

**Report Identification Number: NY-14-114**

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

**Issue Date: 4/29/2015**

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.

# NYS Office of Children and Family Services - Child Fatality Report

## 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
<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
CPR-Cardio-pulmonary Resuscitation		
<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	MN-Medical Neglect	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-Others	
<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		

## Case Information

# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 10 month(s)

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 10/28/2014  
**Initial Date OCFS Notified:** 10/28/2014

## Presenting Information

On 10/28/14, the SCR received two reports concerning the death of the 10-month old SC. The reports alleged that the SC was in the care of the father when he stopped breathing. The reports stated that the SC was crying and the father placed him in the car seat in order to rock the SC to sleep. The SC stopped crying and the father walked away. When the father returned, the SC was not breathing; he was lying still in the car seat with his arms "extended out." The father called 911 for EMS. Both EMS and the NYPD responded to the scene. When the NYPD arrived at 9:20 P.M., the EMS' technician had the SC in the ambulance ready to transport to Brookdale Hospital. Efforts by the EMS and hospital staff to resuscitate the SC were to no avail. The SC was pronounced dead at 9:45 P.M. The reports noted that the SC had no pre-existing medical condition. There was no timeframe reported for the amount of time the SC was left alone once the father walked away. The mother was at work.

## Executive Summary

The SC was ten months old at the time of death. The autopsy report listed the cause of death as Klebsiella bronchopneumonia complicating bronchiolitis and the manner of death natural.

The SC resided with his parents in a family shelter. The parents had three other children in common and an extensive history with ACS and Family Court. From 2009 to 2012, ACS filed three Article 10 Petitions pertaining to the SC's older siblings. All three siblings were remanded to the custody of the Commissioner of ACS. The oldest was subsequently discharged to the custody of the grandparents; the other two remained under the auspices of Graham Windham.

Due to the parents' history, ACS filed a derivative Article 10 Petition on behalf of the SC naming the parents as the respondents. The Family Court granted the parents court ordered supervision, as they were complying with previous court orders. These included clinical and substance abuse treatment for the parents. A trial discharge was also being considered for the siblings.

ACS' investigation revealed that on 10/28/14 at about 8:45 P.M., the SC was in the care of the BF. The mother was at work. The BF reported that he was watching television and the SC began crying. The BF then wrapped the SC in a blanket and placed him in the car seat on the floor. The BF then positioned the car seat in front of the television. The SC stopped crying about five minutes later. The BF reported that he thought the SC had fallen asleep. However, he later checked the SC and noticed that the SC "looked funny." The BF removed the blanket and observed the SC's arms were "open," he had a faint heartbeat and was unresponsive. The BF called 911; he estimated it was 9:16 P.M. EMS responded and the NYPD arrived at 9:20 P.M. as EMS was placing the SC in the ambulance. The SC was transported to Brookdale Hospital where he was pronounced dead at 9:45 P.M.

The SC had been treated for acute bronchiolitis and asthma earlier in the year and the parents received information about the symptoms and instructions as to how to care for the SC. The documentation reflects that the SC might have been sick from 10/23/14 through 10/28/14; and the parents did not consult the SC's pediatrician. However, ACS' medical consultant reviewed the medical records and autopsy report and found no concerns of neglect by the parents.

As of 4/24/15, ACS has not made a determination.

## 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? 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- 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.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 10/28/2014

Time of Death: 09:45 PM

County where fatality incident occurred: KINGS

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- |                                              |                                  |                                                     |
|----------------------------------------------|----------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |                                                     |

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

# NYS Office of Children and Family Services - Child Fatality Report

**How long before incident was the child last seen by caretaker?** 1 Hours

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

1

**At time of incident supervisor was:**

- |                                                 |                                              |
|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Drug Impaired          | <input type="checkbox"/> Absent              |
| <input type="checkbox"/> Alcohol Impaired       | <input type="checkbox"/> Asleep              |
| <input checked="" type="checkbox"/> Distracted  | <input type="checkbox"/> Impaired by illness |
| <input type="checkbox"/> Impaired by disability | <input type="checkbox"/> Other:              |

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

**Children ages 0-18:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	10 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)

### LDSS Response

The SC was ten-month old at the time of death. The autopsy report listed the cause of death as Klebsiella bronchopneumonia complicating bronchiolitis and the manner of death natural.

At the time of the SC's death, the family was involved with ACS Graham Windham Services and the Women's Prison Association's (WPA). ACS referred the parents to the WPA preventive program to monitor the parent's care of the SC. These service providers had weekly contact with the SC and none had concerns about the parents' ability to care for him.

ACS' investigation revealed that the BM's employment required that she sleep out of the home several days out of the week. On 10/28/14 at about 8:45 P.M., the SC was in the care of the BF. The mother was at work. The BF reported that he was watching television and the SC began crying. The BF then wrapped the SC in a blanket and placed him in the car seat on the floor. The BF then positioned the car seat in front of the television. The SC stopped crying about five minutes later. The BF reported that he thought the SC had fallen asleep. The BF later checked the SC and noticed that he "looked funny." The BF removed the blanket and observed the SC's arms were open; he had a faint heartbeat and was unresponsive. The BF called 911; he estimated it was 9:16 P.M. EMS responded to the case address followed by the NYPD who arrived at 9:20 P.M. The BF was transported with the SC to Brookdale Hospital where the SC was pronounced dead @ 9:45 P.M.

