



Report Identification Number: NY-15-036

Prepared by: New York City Regional Office

Issue Date: 12/16/2015

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.



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
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
CPR-Cardio-pulmonary Resuscitation		
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	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	
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased

Jurisdiction: Office Of
Special Investigations

Date of Death: 05/06/2015

Age: 1 year(s)

Gender: Male

Initial Date OCFS Notified: 05/06/2015

Presenting Information

The first 5/6/15 SCR report alleged the 1-year-old child was in kinship foster care due to ongoing drug use by the mother. Despite being only permitted to have supervised visits, the mother frequently had unsupervised visits with the child in her home. The mother was unable to adequately care for and supervise the child due to the mother's drug use. On 3/31/15, the child was admitted to the hospital with a cough and low oxygen level. The child was placed on an oscillating ventilator; his oxygen levels continued to decrease and he died on 5/6/15. He was an otherwise healthy child and there was no explanation for the illness which caused his death.

The second report dated 5/6/15 contained similar information and it was alleged that the foster parent (FP) allowed the child to spend a great deal of time with the mother. The report further alleged that the FP was aware of the mother's drug issues and the restrictions concerning the mother's contact with her child.

Executive Summary

The one-year-old male foster child died on 5/6/15 in the hospital. The ME listed the cause of death as complications of probable interstitial pneumonia of viral etiology and the manner of death as natural.

The allegations of the 5/6/15 reports were DOA/Fatality and IG of the child by the kinship foster mother (FM) and DOA/Fatality, IG, and PD/AM of the child by the mother.

ACS initiated the investigation on 5/6/15 and confirmed that the child was in foster care with the FM under the supervision of Forestdale, Inc. agency. ACS learned that on 3/20/15 and 3/30/15, the mother and FM took the child to the Dr. as the child had a persistent cough. The Dr. recommended cough medication; however, on 3/31/15 when there was no improvement in the child's condition, the child was taken to the hospital emergency room (ER). The child was admitted to the hospital on 3/31/15 due to a low oxygen level and cough. The child's medical condition deteriorated and he died in the hospital on 5/6/15. The Dr. confirmed that the child had a medical examination on 3/30/15. The FM denied the allegation that the child was frequently left with the mother and stated that she was always with the child when he was with his mother.

On 5/7/15, ACS interviewed the Forestdale, Inc. nurse who said the child was in a kinship home from June 2014 through November 2014. He was on Trial Discharge in November 2014 and returned to kinship placement February 2015. The nurse said there were no medical concerns. The child was referred for Early Intervention in August 2014 and he did not qualify. The nurse stated that according to the medical notes, the child had a well-child visit on 2/17/15. The child was seen on 3/20/15 for a cough that began a week prior. His lungs were clear and he was taken to the Dr. by the FP. He was also seen on 3/30/15 for a cough and loss of weight. His lungs were again clear; the chart did not note who brought the child.

On 5/7/15, LE informed ACS that the Dr. completed documentation reflecting the child died due to a major respiratory infection. LE said there was no criminality that resulted in the child's death.



On 6/11/15, the ME informed ACS that the results from the histology slides confirmed that the child had pneumonia, most likely from a viral infection. The ME would be certifying his death as a natural death.

On 7/2/15, ACS unsubstantiated the allegations of DOA and IG of the child by the FM. The documentation reflected that there was no credible evidence to indicate that the FM actions or failure to act caused the child's death. The FM took him to the Dr. on 3/20/15 and on 3/30/15 as his cough had not improved and his breathing was irregular. The Dr. determined that the child's physical exam and lungs were normal. On 3/31/15, the child was taken to the hospital as his cough had not improved; he was then admitted. The ME determined the cause of death was Pneumonia, most likely from a viral infection and the manner of death was natural.

