



**Report Identification Number: NY-21-094**

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

**Issue Date: Feb 16, 2022**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



## Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased

**Jurisdiction:** Office Of Special Investigations

**Date of Death:** 08/23/2021

**Age:** 1 month(s)

**Gender:** Male

**Initial Date OCFS Notified:** 08/23/2021

## Presenting Information

The SCR report alleged on 8/23/21, at about 6:58 PM, the subject child went into cardiac arrest while in the care of the FM, and two adult unrelated household members. The adults attempted CPR on the subject child. At 7:02 PM, paramedics attempted CPR on the subject child and at 7:05 PM, another paramedic crew took over CPR and transported the SC to the hospital. The soft spot on the subject child's head was sunken in and blood was coming out of his mouth and nose. No explanation for the injuries was provided. The subject child was declared deceased at 7:48 PM. The 2-yo had an unknown role.

## Executive Summary

The one-month-old male subject child died on 8/23/21. As of 2/16/22, NYCRO had not received a copy of the ME's report.

ACS' documentation reflected the subject child was born with a positive toxicology for heroin and cocaine. ACS filed an Article Ten Petition of Neglect in family court naming the biological mother as the respondent. The subject was remanded to the Commissioner of ACS.

The SC had three older siblings who resided out of state. The siblings never had contact with the SC. At the time of the incident, the subject child was at home with two adults and an unrelated 2-year-old foster child. The foster mother and her biological child were visiting a friend. The two adults resided in the home and were approved to provide supportive care for the foster children.

ACS' investigation revealed on 8/23/21 at about 5:30 PM, the subject child was placed face down for a nap after he was bathed, fed, and burped. The adults who were home with the subject child and the two-year-old foster child periodically checked the subject child. Sometime before 7:00PM the adults checked the child and found him lying face down in the corner of the Pack n' Play. The child's face was wedged between the mattress and the wall of the Pack n' Play, and he was not breathing. The adults began CPR and called 911 for emergency medical assistance. EMS and law enforcement responded to the home, continued CPR, and transported the child to the hospital. The medical staff at the hospital continued resuscitative efforts; however, none of the efforts were successful. The child was pronounced dead at 7:48PM on 8/23/21.

ACS contacted medical personnel at the hospital and learned of the child's medical history. Medical personnel noted there were no physical signs of abuse on the child's body. ACS also contacted the ME and confirmed there was no physical trauma to the child. The ME indicated the results of other tests were pending.

ACS contacted law enforcement and learned no arrests would be made pending the results of the autopsy report. Law enforcement did not suspect any criminality surrounding the death of the child and opined the child's death may have been due to the exposure to drugs at birth.

On 10/14/21, ACS substantiated the allegation of Inadequate Guardianship of the subject child by the foster mother. ACS documented during the month the subject child was in the foster mother's care, the FM failed to keep the child's medical appointment and to seek medical attention as she was aware that he was experiencing withdrawal symptoms. Additionally,



the foster mother did not follow safe sleep practices. ACS unsubstantiated the allegation of DOA/Fatality of the subject child by the adults, and unsubstantiated the allegation of IG by the two adults who were at home with the subject child at the time of the incident.

The two-year-old foster child was placed in a new foster home.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

### Explain:

Sufficient information was gathered to make the determination for all allegations.

**Was the decision to close the case appropriate?** Yes

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

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

### Explain:

The level of casework activity, was commensurate with the case circumstances and there was documentation of supervisory consultation during the investigation.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Failure to Offer Appropriate Services
<b>Summary:</b>	The documentation did not reflect that ACS offered the FM, her family, and the BM bereavement counseling.
<b>Legal Reference:</b>	SSL §424(10);18 NYCRR 432.3(p)



**Action:** ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 08/23/2021

**Time of Death:** 07:48 PM

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

06:58 PM

**County where fatality incident occurred:**

Bronx

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

Yes

**Time of Call:**

06:59 PM

**Did EMS 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:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

**At time of incident supervisor was:**

Distracted

Absent

Asleep

Other: **caring for the 2-yo CH**

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

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Other Child - FM's child	No Role	Male	4 Year(s)
Deceased Child's Household	Other Child - foster child	No Role	Male	2 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Female	58 Year(s)



## LDSS Response

Upon receipt of the report, ACS conducted a joint interview with LE. The adults explained the foster mother was not in the home at the time of the incident, as she had taken her child to visit a friend's home. The two adults who had been caring for the child said the child was well up to the point when he was found unresponsive. The adults said the child went to sleep at about 5:30 PM and he was checked periodically. At about 6:55PM when another check was being performed, the child was found face down and unresponsive. The SC was lying in the corner of the Pack n' Play and his face was wedged between the mattress and the wall of the Pack n' Play. The adults said they called 911 for assistance and called the foster mother to alert her to the emerging situation. The adults reported the child was often gassy, cried uncontrollably, and had "digestive issues".

