



**Report Identification Number: NY-19-006**

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

**Issue Date: Jul 17, 2019**

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 year(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 01/11/2019  
**Initial Date OCFS Notified:** 01/16/2019

## Presenting Information

The 1/16/19 report alleged in March 2017, the SM delivered the SC in an ambulance. The SM and SC were transported to a hospital in the Bronx. At the time of the delivery, the SC tested positive for multiple drugs as a result of the SM's drug abuse. The SC's toxicology reading showed marijuana, methadone, and cocaine. The SC was born prematurely and spent his first three months in the neonatal intensive care unit. The SC suffered from several medical conditions during his short life span. It was suspected, the SC's medical conditions were a direct result of the SM's drug abuse. On 1/11/19, the SC was pronounced dead in a hospital in Yonkers, NY.

## Executive Summary

The 1-year-old male child (SC) died on 1/11/19. According to the Westchester County ME's office, the manner of death was listed as natural and the cause as Klebsiella Pneumoniae Sepsis.

The allegations of the 1/16/19 report were DOA/Fatality and IG of the SC by the SM.

ACS findings showed the SC had pre-existing medical conditions. The SC was hospitalized after birth and was never released to the SM or BF's care. At the time of his birth in March 2017, he had a positive toxicology for marijuana, methadone cocaine and heroin. After his birth, he was transported to Albert Einstein Hospital was placed in the neo natal intensive care unit (NICU). He remained in the NICU for seven weeks. He received his feeding through a medical device. He was transferred to Blythdale Hospital (BH) for long term care in May 2017. He remained in BH until November 2018 when he was transferred to Elizabeth Seton Hospital (ESH) as his condition was stable and his care was downgraded. The SC received occupational therapy. On 3/9/17, ACS requested and received a remand of the SC from Bronx County Family Court.

ACS learned that on 1/11/19, the SC vomited so his feed was decreased. The SC seemed ill and his heart rate was elevated. The SC had a fever and Westchester EMS was contacted. The BF arrived at the hospital as the SC had a scheduled appointment. At the time the ambulance arrived, the SC seemed uncomfortable and dehydrated. He subsequently stopped breathing and was given chest compressions. He started to breathe on his own, but his breathing was shallow. He was intubated and his heart rate was slow so chest compressions were performed. The ambulance transported the SC and continued to provide chest compressions. The SC was transported to St. John's Hospital where he was pronounced dead.

The documentation reflected the SC had nine SS who were no longer in the SM and BF's care. Prior to the SC's death, three of the SS attained adulthood. Of the remaining six SS, two minor SS were freed for adoption and four SS ages: 19 years, 16 years, 13 years and 10 years were in foster care placement. There were no children in the SM or BF's household. The ACS determination did not reflect that the allegations of DOA/Fatality and IG were addressed in the Investigation Conclusion Narrative. The Family Service Progress Notes reflected that ACS did not visit the SC in the hospital during the months of September 2017, December 2017, and April, June, August, and December of 2018.

On 3/21/19, ACS added the allegation of PD/AM by the SM to the report. ACS substantiated the allegation of PD/AM of the SC by the SM. ACS explained that the SM gave birth to the SC with a positive toxicology for methadone, cocaine and marijuana. The SM abandoned the SC in the hospital after she gave birth. As a result of the SM's excessive drug abuse the SC was born with multiple medical complications and was placed in a hospital setting until his death on 1/11/19.



ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the SM. ACS did not include an explanation in the Investigation Conclusion Narrative.

## 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

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

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

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

### Explain:

NA

## Required Actions Related to the Fatality

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

<b>Issue:</b>	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	ACS did not complete the 24-Hour Child Fatality Summary Report in a timely manner as it was not completed until 3/15/19. The 24-Hour Child Fatality Summary Report was inadequate as it did not include relevant details.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-1
<b>Action:</b>	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.



<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The 30-Day Child Fatality Summary Report was not completed in a timely manner as it was not completed until 3/15/19. Also, the 3/15/19 document did not include relevant details concerning past service history.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	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.
<b>Issue:</b>	Adequacy of Progress Notes
<b>Summary:</b>	The ACS documentation reflected that the SC had nine SS who were no longer in the SM and BF's care. However, the documentation did not include updated details of foster care and adoption services.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	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.
<b>Issue:</b>	Pre-Determination/Supervisor Review
<b>Summary:</b>	The ACS determination did not reflect that the allegations of DOA/Fatality and IG were addressed in the Investigation Conclusion Narrative.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(v)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 01/11/2019

**Time of Death:** 03:22 PM

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

Unknown

**County where fatality incident occurred:**

Bronx

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

No

**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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

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

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

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	38 Year(s)
Other Household 2	Father	No Role	Male	55 Year(s)
Other Household 3	Sibling	No Role	Female	19 Year(s)
Other Household 3	Sibling	No Role	Male	16 Year(s)
Other Household 4	Sibling	No Role	Male	13 Year(s)
Other Household 5	Sibling	No Role	Female	10 Year(s)

### LDSS Response

On 1/16/19, ACS interviewed hospital staff. ACS learned that the SC suffered a cardiac arrest and died. The BF was at the hospital and he traveled with the SC to the hospital, but left after the SC was declared dead.