ACS further documented that although there was evidence obtained to indicate that the FM allowed the mother to have unsupervised contact with the child, there was no evidence that this placed him at risk of harm or contributed to his death. He attended DC and was regularly seen by his Dr. The DC and medical staff reported seeing no signs of abuse or maltreatment. ACS unsubstantiated the allegations of DOA/Fatality, IG and PD/AM by the mother.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

NA

Was the decision to close the case appropriate? Yes

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

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

Explain:

NA

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
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Summary:	During the investigation, ACS did not interview the Forestdale, Inc. foster care Case Planner.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	ACS must submit a corrective action plan 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: 05/06/2015

Time of Death: 11:25 AM

Date of fatal incident, if different than date of death: 03/31/2015

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 to respond to the scene?

No

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

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

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Unknown if they were impaired.

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	1 Year(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	59 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	65 Year(s)



Other Household 1	Mother	Alleged Perpetrator	Female	35 Year(s)
Other Household 1	Other	No Role	Male	51 Year(s)

LDSS Response

During the investigation, ACS interviewed relevant collateral contacts including: the hospital staff, Forestdale foster care agency nurse, mother, kinship FM, parent substitute (PS), LE, pediatrician and ME. ACS did not interview the CP.

The FM said she took the child to the Dr. on 3/20/15 as he had a persistent cough. The mother and PS were present. The Dr. told them about a cough medication. The FM said that on 3/30/15, the child had a cough and when the mother arrived, the FM told her they should take him to the Dr. The Dr. confirmed the child returned on 3/30/15. The FM said that on 3/31/15, the child continued not to be himself and she decided to take him to the hospital emergency room (ER). The FM reported that she was always with the child whenever he was with the mother. The child's bedroom had a pack and play on the floor. The FM's bedroom had a queen-size bed. The FM said she slept in the bed alongside the child. ACS documentation of the interview on 5/8/15 did not reflect ACS took the opportunity to discuss safe sleep with her.

The PS said he helped to provide care of the child. He accompanied the mother and FM to the Dr. with the child and recalled taking him to his last Dr.'s appointment. He said the Dr. was concerned about the child losing weight. He said the child lived at the FM's home. The mother had supervised visits and the FM was responsible for supervising the visits. He said the mother and FM were with him when the child went to the ER. The mother informed ACS the child resided with the FM and would see him only when the FM was present. She denied having the child in her care unless the FM was present. The mother said that on 3/30/15 she accompanied the FM and child to the Dr. She said the Dr. stated she was not concerned about the cough; she was more concerned that he was not eating and lost weight. On 3/31/15, the FM told the mother to take the child to the ER. She and the PS accompanied the FM to the ER.

On 5/8/15, ACS visited the child's DC center. The Educational Director (ED) said that the FM informed the school the mother was not permitted to pick up the child. The mother visited him at school but she never left with him nor did she take him to school. The ED said the school did not have any concerns about the child's care.

On 5/13/15, ACS interviewed the hospital SW who said there were no concerns with the family while the child was in the hospital. Only the mother, PS and FM visited the child. She knew that the mother and PS were in the ER on 3/31/15 but did not know whether the FM was in the ER. The SW stated that the child did not seem very ill: he seemed lethargic but he was somewhat still active and did not have labored breathing. The doctors realized the extent of the illness after reviewing results of medical tests. The SW said the hospital did not know the reason for the illness. The SW said the family denied the child was exposed to toxins.

On the same day, the child's Dr. informed ACS that the mother, parent substitute and FM brought the child to the office. There was no evidence of child abuse/maltreatment. The family kept all their appointments. The Dr. saw the child in March 2015 when the FM brought him in for a cough. His chest was clear. He returned on 3/30/15, and the parent came to the office. The Dr. did not see the FM. The Dr. was told that the child was still coughing and not eating. She saw the child drink juice and he was fine. The Dr. said she was more concerned about his weight loss, and told them to observe whether he gained weight with Pediasure. The next day the FM informed her that the child coughed all night and she took him to the ER. The child remained hospitalized until his death.

