



Report Identification Number: NY-21-123

Prepared by: New York City Regional Office

Issue Date: May 19, 2022

(Report was reissued on: May 19, 2022)

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased

Jurisdiction: Office Of Special Investigations

Date of Death: 11/17/2021

Age: 4 month(s)

Gender: Male

Initial Date OCFS Notified: 11/17/2021

Presenting Information

The SCR report alleged on 11/16/21, the SC became sick with diarrhea. The foster parent knew the SC was sick, and she put a blanket under him so the SC would not defecate all over. The foster parent did not seek medical attention for the SC until 10:30AM on 11/17/21, when the foster parent brought the SC to the hospital in a taxicab. On the way to the hospital, the SC stopped breathing. When the SC was brought into the hospital, he was pronounced dead. The foster parent did not have any explanation for the SC's death. In addition, the foster parent was employed with a food delivery company. She worked from 11:00AM to 4:00PM. The report alleged that during the work hours the foster parent would bring the SC and the 3-yo foster child with her. The foster parent would leave both children in the vehicle unsupervised while she made deliveries.

Executive Summary

This fatality report concerns the death of a four-month-old medically fragile male foster subject child (SC) that occurred on 11/17/2021. The ME ruled the cause of death as dehydration complicating recent viral gastroenteritis in an infant with a history of severe malnutrition of undetermined etiology. The manner of death was undetermined.

At the time of the fatality, the SC, his three-yo SS and the SFM's adult daughter resided with the SFM. The SC and the SS were placed in a medical foster boarding home due to the SC's severe malnourishment and failure to thrive which was a result of the BM's actions.

ACS' case documentation reflected at about 10:30PM on 11/16/21, the SC became ill and had looseness of the bowels. The subject foster mother (SFM) did not seek medical care for the SC. At about 8:00AM on 11/17/21, the SFM observed the SC to be in medical distress. She then called a taxi to transport her and the children to the hospital. During transport to the hospital, the SC gasped for breath and became unresponsive upon arrival at the hospital where medical staff attempted to revive him prior to pronouncing him deceased.

On 11/23/2021, ACS received the report and commenced the CPS fatality investigation within the mandated timeframe. ACS contacted the foster care agency (FCA) staff, medical providers, LE, ME, and other key collaterals regarding the cause and circumstances of the SC's death. The hospital staff and the ME denied the SC had any marks or bruises on his body. LE did not suspect any criminality and closed the criminal investigation. The SFM denied the SC displayed any concerning behavior prior to his death. ACS learned that the SFM was employed by a food distribution company and would have the children in the car for an extended period while she delivered food.

Following the fatality, the SS was removed from the SFM's home and replaced in a new non-kinship foster home. The SS was adjusting well in his replacement home but had behavioral issues. The BM declined consent for the SS to be evaluated.

On 12/16/21, ACS held a Family Team Meeting (FTM). The FTM recommended that the FCA seek a court order to meet the SS's needs and close the subject SFM's home.

On 1/22/2022, ACS substantiated the allegations IG, and LS of the two children, and LMC of the SC by the SFM due to credible evidence. The SFM was aware that the SC was a medically fragile child, but when the SC got ill and had diarrhea



the night before his passing, the SFM did not seek medical care for him until the next day when the diarrhea progressed. Additionally, the SFM failed to make appropriate childcare arrangements for the children while she made food deliveries for extended hours. The SFM would leave the children unsupervised in the car for hours as she did food delivery and would lock the children in the car to take and pick up customers' orders. She was aware that the SC was medically fragile, and the SS had behavioral needs that required supervision.

ACS unsubstantiated the allegation DOA/FATL of the SC by the SFM. The ME determined the cause of death was dehydration complicating recent viral gastroenteritis in an infant with a history of severe malnutrition of undetermined etiology. The manner of death was undetermined.

ACS provided the SFM and the bio-parents with referrals for bereavement counseling services; however, they declined.

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? Yes

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

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

Explain:

ACS' decision to close the case was appropriate.

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: 11/17/2021

Time of Death: 11:33 AM

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

10:30 AM

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

No

Did EMS 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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: **Not Reported**

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	4 Month(s)
Deceased Child's Household	Father	No Role	Male	34 Year(s)
Deceased Child's Household	Mother	No Role	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Other Household 1	Foster Parent	Alleged Perpetrator	Female	44 Year(s)

LDSS Response

On 11/17/21, the ER Dr. reported the SC arrived at the hospital in cardiac arrest. The SC did not have any visible injuries.

