



Report Identification Number: NY-16-013

Prepared by: New York City Regional Office

Issue Date: 8/3/2016

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

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



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

Jurisdiction: Bronx
Gender: Female

Date of Death: 02/03/2016
Initial Date OCFS Notified: 02/05/2016

Presenting Information

The subject child was born prematurely at 29 weeks gestation at Jacobi Medical Center, Neonatal Intensive Care unit. She was born with multiple birth defects. The child was on a ventilator and intubated from birth, and never left the hospital. The birth mother after consulting with the medical team and social workers at the hospital chose to remove the child from the ventilator and breathing apparatus. The child passed away on February 3, 2016. An attending physician was present when SC was taken off the ventilator. The SC cause of Death was documented to be Cardio Pulmonary Arrest. The ethics committee at Jacobi Hospital, comprised of medical professionals, determined that the mother's untreated diabetes contributed to the child's birth defects.

Executive Summary

This fatality report concerns the death of a two month old female child that was born with several medical concerns. The subject child was born prematurely on 11/24/15 at 29 weeks gestation. She was intubated, on a ventilator, and remained in the neonatal intensive care unit, from birth. It was documented that according to the physician prognosis, SC had a "good chance of making it, but will need long term care". There was documented discussion with birth mother's psychiatrist, regarding birth mother's capacity to make decisions on the child behalf. Mother's parental rights had not been terminated in regard to this child.

On 12/11/2015, birth mother was informed of SC's prognosis and the need for surgery. At that time the Social Worker and the medical team had concerns about birth mother's mental capacity to make responsible decisions regarding subject child. The hospital Social Worker discussed with the CPS staff, the possibility of filing a TPR. During this time, there was no order, placing SC in the LDSS custody. The hospital team met with the Ethics Committee to discuss concerns of birth mother competency to make medical decisions for SC. CPS staff, along with the medical team and the hospital social worker met with birth mother to discuss the possible outcome, if SC undergoes the surgery. On 12/14/15, BM agreed for SC to have the surgery. According to the progress notes, the medical team still had concerns about BM's competency, despite BM approving the surgery on SC. The psychiatric team was considering another competency evaluation for mother. On 1/19/2016, a remand order was filed and granted for SC. The hospital was informed by CPS staff of the remand order.

On 2/3/2016, SC was taken off the ventilator. The mother was assessed by the hospital psychiatrist to be mentally competent to make the decision. There is no indication that ACS was informed of the decision by the hospital. Following that, BM was transported back to Bronx Lebanon hospital for continued mental health treatment.

Birth mother has an extensive history of substance abuse and untreated mental health concerns. Birth mother was in a supportive housing program for people with mental health issues. The birth father is incarcerated. ACS was to have assigned the child for case planning, to Catholic Guardian Foster Care agency, where SC's sibling is placed. There is no indication that this was accomplished.

The information for this report was derived from the CONNECTIONS progress notes.



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:

Case activity is commensurate with the case circumstances.

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? No

Explain:

Case open for services. SC has a sibling that is placed in foster care.

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: 02/03/2016

Time of Death: 02:37 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 to respond to the scene? No

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other



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

Is the caretaker listed in the Household

Composition? No

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

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	2 Month(s)
Deceased Child's Household	Mother	No Role	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Other Household 1	Aunt/Uncle	No Role	Female	38 Year(s)
Other Household 1	Grandparent	No Role	Female	52 Year(s)
Other Household 1	Sibling	No Role	Male	13 Year(s)
Other Household 1	Sibling	No Role	Female	8 Year(s)
Other Household 2	Father	No Role	Male	34 Year(s)

LDSS Response

Following being informed of child's death, CPS requested the death certificate to process burial expense.

