



**Report Identification Number: NY-16-028**

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

**Issue Date: 9/6/2016**

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
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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-Others	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information



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

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** New York  
**Gender:** Female

**Date of Death:** 03/25/2016  
**Initial Date OCFS Notified:** 03/25/2016

## Presenting Information

On 3/25/16, the SCR received additional information regarding the death of this two-month-old child. According to the information, on Wednesday 03/13/16, the infant was brought to the hospital where she was admitted for a cold. While in the hospital, the cold reportedly developed into pneumonia from which she died.

## Executive Summary

This two-month-old female infant died on 03/25/16. The death certificate listed the cause of death as bilateral pneumothoraxes, acute respiratory distress syndrome and bronchiolitis and the manner of death is natural.

On 03/25/16, the SCR received additional information regarding the death of this two-month-old child. This report was an additional report to an open Family Services Stage. On the said date, OCFS also received the OCFS-7065 regarding the incident. The case record revealed that on 03/25/16 at approximately 12:34 P.M., the voluntary agency Edwin Gould Services for Children and Families (EGSFCF) was notified of the child's death. According to the record, prior to the SC's death, she was given medication; however, there was no successful cardiac functioning. Despite the efforts of the medical team, the SC expired at 12:19 P.M. Due to the family's religious beliefs no autopsy was performed.

The SC was in a kinship foster care placement under the auspices of EGSCF. The SC was born prematurely on 1/17/16 and remained in the hospital until 3/4/16 when she was placed in the kinship home of her MA. A child safety conference was held on 1/28/16, at which time the SC was taken into protective custody by ACS. The SC's surviving siblings two of whom are in foster care in kinship placement and one for whom the MA has legal guardianship; are all residing with the MA. The siblings had been previously removed from the care of the BM due to an Article 10 Neglect Petition. The report registered on 1/21/16 shortly after the SC's birth was substantiated for the allegations of IG against the BM who has a history with ACS and had previously failed to plan for the return of her children who are in foster care.

EGSCF and ACS initiated the investigation and made contact with the family the same day the report was made to the SCR. ACS made collateral contacts with the Schenectady local district of social services to determine the safety of the surviving siblings. At the time of the collateral contacts, the Specialist was able to obtain the SC's discharge summaries from the hospital. The Specialist made contacts with family members and service providers as well. The statement provided by family members regarding the death of the child was consistent with agency staff and hospital personnel recounts. The family, while distraught over the SC's death was cooperative and provided information to the Specialist as requested. The mother did not provide any information regarding the father of the newborn and maternal relatives did know his identity or whereabouts.

EGSCF continued to monitor the care of the surviving siblings and until the permanency goal of Kinship Guardian was achieved. On 06/24/16, a final discharge conference was held to acknowledge the discharge of the four-year-old and three-year-old sibling from foster care pursuant to the Permanency Goal of Placement with a Fit and Willing Relative through KinGap Kinship Guardianship Program.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

All casework activities were commensurate with case activities.

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:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 03/25/2016

Time of Death: 12:19 PM

County where fatality incident occurred: ALBANY

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

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

**Is the caretaker listed in the Household**

**Composition?** No

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

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

**Children ages 0-18:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		2 Month(s)
Deceased Child's Household	Foster Parent	No Role	Female	41 Year(s)
Deceased Child's Household	Foster Parent	No Role	Male	44 Year(s)
Deceased Child's Household	Mother	No Role	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

### LDSS Response

On 03/13/16, the agency received a phone call reporting that the SC was rushed to the Albany Medical Center as the child had stopped breathing in the kinship foster home of MA who called EMS. On 03/14/16, the SW Supervisor and the CP drove to Albany Medical Center where they met with the attending doctor who reported that the child was diagnosed with a respiratory virus but due to the child's being born prematurely and was severely underweight she was not able to fight off the infection. The child was intubated due to her having complications with breathing on her own. The child remained in the hospital until her death on 03/25/16.

The case record revealed that on 03/25/16 at approximately 12:34 P.M., a call was made to Edwin Gould Services for Children and Families (EGSCF) informing them of the SC's death which occurred at 12:19 P.M.

