ground in his home. The maternal cousin identified the child had been throwing up following feedings and expressed the concern to the child’s pediatrician on 9/1/2022. The maternal cousin was informed the child appeared to be doing well and brought her home. The child was placed to sleep at approximately 8:00 PM. The maternal cousin woke her at approximately 11:00 PM for a feeding and felt she did not appear to be acting normally and brought her to the hospital for evaluation.

At the hospital, the child was diagnosed with having had multiple seizures. The child went into cardiac arrest, was placed on life support, and further testing was ordered. The child was diagnosed with intraparenchymal hemorrhaging. The child’s condition was attributed to two potential sources. The first was the exposure to a communicable disease at her birth for which she was treated in the NICU. The second was a potential genetic disorder which would not have been diagnosed at birth. The child remained on life support until her death. An autopsy was not performed due to the child’s diagnosed medical condition being the cause of her death. There were no concerns the child was abused or maltreated by the maternal cousin and medical providers believed he acted appropriately when he felt the child was not acting normal.

### PIP Requirement

ACS and Rising Ground will submit a PIP to the New York City Regional Office within 30 days of receipt of this report. The PIP will identify action(s) ACS and Rising Ground have taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACS and Rising Ground will review the plan and revise as needed to address ongoing concerns.

## 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

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

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

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

**Explain:**  
The ongoing services case remained open to provide services to siblings in foster care following the death of the SC.

### 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: 09/12/2022 Time of Death: 02:30 PM

Date of fatal incident, if different than date of death: 09/02/2022

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

County where fatality incident occurred: Queens

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used and/or ingested alcohol or drugs? N/A

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- 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	No Role	Female	1 Month(s)
Deceased Child's Household	Foster Parent	No Role	Male	37 Year(s)
Other Household 1	Mother	No Role	Female	32 Year(s)

## LDSS Response

Rising Ground, an agency contracted by ACS to provide foster care services, was informed by the MC the SC was hospitalized on 9/2/2022. Upon being notified of the SC's hospitalization, Rising Ground gathered information from medical providers on the SC's condition.

Rising Ground interviewed the MC in his home. The MC stated the SC had been throwing up after feedings and expressed his concerns with the SC's pediatrician during an appointment on 9/1/2022. The MC was advised to change the SC's formula and was informed the SC appeared to be doing well otherwise. After returning home, the MC noted the SC appeared lethargic and whiny, and placed her to nap. That evening, the MC stated he placed the SC to sleep at approximately 8:00 PM and woke her at 11:00 PM to feed her. When he woke the SC, the MC stated the SC still seemed lethargic and did not feed well. The MC stated he felt something was wrong and brought the SC to the hospital.

Rising Ground was informed by hospital staff the SC was diagnosed with having had multiple seizures with ongoing episodes, a brain hemorrhage, and she had gone into cardiac arrest while at the hospital. The hospital staff did not have any concerns the SC had been abused or maltreated and while the external symptoms displayed were the same as shaken baby syndrome, testing and CT scans showed the SC had intraparenchymal hemorrhaging. This type of hemorrhaging occurs internally in the brain, and not in the external portions where a child who was physically harmed would have hemorrhaging. Medical providers believed the SC's condition could be attributed to genetics, or possible in-utero exposure to a communicable disease for which the SC was treated in the NICU upon her birth. An autopsy was not performed.

There were no allegations to determine, and the investigation of the fatal incident was ended as there were no concerns for abuse or maltreatment of the SC. The BM was informed of the SC's condition and death and remained involved with services through Rising Ground.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

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

## Multidisciplinary Investigation/Review

**Was the fatality referred to an OCFS approved Child Fatality Review Team?**No

**Comments:** ACS does not have an OCFS approved Child Fatality Review Team.

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to
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				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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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**

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



# Child Fatality Report

<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**  
 There was no documentation in the case record services were offered to the MC or BM in relation to the death of the SC.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**

Services in relation to the death of the child were not offered to the MC or BM by Rising Ground.

## 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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none 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)
08/04/2022	Deceased Child, Female, 1 Days	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	Yes

**Report Summary:**

The SCR report alleged the BM gave birth to the SC on 8/3/2022. The BM had mental health concerns which prevented her from providing adequate care for the SC.