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

CPS Fatality Casework/Investigative Activities



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	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Planners	<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"/>
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:

The SC remained in the hospital from birth until her death. SC had three siblings. One remained in foster care placement. The two other siblings were not in foster care. They both resided with MGM.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

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



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Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 BM has no children in her care. Two of her children were discharged to the MGM and one child is placed in care. While it is documented that CPS informed hospital social worker that the agency would assist with funeral arrangements, there is no indication that this occurred or that birth mother was referred for service

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- 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:

- Had medical complications / infections
- Had heavy alcohol use
- Misused over-the-counter or prescription drugs
- Smoked tobacco
- Experienced domestic violence
- Used illicit drugs



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Was not noted in the case record to have any of the issues listed

Infant was born:

Drug exposed

With fetal alcohol effects or syndrome

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)	Status/Outcome	Compliance Issue(s)
11/25/2015	9895 - Deceased Child, Female, 2 Months	9896 - Mother, Female, 34 Years	Inadequate Guardianship	Indicated	No
	9895 - Deceased Child, Female, 2 Months	9897 - Father, Male, 34 Years	Inadequate Guardianship	Indicated	

Report Summary:

BM gave birth, however, she has no provisions for the newborn. She has an extensive history of mental health issue and substance abuse. She has been not compliant with mental health treatment plan.

Determination: Indicated

Date of Determination: 12/30/2015

Basis for Determination:

BM has made no plan to obtain any assistance in getting needed provisions in order to have the newborn in her care. She has a history on non compliance with mental health services or medication management. There are no children in her care.

OCFS Review Results:

Based on BM's non compliance with mental health treatment, and inability to plan for her other children, the decision to place SC in foster care was appropriate

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)
08/20/2015	9892 - Sibling, Male, 14 Years	9893 - Mother, Female, 34 Years	Inadequate Guardianship	Indicated	No
	9892 - Sibling, Male, 14 Years	10149 - Grandparent, Female, 62 Years	Inadequate Guardianship	Unfounded	
	9891 - Sibling, Female, 8 Years	10149 - Grandparent, Female, 62 Years	Inadequate Guardianship	Unfounded	
	9891 - Sibling, Female, 8 Years	9893 - Mother, Female, 34 Years	Inadequate Guardianship	Indicated	
	9891 - Sibling, Female, 8 Years	9893 - Mother, Female, 34 Years	Inadequate Guardianship	Indicated	
	9892 - Sibling, Male, 14 Years	9893 - Mother, Female, 34 Years	Inadequate Guardianship	Indicated	

Report Summary:

MGM has custody of her grandchildren. She is aware that BM is not to be around the children due to her inability to



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adequately care for them , as a result of BM extensive mental health issues. BM is noncompliant with her medication and has displayed violent and erratic behavior. MGM continues to allow BM to stay at the home and leave the children with BM unsupervised.

Determination: Indicated **Date of Determination:** 10/19/2015

Basis for Determination:

BM is not complying with treatment and medication to address her extensive mental health diagnosis. While there is no indication that BM has harmed or endangered the safety of the children, her consistent behavior of arguing in front of her children, puts there emotional health at risk.

OCFS Review Results:

The children's needs are being met in the home with MGM. The children remained in the home.

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)
03/25/2014	9887 - Sibling, Female, 8 Years	9888 - Mother, Female, 34 Years	Inadequate Guardianship	Indicated	No
	9889 - Sibling, Male, 14 Years	9888 - Mother, Female, 34 Years	Inadequate Guardianship	Indicated	

Report Summary:

Birth mother had substantiated allegations of inadequate guardianship related to subject child's older siblings. Birth mother did not comply with mental health treatment and began demonstrating escalated levels of aggression by punching a doctor in the face while at the hospital. Birth mother also behaved in a way that she scared her children, the subject child's older siblings.

Determination: Indicated **Date of Determination:** 05/23/2014

Basis for Determination:

BM continues to be noncompliant with mental health treatment, and her behavior has demonstrated escalated level of aggression.

OCFS Review Results:

The children remain in the home with MGM and MA. Their needs appear to be met in the home.

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)
06/06/2013	9882 - Sibling, Female, 3 Years	9883 - Mother, Female, 34 Years	Inadequate Guardianship	Indicated	No

Report Summary:

BM gave birth to a girl, born premature. BM has a history of mental illness and drug abuse. She had two other children who were removed from her care.

Determination: Indicated **Date of Determination:** 07/30/2013

Basis for Determination:

BM failed to appropriately plan for the newborn. She left the hospital against doctor's orders. She also stated she did not wish to plan for the child. BM had two other children that were placed in care. She has failed to take her medication.