At approximately 3:00 P.M. on 03/25/16, calls were made from agency staff to the foster parent at which time condolences were offered as well as referrals for bereavement services and financial assistance with the SC's funeral expenses. The family members were cooperative and responsive to the agency. The documentation indicated that the MA reached out to the BM and informed her of the funeral arrangement for the SC, however, she did not return her phone calls nor did she attend the funeral service.

On 03/25/16, ACS made contact with the Schenectady Local District of Social Services (SLDSS). A determination was made that all the surviving children were physically safe in their current placement. The SLDSS also determined that there were no outside factors that contributed to the death of the child and there was no reasonable cause to suspect any concerns against the foster parents.



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

## 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:** Hospital physician

## Multidisciplinary Investigation/Review

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

**Comments:** There is no Child Fatality Review Team in the New York City region.

## CPS Fatality Casework/Investigative Activities

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

**Additional information:**

N/A

## 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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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"/>



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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

The local district determined that there was no reasonable cause to suspect any concerns against the foster parent. The surviving siblings are all still placed with MA and there are no concerns against her.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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

Additional information, if necessary:

N/A

**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:**

Bereavement services were offered to the foster parent; however, she did not accept the referral for services. The agency continues to provide counseling services to the siblings.

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

**Explain:**

BM is not cooperative with the agency. She does not make herself available to be engaged in any service provision. The case record indicate that efforts have been made to locate and engage the BM, however, she is unresponsive.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? Yes
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? Yes



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## Infants Under One Year Old

### During pregnancy, mother:

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

### Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/21/2016	10262 - Deceased Child, Female, 4 Days	10261 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated	No

### Report Summary:

According to the narrative of the report, on 1/17/16 the BM gave birth to a baby girl. The report alleged that since the BM's other children were previously removed from her care as a result of maltreatment and abuse, it was reasonable to assume that the newborn was also at risk or harm. In addition, the child was born prematurely and the BM made no provisions to care for the child upon her discharge from the hospital.

**Determination:** Indicated **Date of Determination:** 03/11/2016

### Basis for Determination:

The allegation of IG against BM is substantiated. ACS documented that the BM had a history with the Local District and her other children were placed in Foster Care due to her inability to care for them. ACS further documented that the BM failed to plan for the return of all her children and made no preparations for the discharge or care of the then newborn child. The BM also failed to visit with the child while she was hospitalized.

### OCFS Review Results:

ACS initiated the investigation within the appropriate timeframes and within the parameters of Social Services Law. ACS conducted a removal and sought legal intervention. The court granted ACS' request for the removal of this child. The mother has not made herself available for planning since the removal of the child.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/18/2013	10259 - Sibling, Female, 3 Months	10258 - Mother, Female, 28 Years	Lack of Medical Care	Indicated	No
	10259 - Sibling, Female, 3 Months	10258 - Mother, Female, 28 Years	Malnutrition / Failure to Thrive	Indicated	
	10260 - Sibling, Male, 1 Years	10258 - Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Indicated	

10259 - Sibling, Female, 3 Months	10258 - Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Indicated
10259 - Sibling, Female, 3 Months	10258 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated
10260 - Sibling, Male, 1 Years	10258 - Mother, Female, 28 Years	Lack of Medical Care	Indicated
10259 - Sibling, Female, 3 Months	10258 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unfounded
10260 - Sibling, Male, 1 Years	10258 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated
10260 - Sibling, Male, 1 Years	10258 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unfounded

**Report Summary:**

On 10/18/13 a report was registered with the SCR alleging that BM had an extensive history of abusing drugs and she continued to abuse drugs with her then 1 year-old- and 3.5-month-old children. Her drug abuse and mental state continued to seriously impede her ability to provide and care for the children. She was unable to focus, was easily agitated and got angry. She was transient and refused services while being homeless. The then 3.5-month-old child was extremely underweight for her age and she was malnourished and failing to thrive. The BM also failed to follow thru with medical appointments for the children.

**Determination:** Indicated

**Date of Determination:** 12/17/2013

**Basis for Determination:**

ACS investigated the allegations of IG, IF/C/S, M/FTTH and LMC and on 12/17/13 determined there was credible evidence to substantiate the allegations against BM for the then 1 year-old and 3.5-month-old children. The investigation confirmation that the children's basic needs were not been provided for by the BM. Both children were medically fragile and the 3.5-month-old child was failing to thrive. The doctors recommended the BM followed thru with medical care and as a result of her failure to follow thru a remand order was sought and granted.