ACS unsubstantiated the allegations of the report against the mother and FM citing the fact that there was no evidence to support the substantiation of the allegations.



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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 investigations.

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

Comments: There is no OCFS approved Child Fatality Review Team in NYC.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
019881 - Deceased Child, Male, 1 Yrs	020161 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated
019881 - Deceased Child, Male, 1 Yrs	020161 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
019881 - Deceased Child, Male, 1 Yrs	020161 - Mother, Female, 35 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
019881 - Deceased Child, Male, 1 Yrs	020141 - Foster Parent, Female, 59 Year(s)	DOA / Fatality	Unsubstantiated
019881 - Deceased Child, Male, 1 Yrs	020141 - Foster Parent, Female, 59 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

Additional information:

CONNECTIONS reflected that additional information was received on 4/6/15 regarding the child's medical condition. Prior to the child's death, ACS staff interviewed the Forestdale CP on 4/6/15. However, the CP was not interviewed following the death.

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

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

Additional information, if necessary:
NYCRO staff contacted ACS and was informed that the agency provided burial assistance and bereavement counseling.

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

Explain:
There were no surviving siblings.

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

Explain:
The family was provided with burial assistance and bereavement counseling.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? Yes
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- 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)	Status/Outcome	Compliance Issue(s)
11/18/2013	4681 - Deceased Child, Male, 2 Days	4682 - Mother, Female, 34 Years	Inadequate Guardianship	Indicated	Yes
	4681 - Deceased Child, Male, 2 Days	4682 - Mother, Female, 34 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

The mother gave birth to a child. The mother and child's urine analysis came back positive for cocaine. The mother admitted to using cocaine late in her pregnancy.

Determination: Indicated

Date of Determination: 01/15/2014

Basis for Determination:

The mother and child tested positive for cocaine when the child was born. The mother admitted to using cocaine two to three days prior to the child's delivery. The mother later acknowledged that she had been using marijuana and cocaine since 16 years old and 19 years old, respectively. The mother exercised poor judgment and placed the child's health and safety in jeopardy. An Article Ten Neglect petition was filed against the mother.

OCFS Review Results:

The investigation began in a timely manner. The Seven Day safety assessment was also completed timely as it was completed on 11/25/13. The safety assessments of 11/25/13 and 1/15/14 were did not fully support the selected safety factor regarding the impact of the mother's drug use on her ability to supervise, protect and/or care for the child. Safe sleep was discussed during the investigation.

The mother refused to participate in an inpatient program, but consented for a referral to an outpatient program. On 11/19/13, ACS filed an Article Ten Neglect petition naming the mother as a respondent. ACS was granted remand and the child entered foster care.

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

Issue:

Appropriateness of allegation determination

Summary:

ACS' Investigation Conclusion did not include information to substantiate the allegations of IG and PD/AM of the 11/18/13 report. The Investigation Conclusion did not include details of the impact of the mother's drug use on her ability to care for the child.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

ACS must submit a corrective action plan 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.



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

There was no known CPS history more than three years before the fatality. The kinship foster maternal grandmother was not known as a subject to the SCR or ACS but known as a foster parent.

Known CPS History Outside of NYS

There was no known history outside of NYS.

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: 11/19/2013

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



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

Required Action(s)

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

Yes No

Preventive Services History

As a result of the 11/18/13 investigation, ACS found that the child was born with a positive toxicology for cocaine. ACS filed an Article Ten Neglect petition in the Queens County Family Court (QCFC) on 11/19/13 naming the mother as a respondent. The child was remanded to ACS and placed in non-kinship foster care under the supervision of St. Vincent's Services agency. On 11/25/13, the mother was referred to Phoenix House (PH) inpatient mother/child program, and the child was paroled to her with court ordered supervision (COS), and the child joined her at the program on 11/26/13.