On 1/17/19, ACS interviewed a physician who said on 1/11/19 the SC seemed ill, his heart rate increased and he had a fever. The SC received treatment to decrease his heart rate and reduce fever. The SC's condition did not improve; therefore, the facility staff contacted Westchester EMS to transport the SC to the hospital. The BF arrived at the hospital as the SC had a scheduled appointment. The SC stopped breathing and was given chest compressions. He started to breathe on his own, but his breathing was shallow. He was intubated and his heart rate was slow so chest compressions were performed. The SC received CPR during the time EMS transported him to St. John's Hospital (SJH).

On 1/23/19, the BF informed ACS that on 1/11/19, he visited ESH because the SC had a medical appointment. The BF said he observed there were several physicians in the SC's hospital room. He observed the SC was ill and required oxygen for breathing. He stated ambulance arrived and they began chest compressions. He accompanied the SC in the ambulance and during transportation the SC went into cardiac arrest. The SC was still alive when he arrived at SJH.

On 2/20/19, the ME reported no signs of trauma on the SC. The ME added that the SC was remarkably under developed. The autopsy was completed on 1/14/19, but the cause of death was pending additional results.

On 2/20/19, additional information was provided to the SCR. The information showed that on 12/29/18, the SC was unattended in a stroller when he fell to the floor. On 1/2/19 and 1/8/19, the SC fell out of the stroller while unattended.

On the following day, ACS interviewed the BF who said he visited the SC at ESH on 12/19/18 and was informed by a



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concerned citizen that the SC fell out of his stroller. The BF was unable to provide identifying information about the concerned citizen. The BF said he attempted to contact legal assistance. When asked by ACS who informed him the SC fell on 1/2/19 and 1/8/19, the BF said he saw a video tape. He said hospital staff had knowledge of the video tape. He requested a copy of the video tape, but was told he needed to retain counsel. He was informed that the hospital was conducting its own investigation; the video tape would be erased every four weeks.

### 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
050041 - Deceased Child, Male, 1 Yrs	050042 - Mother, Female, 38 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
050041 - Deceased Child, Male, 1 Yrs	050042 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Unsubstantiated
050041 - Deceased Child, Male, 1 Yrs	050042 - Mother, Female, 38 Year(s)	DOA / Fatality	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 documentation showed the SM's whereabouts were unknown.

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

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



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Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
The documentation reflected the SS received foster care services.

### Placement Activities in Response to the Fatality Investigation

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

**Explain as necessary:**  
The SS received foster care services.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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:**

The 4/14/19 FASP reflected the SS were offered bereavement counseling. An adult SS declined 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 SS received foster care services. The 4/14/19 FASP reflected the SS were offered bereavement counseling. An adult SS declined counseling.

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

**Explain:**

The documentation did not reflect the BF was offered/provided services to address any immediate needs related to the fatality. The SM's whereabouts were unknown.

## 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>	Yes
<b>Was the child acutely ill during the two weeks before death?</b>	Yes

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/02/2018	Sibling, Male, 15 Years	Aunt/Uncle, Male, 45 Years	Educational Neglect	Unsubstantiated	Yes
<b>Report Summary:</b>					
The 1/2/18 report alleged the PU was aware the 15-yo SS missed 62 days of school and was failing as a result. The uncle could not control the SS or make him participate in an academic program.					
<b>Report Determination:</b> Unfounded			<b>Date of Determination:</b> 02/22/2018		
<b>Basis for Determination:</b>					
The PU was aware the SS did not attend school, and obtained the foster care agency's assistance to request an evaluation for the SS. The SS had behavioral issues, was in multiple foster homes, and refused to attend school. The foster care agency addressed the school attendance issue.					