**Report Determination:** Indicated**Date of Determination:** 09/08/2022**Basis for Determination:**

ACS received the SCR report and initiated their investigation. The BM had nine other children that had been removed from her care and placed in foster care, beginning in 2009. The concerns for the BM's mental health continued and the SC was removed from her care on a Derivative Neglect Petition. The SC was placed in a kinship foster home and the investigation was closed.

**OCFS Review Results:**

ACS filed a Neglect Petition to place the child in foster care upon her being medically discharged from the hospital. The SC was placed in a kinship foster home. The case record did not reflect an effort to identify, locate, and notify the biological father. The BM reported her husband lived outside of the country, though no efforts to notify him or any other potential fathers were documented.

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

Failure to provide notice of report

**Summary:**

ACS did not provide Notice of Existence letters to the father or make effort to speak with them about the report.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

ACS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/11/2022	Sibling, Male, 11 Months	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

The SCR report alleged the BM was a public health risk due to having a contagious disease she refused treatment for. The BM's health status placed the then 11-month-old sibling at risk of contracting the disease.

**Report Determination:** Unfounded**Date of Determination:** 06/25/2022**Basis for Determination:**

The allegations were unsubstantiated as the then 11-month-old SS was in foster care at the time the report was made. The BM had limited visitation with the SS and had no caretaking responsibilities for him. The investigation was closed and the family remained open with foster care services in place.

**OCFS Review Results:**

ACS conducted an investigation which met regulatory requirements and assessed the SS as safe in foster care with limited contact with the BM.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/23/2021	Sibling, Male, 1 Days	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	No



**Report Summary:**

The SCR report alleged the BM gave birth on 7/23/2021. The BM had eight other children removed from her care. The BM had mental health concerns preventing her from caring for the sibling at the time of birth.

**Report Determination:** Indicated**Date of Determination:** 08/28/2021**Basis for Determination:**

ACS determined the BM was displaying behaviors which caused concern for her mental well-being. A Neglect Petition was filed based on derivative neglect and the removal of the sibling was granted by the court. The sibling was placed in a non-kinship foster home and the investigation was closed.

**OCFS Review Results:**

ACS conducted an investigation which met regulatory requirements. ACS was aware of the BM being pregnant and had made arrangements for foster care placement upon the birth of the sibling. The investigation was closed and the family remained involved with services under a previously opened foster care case.

**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 had significant CPS history dating back to 2009. In total the BM had ten children, including the SC, removed from her care due to concerns for her mental health and inability to care for the children. The five eldest children were adopted, and the four surviving children were in foster care with TPR's pending at the time of the fatal incident. The surviving children were placed in pre-adoptive homes and had limited supervised contact with the BM.

**Known CPS History Outside of NYS**

There was 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"/>

**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:** 08/15/2022**Date of placement with most recent caregiver?** 08/15/2022**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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was the certification/approval for the placement current?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a Criminal History check conducted?</b> Date: 08/15/2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a check completed through the State Central Register?</b> Date: 08/15/2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a check completed through the Staff Exclusion List?</b> Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> The SC was hospitalized and passed away prior to additional services being put in place.				

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Adequacy of services following the fatality
<b>Summary:</b>	Rising Ground, the community service provider contracted by ACS to provide services to the children in care, did not offer the MC or BM services in relation to the death of the SC.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(4);428.6
<b>Action:</b>	Rising Ground will offer services available to families following the death of a family with which they work. Rising Ground will make contact with ACS to coordinate services available.

### Foster Care Placement History

The BM had given birth to ten children, including the SC. Each child has been removed from the BM's care due to concerns for her mental health and housing instability. The first child was removed in 2009, and each child was removed derivatively upon their birth, or ACS's discovery the BM had given birth out of state. The five eldest children had been adopted, and the four other children were in foster care with TPR's pending. Each child was placed in an adoptive home.

### 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

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
08/15/2022	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	062571 Mother Female 32 Year(s)	
<b>Comments:</b>	A Neglect Petition was filed following the birth of the SC due to concerns for the BM's mental health and housing instability. The SC was placed in a kinship foster home where she remained until her death.	



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
07/27/2021	There was not a fact finding	There was not a disposition
Respondent:	062571 Mother Female 32 Year(s)	
Comments:	Neglect petition filed on behalf of 1-year-old SS due to concerns for the BM's mental health and housing instability.	

### 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