OCFS Review Results:

BM has a history of mental health and substance abuse, to which she has not following up with treatment. She made no



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provision for the newborn. Based on these circumstances, the placement into foster care was warranted.

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

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

On 7/21/04, a report was received of IG against birth mother and maternal grandmother. The findings were unsubstantiated.

On 12/12/07, birth mother filed a petition asking the court to modify the 3/8/05 order which granted MGM custody of subject child's sibling. Birth mother wanted the child returned to her care. On 1/14/08, the court ordered that CPS conduct a court ordered investigation. The children remained in MGM's care.

Known CPS History Outside of NYS

There is 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: 11/25/2015

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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program choice?				
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.



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?

01/19/2016

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 checked="" 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:

SC was remanded into care on 1/19/16. The child remained in the hospital until her death. She was never placed in a foster home. Therefore it was not necessary to conduct a criminal history check or compliance with discipline standards.

Required Action(s)

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

Yes No

Issue:	Adequacy of case recording in FASP
Summary:	Information in the FASP dated 1/21/16 did not accurately reflect all of the case circumstances in the progress notes. There was no comprehensive information on the legal placement, SC prognosis and child's service needs.
Legal Reference:	18 NYCRR 428.6(a)
Action:	ACS must ensure that there is sufficient collaboration with provider agencies to ensure that information in the FASP is comprehensive, and include a plan to address service needs for all of the children and the family.



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Issue:	Coordination of Services
Summary:	The SC remained in the hospital from birth until her death. The SC has a sibling placed in care. There is no indication that there was collaboration and coordination of services between ACS and the agency that SC sibling was placed with.
Legal Reference:	18 NYCRR 432.2(b)(4)(i) and 432.2(b)(4)(viii)
Action:	ACS must ensure that there is ongoing coordination of services, and collaboration with the placement agency in regards to services being provided to birth parents.
Issue:	Adequacy of Progress Notes
Summary:	There were inconsistencies in the progress notes. It was documented on 12/14/15, that SC was in critical, but stable condition. It was stated on 12/21/15 that the neglect petition was rejected due to SC prognosis that she may not survive.
Legal Reference:	18 NYCRR 428.5
Action:	ACS must ensure that progress notes are consistent and provide comprehensive documentation on the needs of the child and family.
Issue:	Adequacy of services following the fatality
Summary:	There is no indication that condolences and supports were offered to the family, following the death of the SC. There is no documentation that CPS coordinated with the agency and/or the hospital, to refer BM and SC's sibling for services.
Legal Reference:	18 NYCRR 432.2(b)(4);428.6
Action:	ACS must ensure that following a fatality, there is contact with the birth family, to engage and conduct an assessment to determine any counseling supports or support that is available within the community, to address the processing of the families' feelings around the death.

Foster Care Placement History

The SC was born medically fragile, and remained hospitalized. At the time of SC's birth, both parents were homeless. BM expressed that she was unable to care for the newborn. She was receiving mental health services at a psychiatric ward. BP's have a history of mental health concerns, substance abuse and prior history with CPS. SC's sibling was born premature and was placed in care on 7/26/2013, and was placed in the home of her maternal great aunt. BP's were non-compliant with services.

According to the progress notes, SC was in critical, but stable condition. The physician's prognosis was that SC "has a good chance of making it, but will need long-term care". The SC was in need of surgery at the time. During this time, the hospital social worker was seeking assistance from CPS regarding BM's capacity to make decision on child's best interest. On 12/21/15, CPS attempted to file a neglect petition against birth parents. However, it was rejected, due to SC's prognosis at the time. It was documented that the petition to be filed, if SC's health improve. As per the progress notes, the hospital team met with the Ethics Committee to discuss concerns that BM is not competent to make medical decisions for SC. On



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1/19/16, a remand order was filed and granted. On 2/3/16, BM consented to have SC removed from the ventilator. BM was assessed to be competent.

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:
01/19/2016	There was not a fact finding	There was not a disposition
Respondent:	029647 Mother Female 34 Year(s)	
Comments:	On 1/19/2016, a remand order was filed in Family Court.	

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