**OCFS Review Results:**

On 1/2/18, the PU said the 15-yo SS came to his care in October 2017, and the SS had issues with school prior to living with him. The SS lived with his FM. The PU responded to the guidance counselor and was aware of a meeting and future plans to enroll the SS in an alternative class. The SS was ill for a while so he did not go to school. The foster care agency told ACS that the agency and school were aware the SS was not going to school. The SS said he did not like the school as it was too crowded. The documentation reflected the PU could no longer remain a foster parent.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

The Investigation Progress Notes were not entered contemporaneously. Some events occurred on 1/11/18 but were not entered until 2/22/18.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

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

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The 2/2/18 safety assessment document was inadequate. In the document, ACS noted there were no safety concerns regarding the SS. However, the progress notes reflected there was criminal activity in the home and there was a negative impact on the caretaker's ability to supervise, protect, and/or care for the child(ren).

**Legal Reference:**

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

**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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/02/2018	Sibling, Male, 15 Years	Foster Parent, Female, 33 Years	Educational Neglect	Unsubstantiated	Yes

**Report Summary:**

The 1/2/18 report alleged the FM was aware the 15-yo SS missed 62 days of school and was failing as a result. The foster parent was unable to control the SS so the educational neglect continued.

**Report Determination:** Unfounded

**Date of Determination:** 02/27/2018

**Basis for Determination:**

There was no credible evidence to substantiate the allegation. The case manger (CM) from Catholic Guardian Society said the FM followed appropriate procedures when the SS was missing from the home and when the SS was missing from school. The FM made a LE report and contacted the worker when the SS left the home and did not return. The CM said the FM contacted the hotline the same day the SS went missing. She stated she spoke with the SS and he stated he and the FM were involved in a disagreement.

**OCFS Review Results:**

On 1/5/18, the FM informed Westchester County LDSS that on 9/15/17, she last observed the SS. The documentation showed the FM called the hotline as directed by Catholic Guardian Society. She made a LE report on 9/19/17. The LDSS observed the LE report. On 9/25/17, the FM submitted a 30-day request for the replacement of the SS. The SS was in the care of his uncle. The FM said the SS did not want to attend school in Westchester. The FM arranged for school transfer to the Bronx. The CM said the agency was aware of the SS's location. The CM said the FM followed appropriate procedures.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The Westchester LDSS documentation did not reflect whether the agency made diligent efforts to obtain relevant information from pertinent collateral contacts.

**Legal Reference:**

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

**Action:**

Westchester LDSS 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. Westchester LDSS 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.

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

The Westchester County LDSS documentation did not reflect that the 15-yo SS was interviewed. Although the SS was with a relative in a county outside of Westchester County LDSS jurisdiction, the documentation did not reflect the LDSS requested ACS interview the SS.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

Westchester County LDSS 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. Westchester County LDSS 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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/11/2017	Sibling, Female, 17 Years	Foster Parent, Female, 60 Years	Educational Neglect	Unsubstantiated	Yes
	Sibling, Female, 17 Years	Foster Parent, Female, 60 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The 5/11/17 report alleged the FM locked the 17-yo SS out of the home for extended periods of time without creating a proper plan for her. The surrounding neighborhoods of the home are not safe for the 17-yo SS to await the foster mother to gain entry into the home. The SS missed a month of school and was failing as a result. The FM was aware the SS needed to file a police report to document her safety concerns at her school. The FM failed to obtain the required documentation for the SS and as a result, the SS was failing.

**Report Determination:** Unfounded

**Date of Determination:** 07/05/2017

**Basis for Determination:**

There was no credible evidence to substantiate the allegations. The SS was registered for school. The SS claimed another student threatened her and that she was fearful to attend. The SS could not recall the identity of the student. The foster parent said the SS left the home every morning, but did not report to school. ACS observed that there was a sufficient supply of food in the home.

**OCFS Review Results:**

The 17-yo SS said she was sometimes unable to enter the foster home as the door was locked. The FM did not provide her with a key. Regarding the school absences, the SS said she was threatened by another student and did not report the incident. The SS was supposed to obtain a LE report, but the FM refused to take her to the local precinct to file one. The CP reported no concerns with the foster home. The CP and the foster parent attempted to take the SS to file a LE report regarding the alleged incident at school, but the SS refused to go. The FM said the SS was expected to be home at 10 PM.

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

**Issue:**

Required data and official documents

**Summary:**

ACS did not update the household composition to include information about the unrelated home members. These individuals were not identified and the information did not accurately reflect the number of individuals who resided at the FM's address.

**Legal Reference:**

428.3(b)(2)(i)

**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.

**Issue:**

Adequacy of Progress Notes

**Summary:**

The Investigation Progress Notes reflected on 5/24/17 ACS visited the foster home; however, no details of the visit was documented although the entry stated documentation would follow.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The ACS documentation did not reflect whether the agency interviewed the FM's adult daughter who resided in the foster home.