On 8/23/21, the FM reported she went home after she received the call about the SC not being responsive and not breathing. The FM said by the time she arrived home the adults had already begun CPR and had called 911. Their efforts to revive the child were unsuccessful. The FM said the subject child did not have a fever, but his skin felt warm. The FM confirmed they received safe sleep education but explained the subject child would "get fussy" when placed on his back to sleep. The FM said the subject child experienced withdrawal symptoms such as constantly crying, sweating, eating, and a lot of phlegm. The FM said on the morning of 8/23/21, at about 5:45 PM she left with her child to a friend's home. The SC was sleeping when she left. The FM said that at times the SC would sleep on his stomach, but he would mostly lay on his back. ACS assessed the FM's child and noted there were no safety concerns. The child was enrolled in services.

On 8/23/21, while ACS and LE were at the foster home, the ME came to the home. The ME asked the adults to re-enact how the SC was found. Case documentation reflected the ME deemed the Pack n' Play unsuitable for the SC to be sleeping and found the temperature of the home to be very warm at 83 degrees Fahrenheit.

On 8/24/21, LE said the call for EMS was received at 6:59 PM. LE responded to the case address and the SC was transported to the hospital. LE indicated they had contacted the ME and determined there was no criminality associated with the child's death. LE did not have any concerns regarding the 2-yo foster CH who resided at the case address.

On 8/24/21, a medical center staff member said the SC was brought in by LE and EMS. The initial diagnosis was cardiac arrest and staff performed continuous CPR but were not able to obtain a pulse.

On 8/24/21, ACS contacted the foster care agency and was informed the whereabouts of the biological mother were unknown. The agency also reported they would assist the family with funeral arrangements for the child. ACS spoke with the case planner who reported the last home visit to the foster home was on 8/3/21. There were no concerns, and the SC was observed to be well. The SC was observed in the crib and was very active.

Case documentation reflected on 8/25/21, ACS informed the biological mother the SC passed away on 8/23/21. The documentation did not reflect the mother was offered grief or bereavement counseling.

On 8/25/21, the two-year-old foster child was deemed well after a medical assessment was completed. The child was placed to a new foster home.

On 8/26/21, the FM's attorney informed ACS he had advised the FM to no longer speak with ACS.

On 9/7/21, ACS obtained the training the household members completed.

On 10/4/21, ACS indicated the report.

## Official Manner and Cause of Death



**Official Manner:** Pending

**Primary Cause of Death:** Pending

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

**Multidisciplinary Investigation/Review**

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

**Was the fatality referred to 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
059405 - Deceased Child, Male, 1 Mons	059407 - Unrelated Home Member, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
059405 - Deceased Child, Male, 1 Mons	059406 - Foster Parent, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
059405 - Deceased Child, Male, 1 Mons	059408 - Unrelated Home Member, Female, 58 Year(s)	DOA / Fatality	Unsubstantiated
059405 - Deceased Child, Male, 1 Mons	059407 - Unrelated Home Member, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
059405 - Deceased Child, Male, 1 Mons	059408 - Unrelated Home Member, Female, 58 Year(s)	Inadequate Guardianship	Unsubstantiated
059405 - Deceased Child, Male, 1 Mons	059406 - Foster Parent, Female, 28 Year(s)	Inadequate Guardianship	Substantiated

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<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"/>
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### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

The FCA provided burial assistance to the BM for the SC.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> The 2-yo foster child was placed in another foster home. The FM's child was not removed from the home and the child remained in the FM's care.				

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



**Additional information, if necessary:**

The documentation did not reflect that ACS offered the FM, her family, and the BM 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? Yes**

**Explain:**

The 2-yo foster CH was re-placed into another foster home.

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

**Explain:**

The foster care agency assisted with funeral arrangements for the SC and SC's family.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was the child ever placed outside of the home prior to the death?</b>	Yes
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	N/A
<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                            | <input type="checkbox"/> Had heavy alcohol use         |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                    | <input type="checkbox"/> Smoked tobacco                |
| <input type="checkbox"/> Experienced domestic violence                                     | <input checked="" type="checkbox"/> Used illicit drugs |
| <input type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

**Infant was born:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Drug exposed                                | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input type="checkbox"/> With neither of the issues listed noted in case record |   |

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/28/2021	Deceased Child, Male, 1 Days	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Substantiated	No

**Report Summary:**

The 6/28/21 SCR report alleged upon delivery of the SC on 6/27/21, the BM tested positive for THC, cocaine, and opiates. The SC tested positive for cocaine.