Neither the NYPD nor the attending physicians suspected foul play involving the SC's death.

The case documentation reflects that the SC was sick several days prior to his death and the parents reported that they followed the treatment plan prescribed by the pediatrician. The SC's condition improved and the parents did not contact the pediatrician. ACS' medical consultant (MC) reviewed the SC's medical history, contacted his pediatrician and reviewed the autopsy report. Based on the SC's medical records and the discussion with his pediatrician, the MC determined that there was nothing to indicate a lack of medical care or medical neglect by the parents. The SC had been

# NYS Office of Children and Family Services - Child Fatality Report

seen by the pediatrician and the pulmonologist multiple times since the diagnosis of chronic bronchiolitis at the age of two months. The pediatrician reported that the parents were compliant with all appointments and treatment plans and that they actively sought out medical care every time the SC had any respiratory symptoms. None of the agencies involved with the family's supervision had any concerns about the parents' ability to care for the SC.

As of 4/29/15, ACS has not made a determination.

## 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 investigation conducted by a Multidisciplinary Team (MDT)?**No

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

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

**Comments:** The fatality was not reviewed by an OCFS approved Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
012501 - Deceased Child, Male, 10 Mons	012502 - Father, Male, 32 Year(s)	Inadequate Guardianship	Pending
012501 - Deceased Child, Male, 10 Mons	012503 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Pending
012501 - Deceased Child, Male, 10 Mons	012503 - Mother, Female, 25 Year(s)	DOA / Fatality	Pending
012501 - Deceased Child, Male, 10 Mons	012502 - Father, Male, 32 Year(s)	DOA / Fatality	Pending

## CPS Fatality Casework/Investigative Activities

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

# NYS Office of Children and Family Services - Child Fatality Report

All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

The SC's siblings were seen by the foster care agency staff.

### 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	Needed but 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 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"/>

# NYS Office of Children and Family Services - Child Fatality Report

Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Additional information, if necessary:</b> N/A							

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

**Explain:**

The parents' received financial assistance to cover the burial cost.

## History Prior to the Fatality

### Child Information

- |                                                                                             |     |
|---------------------------------------------------------------------------------------------|-----|
| <b>Did the child have a history of alleged child abuse/maltreatment?</b>                    | Yes |
| <b>Was there an open CPS case with this child at the time of death?</b>                     | Yes |
| <b>Was the child ever placed outside of the home prior to the death?</b>                    | No  |
| <b>Were there any siblings ever placed outside of the home prior to this child's death?</b> | Yes |
| <b>Was the child acutely ill during the two weeks before death?</b>                         | Yes |

### Infants Under One Year Old

**During pregnancy, mother:**

- |                                                                                                                                                                                                      |                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Had medical complications / infections<br><input type="checkbox"/> Misused over-the-counter or prescription drugs<br><input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Had heavy alcohol use<br><input type="checkbox"/> Smoked tobacco<br><input type="checkbox"/> Used illicit drugs |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

# NYS Office of Children and Family Services - Child Fatality Report

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)	Status/Outcome	Compliance Issue(s)
05/11/2011	1905 - Sibling, Male, 1 Days	1906 - Mother, Female, 21 Years	Inadequate Guardianship	Indicated	No
	1905 - Sibling, Male, 1 Days	1906 - Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Indicated	
	1905 - Sibling, Male, 1 Days	1908 - Father, Male, 22 Years	Inadequate Guardianship	Indicated	
	1905 - Sibling, Male, 1 Days	1908 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

The parents had a second child. The SCR registered a report noting that the parents had their first child removed and the child remained in foster care. The report noted that the parents were residing in a shelter.

**Determination:** Indicated

**Date of Determination:** 06/17/2011

**Basis for Determination:**

ACS based their determination on the fact that the parents had not completed the conditions of the dispositional orders relative to the removal of their first child. ACS cited that the parents had not yet completed a drug treatment program and continued to use illicit drugs. In addition, the BM and the newborn tested positive for marijuana and benzodiazepines. Further neither had completed parenting classes or anger management.

**OCFS Review Results:**

ACS' review of the case revealed that the parents' first child was discharged to the legal custody of the grandparents as of 2010.

ACS held a Child Safety Conference and filed a derivative Article 10 Petition on behalf of the newborn. Family Court granted a remand of the child to the custody of the Commissioner of ACS. The child was placed with the godmother.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/15/2012	1903 - Sibling, Male, 1 Days	1901 - Mother, Female, 22 Years	Inadequate Guardianship	Indicated	No
	1903 - Sibling, Male, 1 Days	1902 - Father, Male, 30 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

The SCR received a report noting that the parents had a long history of substance abuse and had two children removed from their care.