**OCFS Review Results:**

The investigation of the report was appropriately conducted.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/01/2013	10256 - Sibling, Male, 9 Months	10255 - Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	10256 - Sibling, Male, 9 Months	10255 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated	
	10256 - Sibling, Male, 9 Months	10255 - Mother, Female, 28 Years	Lack of Medical Care	Indicated	

**Report Summary:**

On 03/01/13, a report was registered with the SCR that alleged the BM was transient and moved from home to home with her then nine-month-old-child. The report also alleged the BM used drugs and alcohol while caring for the SC and was often under the influence of drugs and alcohol while he was in her care. The allegations of the report were LMC, IG and IF/C/S of the then nine-month-old by the BM. During the investigation, the investigation revealed that there was adequate food, clothing and shelter for the nine-month-old child. However, it was determined that the mother was using drugs and alcohol while caring for the child and missed medical appointments.



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<b>Determination:</b> Indicated	<b>Date of Determination:</b> 04/30/2013
<b>Basis for Determination:</b> There was credible evidence to substantiate the allegation of LMC against the BM for the then nine-month-old child. The BM did not follow up with doctors knowing that the child had a history of having seizures and was not up to date on his immunizations. The allegation of IG against the BM is substantiated as the BM did not follow up with a doctor knowing that the then nine-month-old child had a history of seizures and his immunizations were not up to date. ACS investigated the allegations and on 04/30/13 determined there was credible evidence to substantiate the allegations.	
<b>OCFS Review Results:</b> The report was investigated within the parameters of Social Services Law.	
<b>Are there Required Actions related to the compliance issue(s)?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Between 11/15/88 and 06/16/11, the Birth Mother (BM) was listed as a maltreated child in 3 reports. According to the case records, the allegations of the reports were IG, LBW and XCP of the BM by the maternal grandparents. The allegations were unsubstantiated against the MGF; however, they were substantiated against the MGM for IG and unsubstantiated for LBW and XCP.

On 04/20/11, the SCR registered a report alleging IG of the now five-year-old female surviving sibling by the BM. During the investigation, CPS learned the child was taken to the hospital by her MA because of a diaper rash. When the BM was called to meet the MA at the hospital, the BM replied that she did not have the funds to travel to the hospital. Shortly thereafter, the BM was taken to the hospital due to the use of ecstasy pills which resulted in a child safety conference. The child was taken into protective custody by ACS and placed in the care of the MA with ACS supervision. On 06/16/11, ACS substantiated the allegation of IG of the now five-year-old female surviving sibling by the BM.

## Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

## Services Open at the Time of the Fatality

## Family Assessment and Service Plan (FASP)

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



## Required Action(s)

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

Yes  No

## Preventive Services History

The family received Preventive Services with the Edwin Gould Services for Children and Families agency beginning on 04/19/13. On 10/17/13, the preventive services provider reported they were unable to meet regularly with the BM and as a result, preventive services were discontinued. The BM was reportedly residing at an unknown address and the provider was unable to locate her.

## 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: 03/04/2016

Date of placement with most recent caregiver? 03/04/2016

How did the child(ren) enter placement? Court Order

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

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

## Visitation

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

## Casework Contacts



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	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: N/A				

## Required Action(s)

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

Yes  No



## Foster Care Placement History

On 03/1/13 a report was made against BM with allegations of IG, IF/C/S and LMC. BM was transient and often took the then 9-month-old child from place to place without planning appropriately for him. The child also had a history of seizures and BM failed to take the child to receive medical care and he was not current with his immunizations. The case was investigated and substantiated against BM for IG and LMC. The case was opened for services following this investigation. On 10/18/13, a report was registered alleging that BM has an extensive history of abusing drugs. She was unable to focus, was easily agitated and get angry. She refused services while being homeless. The child was extremely underweight for her age and she was malnourished and failing to thrive. A neglect petition was filed against BM on 10/23/13 and the children were removed from her care and placed in non-kinship home. On 3/21/14, the siblings were removed from the non-kinship home and placed in the kinship home of the MA where they currently reside. The foster care agency made the required casework contacts with the children in the foster home and continuously assessed their safety as well as risk factors. The case record did not indicate that there were any areas of concerns for the children in their placement setting. The case remained open at the time of this sibling's death.

## Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

## Additional Local District Comments

N/A

## 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