<b>Report Determination:</b> Indicated	<b>Date of Determination:</b> 08/17/2021
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**Basis for Determination:**

The SC was born with a positive toxicology report for cocaine and heroin. The SC received a prescribed drug from birth until 7/20/21, as he experienced severe withdrawal symptoms. The BM was discharged from the hospital on 7/1/21. It was reported to ACS that the BM never communicated with staff or returned to visit the SC while he was in the newborn intensive care unit (NICU).

**OCFS Review Results:**

ACS initiated the investigation in a timely manner and made the appropriate contacts during the investigation. There was evidence of supervisory involvement at key decision making points. For example, when the child was removed from the mother's care. On 7/21/21, ACS filed an Article Ten Neglect petition. The SC was placed in foster care.

**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)
08/02/2019	Other Child - Foster Child, Male, 1 Years	Foster Parent, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - Foster Child, Male, 1 Years	Foster Parent, Female, 26 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Other Child - Foster Child, Male, 1 Years	Foster Parent, Female, 26 Years	Swelling / Dislocations / Sprains	Unsubstantiated	
	Other Child - Foster Child, Male, 1 Years	Other Adult - Guardian-FM's Brother, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Foster Child, Male, 1 Years	Other Adult - Guardian-FM's Brother, Male, 28 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Other Child - Foster Child, Male, 1 Years	Other Adult - Guardian-FM's Brother, Male, 28 Years	Swelling / Dislocations / Sprains	Unsubstantiated	
	Other Child - Foster Child, Male, 1 Years	Other Adult - Guardian-FM's Mother, Female, 56 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Foster Child, Male, 1 Years	Other Adult - Guardian-FM's Mother, Female, 56 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Other Child - Foster Child, Male, 1 Years	Other Adult - Guardian-FM's Mother, Female, 56 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

**Report Summary:**

The 8/2/19 SCR report alleged a female individual had been caring for a foster child for several months. About a week or two before the report was made, the foster child sustained a cut lip while in her care. There was no plausible explanation for this injury; therefore, she was named as the alleged subject. On 8/2/19, the foster child had several bumps on his arms and in the creases of his legs. There was no plausible explanation for the bumps at this time either.

**Report Determination:** Unfounded

**Date of Determination:** 10/01/2019

**Basis for Determination:**

ACS documented there was no credible evidence to support the substantiation of the allegations of the report, as the documentation provided showed that on 7/25/19 the 1-yo foster child was taken to the Dr. for a bump on the head and a puncture wound in the mouth. On 7/31/19, the 1-yo foster CH visited another Dr. for a routine health exam and insect bites. Medical information did not raise any suspicions. ACS observed no other safety concerns or issues in the home.

**OCFS Review Results:**

The case was investigated within the parameters of Social Services Laws. There was evidence of supervisory involvement throughout. Proper notification was provided to the appropriate stakeholders and parents.

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

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

There was no CPS investigative history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

The ACS documentation reflected the family had prior child welfare history out of state but the details were not provided.

**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 type="checkbox"/>	<input checked="" 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: 07/22/2021

Date of placement with most recent caregiver? 07/22/2021

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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 foster parent was provided information regarding the child's medical condition at the time of placement.



### Foster Care Placement History

During the 6/28/21 investigation, ACS opened a service case on 7/7/21 as the BM gave birth to the SC who tested positive for cocaine and heroin. The BM admitted to the drug use. The SC was in the hospital receiving medical care. The initial FASP reflected the service plan was alcohol counseling/treatment for the BM and Early Intervention Services and case management services for the child. On 7/21/21, ACS filed an Article Ten Neglect petition naming the BM as the respondent. The SC was remanded to the Commissioner of ACS and placed with a FCA on 7/22/21. The Family Service Progress Notes reflected that the last visit to the foster home was conducted on 8/3/21. At the time of the visit, the FM, other adults, the FM's child, the SC and the two-year-old foster child were present in the foster home. It was noted the subject child was lying in his crib, but did not state if he was lying on his back. The service case was closed on 12/28/21.

### 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:
07/21/2021	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	051301 Other	
<b>Comments:</b>	On 7/21/21, ACS filed an Article Ten Petition of Neglect in family court naming the biological mother as the respondent. The subject child was remanded to the Commissioner of ACS.	

### 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