The mother/child program was in Suffolk County and the case was assigned to a Suffolk County CW. On 2/6/14, ACS contacted Suffolk County CPS and requested supervision on the case. The mother completed Relapse Prevention and a 16-week parenting class. She also continued to attend a six-week parenting class. The mother completed her program at PH on 4/16/14. She enrolled in outpatient services through Daytop Village where she received substance abuse counseling and random drug screens. The mother again tested positive for drugs. On 5/30/14, the child was remanded to ACS and placed



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in foster care with the Forestdale, Inc. He remained in the foster home until 11/13/14, when he was returned to his mother's care on trial discharge. On 2/24/15, the trial discharge failed and he returned to FC.

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: 11/19/2013
 Date of placement with most recent caregiver? 05/30/2014
 How did the child(ren) enter placement? Court Order

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

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

Visitation

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



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Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 07/02/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 08/11/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional information, if necessary:

The last visit prior to the child's hospitalization to the FM's home by the CP occurred on 3/13/15. The CP observed the child recently awoke from a nap. The FM informed the CP that the child was restless at night. He whined in his sleep, moved around and cried out. She stopped giving him Benadryl as she did not want him to become dependent.

Required Action(s)

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

Yes No

Foster Care Placement History

During the 11/18/13 investigation, ACS obtained information that showed the child was born with a positive toxicology for cocaine. ACS filed an Article Ten Neglect petition in Queens County Family Court (QFC) on 11/19/13 naming the mother as a respondent. The child was remanded to ACS and placed in non-kinship foster care with St. Vincent's. The



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mother was referred to Pheonix House (PH) inpatient mother/child program on 11/25/13. The remand was also terminated on 11/25/13.

The child was paroled to the mother with court ordered services and supervision (COS) on 11/25/13. ACS's documentation reflected the mother completed her inpatient services. She enrolled in outpatient services through Daytop Village where she received substance abuse counseling and random drug screens. She was also monitored through Family Treatment Court (FTC). After the mother tested positive for marijuana and cocaine the child was remanded to ACS and on 5/30/14 he was placed in the kinship foster home of the MGM. The foster care agency was Forestdale. The child remained in the foster home until 11/13/14, when he returned to his mother's care on trial discharge. On 2/24/15, the trial discharge failed as the mother tested positive for cocaine. The child returned to kinship foster care with the MGM. The Family Services Stage (FSS) was opened on 11/19/13 and was closed on 6/11/15 due to the child'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:
11/19/2013	Adjudicated Neglected	Foster Care Placement to Continue
Respondent:	020161 Mother Female 35 Year(s)	
Comments:	An Article Ten Petition was filed in Queens Family Court on 11/19/13. The child was paroled to his mother and she entered Phoenix House with him. She successfully completed her inpatient services. Upon returning to the community, the mother enrolled in outpatient services through Daytop Village where she received substance abuse counseling and random drug screens. She was also being monitored through Family Treatment Court. The mother was unable to maintain her sobriety and tested positive for marijuana and cocaine. The child was then remanded into foster on 5/30/14. He was placed in a kinship foster home and remained until 11/13/14 when he returned to his mother's care on trial discharge. The mother continued with services at Samaritan Village outpatient drug treatment program. On 2/24/15, the child's trial discharge failed as the mother tested positive for cocaine. The child returned to kinship foster care.	

Have any Orders of Protection been issued? Yes

From: 08/08/2014 **To:** 02/11/2015

Explain:
According to the ACS staff, there were many OOP's. The last OOP was issued 8/8/14 and expired on 2/11/15. The mother was only to have supervised contact with the child.

Additional Local District Comments

None



Recommended Action(s)

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

Action:	The OCFS NYCRO recommends that ACS request the foster care agency Forestdale, Inc. review their safe sleep educational materials for foster parents. The FM slept with the infant in her bed.
Action:	In the Investigation Conclusion, ACS did not include the details of the impact of the mother's drug use on the level of care the child received. This is a general ACS practice/issue pertaining to this fatality report. However, where necessary, NYCRO will require ACS to develop a plan to address this general issue pertaining to reports involving drug use.

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