**Legal Reference:**

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

**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.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/03/2017	Deceased Child, Male, 1 Days	Mother, Female, 36 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 1 Days	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Male, 1 Days	Father, Male, 53 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The 3/3/17 report alleged the SM gave birth at home to a male child. The SM had six other CHN who were removed from her care and placed in foster care due to abuse or neglect.

**Report Determination:** Indicated

**Date of Determination:** 05/02/2017

**Basis for Determination:**

ACS based the determination on the SM's failure to obtain provision for child care. The SM tested positive for marijuana, heroine and cocaine. The SC's toxicological report was positive for heroine, marijuana and cocaine despite her participation in a drug program.

**OCFS Review Results:**

ACS interviewed medical staff and learned the SM left the hospital against medical advice. The SC was transferred to a medical facility due to low birth weight, drug withdrawal and other medical condition. The SM was no longer engaged in any services and did not visit the SS who were in foster care. The BF tested positive for drugs and was discharged from four drug programs due to non-compliance and positive drug tests. He later attended a drug program. The documentation reflected medical staff said the SM admitted to heroine use during her pregnancy. On 3/9/17, ACS filed an Article Ten Neglect petition in Family Court on behalf of the SC.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

ACS did not obtain information from the SC's PA concerning the BF's residence. Also, ACS did not attempt to gather details regarding the SM nor attempt to interview neighbors.

**Legal Reference:**

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

**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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/24/2016	Sibling, Female, 16 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 16 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



Sibling, Male, 13 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 13 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 10 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 10 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 7 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 7 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 16 Years	Other Adult - Unknown, Male, 46 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 16 Years	Other Adult - Unknown, Male, 46 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 13 Years	Other Adult - Unknown, Male, 46 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 13 Years	Other Adult - Unknown, Male, 46 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 10 Years	Other Adult - Unknown, Male, 46 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 10 Years	Other Adult - Unknown, Male, 46 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 7 Years	Other Adult - Unknown, Male, 46 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 7 Years	Other Adult - Unknown, Male, 46 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

**Report Summary:**

The 4/24/16 report alleged everyday the SM and an unrelated adult male used crack cocaine to the point of impairment while caring for the four SS (ages: 16, 10, 8, and 3). The adults often screamed when high on crack. The adults sold crack out of the home in the presence of the SS.

**Report Determination:** Unfounded

**Date of Determination:** 07/01/2016

**Basis for Determination:**

ACS based the determination on findings that showed the four SS were not in the care and custody of the SM . These SS resided in a kinship foster home. There was no evidence to substantiate the allegations.

**OCFS Review Results:**

On 4/26/16, ACS visited the SS in the kinship foster home. The documentation reflected the SS continued to reside in the foster home and the SM was not involved in their lives. The SS had liberal visits with the BF. The 10-yo did not see the SM, but he engaged with the BF who visited the foster home to help him with his homework. The 7-yo said she did not see the SM; she only saw the BF. She did not know whether the SM used drugs. The 16-yo denied the allegations of the report.

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

**Issue:**

Required data and official documents

**Summary:**



ACS did not update the household composition to include accurate identifying information and address for the SS.

**Legal Reference:**

428.3(b)(2)(i)

**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.

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

The family was known in 18 reports dated 10/21/97, 12/6/99, 10/28/00, 10/26/01, 11/14/05, 7/15/08, 8/21/11, 6/15/12, 9/22/12, 1/21/13, 1/22/13, 1/23/13, 3/11/14, 7/28/14, 9/10/14, and 9/24/14 (three reports).

The allegations of the 18 reports were a combination of B/S, IG, LS, LMC, IF/C/S, L/B/W, PD/AM, and XCP pertaining to the SS. ACS investigated the reports and substantiated the allegations of IG, LS, IF/C/S, L/B/W, and PD/AM. ACS unsubstantiated the allegations of B/S, L/B/W and XCP.

The reports dated 10/21/97, 12/6/99, 10/28/00, 10/26/01, 11/14/05, 7/15/08, 8/21/11, 9/22/12, 7/28/14, 9/24/14 (three reports) were indicated. The reports dated 6/15/12, 1/21/13, and 3/11/14 were unfounded. The reports dated 1/22/13, 1/23/13, 9/10/14 were consolidated with the respective investigations.

The family was also known in a report dated 12/17/14. The 12/17/14 report included the allegations of LS and IG of a male SS, who was then 10 years old, by a foster parent. ACS unsubstantiated the allegations of the report. The report was unfounded and closed with a corrective action requirement.