# NYS Office of Children and Family Services - Child Fatality Report

<b>Determination:</b> Indicated	<b>Date of Determination:</b> 06/25/2012
<b>Basis for Determination:</b> ACS based their determination on the fact that the parents were not planning for their children. ACS cited that the parents oldest child was released to the legal custody of the grandparents. ACS also cited that the parents had not complied with the previous court orders that included that both complete drug treatment programs and undergo evaluations.	
<b>OCFS Review Results:</b> The BM gave birth to her third child. However, the parents had not planned for their second child who remained in foster. The parents were engaged in services. However, the BF continued to test positive for marijuana. In addition, he was not attending services for a clinical condition that he reported was diagnosed when he was a teenager.  ACS conducted a Child Safety Conference and filed a derivative Article 10 Petition. The Court ordered that the parents' third child be remanded to the custody of the Commissioner of ACS.	
<b>Are there Required Actions related to the compliance issue(s)?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

From 1992 – 2007, the BM was known as a SC in 8 reports; 6 were indicated. The BM was placed in foster care on a neglect petition in 1996; and later the MGM completed a voluntary placement. The mother was discharged on 11/1/07.

The BF was known as a subject in two indicated reports.

The 5/16/02 report alleged that the BF slapped his then 1-year old son from a former relationship. ACS filed an Article 10 Petition and the child was remanded and placed in foster care (FC). The SC was later discharged to his BM with ACS' supervision. This child is not part of the current family composition.

The 10/16/06 report alleged that the BF beat his girlfriend's 3-year old child leaving bruises on the child's face and shoulder. The BF was arrested.

The parents were listed as subjects in two indicated reports dated 1/15/09 and 5/11/11. The reports both involved the BM giving birth to a child with a positive toxicology for illicit drugs.

The first report noted the parents were residing in a couple's shelter and had no provisions for the then SC. Due to the parents' drug use and the BF's history of abuse, ACS filed an Article 10 Petition of Neglect against the parents. The child was remanded and placed in the custody of the Commissioner of ACS. On 10/6/10, the MGM was granted custody of this child.

The 2nd report alleged the parents had not completed the conditions of the dispositional orders from their previous case. Therefore, their second child was also remanded and placed in FC.

## Known CPS History Outside of NYS

The family had no known CPS out of NYS.

## Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality?** Yes

# NYS Office of Children and Family Services - Child Fatality Report

Date the preventive services case was opened: 12/16/2014

## 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings/other children in the household as necessary to achieve safety, permanency, and well-being?	<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

# NYS Office of Children and Family Services - Child Fatality Report

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"/>

### Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The SC was under COS with his parents. ACS referred the family to the WPA to monitor the safety of the SC and the parents participation with services.

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

### Preventive Services History

ACS referred the family to the WPA for supervision of the SC. The required joint home visit was made by ACS and WPA on 1/14/15. The SC was seen by the WPA caseworker at least one a month. The SC was also taken to the foster care agency to visit with his siblings. WPA made the last visit to the home on 10/28/14. During this period, the parents worked on securing housing and continued with their substance abuse and clinical treatment.

### Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<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"/>

### Required Action(s)

# NYS Office of Children and Family Services - Child Fatality Report

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

Yes  No

## Foster Care Placement History

The parents had three additional Article 10 Petitions filed prior to the SC's birth. The petitions were primarily filed due to the parents' drug use and failure to comply with court orders.

The sibling whose petition was filed in 2009 was subsequently discharged to her grandparents.

The siblings involving petitions filed in 2011 and 2012 were under the auspices of Graham Windham at the time of the SC's birth. The parents were complying with services and visiting to the siblings. The agency was considering a trial discharge; however, this was put off due to the SC's death.

## Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?**

Family Court  Criminal Court  Order of Protection

### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
Unknown	Adjudicated Neglected	Return to Parent
<b>Respondent:</b>	012503 Mother Female 25 Year(s)	
<b>Comments:</b>	This was a derivative petition filed for the SC as the parents had two of his siblings in foster care. The parents were granted COS for the SC.	

### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
05/17/2012	Adjudicated Neglected	Return to Parent
<b>Respondent:</b>	012503 Mother Female 25 Year(s)	
<b>Comments:</b>	This Article 10 Petition was filed for one of the SC's siblings, there were two other petitions filed on 1/23/09 and 5/12/11 pertaining to the SC's two other siblings.	

## Recommended Action(s)

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

<b>Action:</b>	The parents of the deceased child and the surviving siblings had mental health needs that were not being addressed appropriately. These parents were not receiving the appropriate care in the shelter where they resided. It is recommended that ACS review this case to determine what mental health services can be provided
----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

onsite for this family.

<b>Action:</b>	The surviving siblings may have clinical needs beyond the early intervention services that they received. It is recommended that ACS arrange for clinical assessments which might include an assessment of trauma for the children before they are trial discharged to their parents.
----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Are there any recommended prevention activities resulting from the review? Yes No