On 11/17/21, the SFM provided an account of the events that led to the incident which was consistent with the information that was already known. She reported that the SC was assigned a nurse from the FCA. The nurse and the CP last visited the home on 9/30/21. She stated the SC had not been medically seen since he was placed in her home. She denied she had enough information about the children's medical needs. She also denied the SC displayed any concerning behavior prior to his death. She disclosed that she worked delivering food and that she took the children with her while she did her deliveries.

On 11/17/21, ACS assessed the SS in the replacement home and deemed him safe.

On 11/17/21, the SFM's adult daughter stated she assisted the SFM care for the children in the car while the SFM delivered food.

On 11/18/21, the ME reported the SC's preliminary autopsy was negative for injuries.

On 11/18/21, the FCA's medical staff reported the SC was medically seen at the FCA on 10/1/21, where his medical chart was reviewed with the SFM. The SFM was informed of the SC's medical needs and care. The SC was also assigned a therapist who provided extra support for the CP. The staff did not report any concerns about the care the SFM gave the children. The staff denied the FCA was aware the SFM took the children with her in the car while she delivered food.

On 11/18/21, the SFM reported she only worked alone with the children in the car on two or three occasions and that most of the time, her adult daughter assisted her with the children. She reported behavioral concerns and speech delay for the SS and had asked him to be evaluated.

On 11/18/21, LE reported that based on preliminary findings, there was no criminality regarding the fatality.

On 11/19/21, the BM declined any services from ACS or the FCA.

On 11/23/21, the FCA staff reported the assigned nurse did not have any concern for the SC during home visits. The staff denied knowledge of the nurse missing any home visits.

On 11/23/21, the SFM barred ACS from interviewing her daughter. She stated she no longer wanted to speak with anyone from ACS. She declined services for herself and her daughter.

On 11/24/21, the BF declined ACS' offer of services.

On 12/14/21, ACS assessed the SS and deemed him safe in the FH. The replacement foster mother (RFM) reported the SS was adjusting well. The RFM stated the BM had called her multiple times and asked the RFM deny ACS access to the SS. The BM also asked that the RFM to not allow the FCA to see the SS for medical care. The BM stated she would not consent to any services for the SS. The BM also did not want the SS to be enrolled in school or evaluated. The RFM stated she informed the FCA about the discussions between her and the BM.

On 12/16/21, ACS held a Family Team Meeting (FTM). The FTM recommended the FCA to seek a court override of the BM to meet the SS's needs and close the SFM's home.

On 12/28/21, ACS visited and assessed the SS and deemed him safe in the care of the RFM.

On 1/7/22, LE stated the criminal investigation had been closed; however, the DA kept the case open pending the final autopsy.

On 1/18/22, the SFM's two approved backup resources denied any concerns about the SFM's parenting.

On 1/18/22, ACS documented the SS's medical record did not list any medical diagnosis or medication for the SS. His immunizations were current. He was last seen medically at the FCA on 9/23/21.

On 1/22/22, ACS SUB the allegations IG, and LS of the two children, and LMC of the SC by the SFM. ACS UNSUB the allegation DOA/FATL of the SC by the SFM.



On 5/5/22, NYCRO received the final autopsy report which stated the cause of death was dehydration complicating recent viral gastroenteritis in an infant with a history of severe malnutrition of undetermined etiology. The manner of death was undetermined.

Official Manner and Cause of Death

Official Manner: Undetermined

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)?Yes

Was the fatality referred to an OCFS approved Child Fatality Review Team?No

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060364 - Deceased Child, Male, 4 Mons	060382 - Foster Parent, Female, 44 Year(s)	DOA / Fatality	Unsubstantiated
060364 - Deceased Child, Male, 4 Mons	060382 - Foster Parent, Female, 44 Year(s)	Inadequate Guardianship	Substantiated
060364 - Deceased Child, Male, 4 Mons	060382 - Foster Parent, Female, 44 Year(s)	Lack of Medical Care	Substantiated
060364 - Deceased Child, Male, 4 Mons	060382 - Foster Parent, Female, 44 Year(s)	Lack of Supervision	Substantiated
060383 - Sibling, Male, 3 Year(s)	060382 - Foster Parent, Female, 44 Year(s)	Inadequate Guardianship	Substantiated
060383 - Sibling, Male, 3 Year(s)	060382 - Foster Parent, Female, 44 Year(s)	Lack of Supervision	Substantiated

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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"/>



Child Fatality Report

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Placement Activities in Response to the Fatality Investigation



Child Fatality Report

	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: Following the SC's passing, the SS was removed from the subject FM's home and replaced in a new FH.				