The 13-yo SS was known in a report dated 2/5/09. The report included the allegation of LS by a child care worker.

### Known CPS History Outside of NYS

There was no known CPS 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: 03/12/2013**

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

	Yes	No	N/A	Unable to Determine
<b>Did the service provider(s) comply with the timeliness and content requirements for progress notes?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the services provided meet the service needs as outlined in the case record?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did all service providers comply with mandated reporter requirements?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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

### Services Provided

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

### Family Assessment and Service Plan (FASP)

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

### Closing

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

### Required Action(s)

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

Yes No



<b>Issue:</b>	Failure to Monitor
<b>Summary:</b>	The documentation reflected that ACS did not visit the SC in the hospital during the months of September 2017, December 2017, April, June, August, and December 2018.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(5)
<b>Action:</b>	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.

### Preventive Services History

During the 10/21/97 investigation, ACS determined the SM needed preventive services to address her drug misuse. The SM received drug testing from 10/97 through 1/98; she tested negative on all tests. The 10/26/01 investigation reflected ACS advised the MGM to file for custody of two older SS (now adults). A COI was completed and the MGM obtained temporary custody of these two SS.

During the 11/14/05 investigation, ACS found the SS continued to misuse drugs. ACS opened a preventive services case for the family on 12/13/05. The SM received methadone maintenance services. The SM and BF received PPRS, including drug counseling and case management for SS who were in their care. The 11/21/06 FASP reflected that the SS, who resided in the home, were paroled to the SM and BF with ACS supervision. The SM and BF continued to test positive for drugs. The 1/11/07 FASP reflected that an SS (now adult) remained in the MGM's care. The SM and BF were not compliant with drug rehabilitation program, counseling and random drug testing. The 2/8/07 FASP showed three SS were removed from the SM and BF's care on 1/29/07. The FSS was closed on 9/16/10.

ACS opened a preventive service case on 3/12/13 due to concerns of drug misuse and inappropriate disciplinary methods used by the BF. The family was referred to PPRS; however, ACS placed four SS in foster on 9/30/14.

### 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:**

**Date of placement with most recent caregiver?**

Unknown

**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
<b>Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the placement comply with the appropriateness of placement standards?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Was the most recent placement stable?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Did the agency comply with sibling placement standards?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the child AWOL at the time of death?</b>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 10-yo SS was discharged from FC on 6/19/18 and KinGap was approved on 7/17/18. The 10/14/18 FASP reflected the 13-yo SS resided in a kinship home out of New York State. The adult SS resided in kinship care with the 16-yo SS and her 3-month old male infant.

**Required Action(s)**

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

Yes  No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	The Catholic Guardian Society Family Service Progress Notes were not entered contemporaneously. Some of the events that occurred on 1/23/16 and 1/26/16 were not entered until 3/23/16 and 3/15/16, respectively.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	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.
<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	The Leake and Watts Family Service Progress Notes were not entered contemporaneously. An event that occurred on 2/24/17 was not entered until 6/1/17.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	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.
<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	The Children's Village Family Service Progress Notes were not entered contemporaneously. An event occurred on 3/23/16 and 4/22/16, but was not entered until 4/25/16 and 5/27/16, respectively.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	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.

**Foster Care Placement History**

The family received foster care services under an Article Ten Neglect Petition that ACS filed in Bronx County Family Court on 12/10/99. ACS alleged the SM and BF misused drugs and were unable to provide the two older SS's basic needs. The judge remanded these two SS to the care and custody of ACS. The SM and BF received drug treatment rehabilitation services. The SM continued to misuse drugs and she did not comply with the services plan. Three of the SS remained in the care of the MGM, and two of these SS were legally freed for adoption on 2/6/14.

The 2/8/07 FASP reflected three other SS were removed from the SM and BF's care on 1/29/07. Abbott House had case



planning responsibility. The BF planned for the safe return of the CHN. He completed parenting skills and substance abuse treatment. Two of these three SS were final discharged to the BF on 3/24/10. The SM gave the BF custody of four of the SS: ages: 10, 13, 16 years and an older adult female. On 9/25/14, ACS conducted an emergency removal of these four SS due to allegations of drug misuse and domestic violence incidents in the BF's home. The judge remanded these four SS to the custody of ACS. These four SS were placed in kinship care.

The SM gave birth to the SC in March 2017 and ACS added the SC to the Article Ten Neglect petition.

### 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:
03/09/2017	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	050042 Mother Female 38 Year(s)	
<b>Comments:</b>	On 3/9/17, ACS filed an Article Ten Neglect petition in Bronx Family Court on behalf of the SC naming the SM and BF as the respondents.	

### 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