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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"/>				

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** 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

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/08/2021	Deceased Child, Male, 1 Months	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 2 Years	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Months	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	

Report Summary:

On 8/8/21, the SCR registered a report alleging IG of the SC and the SS by the BM. The report also noted serious concerns about the BM's ability to care for the SC, as the SC was severely underweight and hospitalized.

Report Determination: Indicated

Date of Determination: 09/27/2021

Basis for Determination:

ACS found credible evidence to SUB the allegations IG. The hospital staff diagnosed the SC of malnourishment, failure to thrive, and other complex medical conditions. The BM failed to keep the SC's vital follow-up medical appointments



and the SC was not medically cleared for a month. Also, the SS had not seen a pediatrician since birth.

The BF reported he was rarely around after the SC's birth; however, ACS deemed him a PLR as he provided care to the children while being at the BM's home. On 8/8/21, ACS conducted an emergency removal of the children. On 8/9/21, ACS filed the case in Family Court where a remand was granted for the children.

OCFS Review Results:

The determination to substantiate the allegation of the report was consistent with the investigation. ACS recommended appropriate PPRS services for the parents through the children's foster care agency.

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

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

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

Known CPS History Outside of NYS

Neither the biological parents nor the foster mother had any known CPS history outside of New York State.

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"/>

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?

09/23/2021

How did the child(ren) enter placement?

Court Order

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

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



Did the agency comply with sibling placement standards?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

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

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a Criminal History check conducted? Date: 11/23/2021	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 11/23/2021	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was a check completed through the Staff Exclusion List?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date:				

Additional information, if necessary:
 There were no new/additional information regarding the foster care case.

Foster Care Placement History

On 8/8/21, the SCR registered a report alleging IG of the SC and the SS by the BM. The report also noted serious concerns about the BM's ability to care for the SC, as the SC was severely underweight and hospitalized. The hospital staff diagnosed the SC of malnourishment, failure to thrive, and other complex medical conditions. The BM failed to keep the SC's vital follow-up medical appointments and the SC was not medically cleared for a month. Also, the SS had not seen a pediatrician since birth.

On 8/8/21, ACS conducted an emergency removal of both children from the BM's custody and took the children to the hospital. The SS was cleared by the hospital and released to MGM, while the SC was admitted into the intensive care unit.

On 8/9/21, ACS filed an Article 10 Petition in Family Court. The parents were the respondents in the petition. The court granted a remand for both children. The court granted supervised visits with the children but issued an OP for both children against the parents.

On 9/14/21, the SC was discharged from the hospital and taken with the SS to pre-placement. The MGM had notified the court that she was not seeking foster care and did not want to explore getting a bigger home. On 9/23/21, the two children were placed in a medical therapeutic foster home where they remained at the time of the SC's death.

Legal History Within Three Years Prior to the Fatality

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

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
08/09/2021	There was not a fact finding	There was not a disposition
Respondent:	060381 Mother Female 30 Year(s)	
Comments:	<p>On 8/8/21, the SCR registered a report alleging IG of the SC and the SS by the BM. The report also noted serious concerns about the BM's ability to care for the SC, as the SC was severely underweight and hospitalized. The hospital staff diagnosed the SC of malnourishment, failure to thrive, and other complex medical conditions. The BM failed to keep the SC's vital follow-up medical appointments and the SC was not medically cleared for a month. Also, the SS had not seen a pediatrician since birth.</p> <p>On 8/9/21, ACS filed an Article 10 Petition in Family Court. The parents were the respondents in the petition. The court granted a remand granted for both children. The court granted supervised visits with the children but issued an OP for both children against the parents.</p>	

Have any Orders of Protection been issued? Yes

From: 08/09/2021 **To:** Unknown



Explain:

On 8/9/21, ACS filed an Article 10 Petition in Family Court. The parents were the respondents in the petition. The court granted a remand for both children. The court granted supervised visits with the children but issued an OP for both children against the parents.

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