



**Report Identification Number: NY-21-098**

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

**Issue Date: Feb 07, 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/<br>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<br>Service           | ACS-Administration for Children's<br>Services  | NYPD-New York City Police<br>Department |
| PPRS-Purchased Preventive<br>Rehabilitative Services | TANF-Temporary Assistance to Needy<br>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  
**Age:** 17 day(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 09/01/2021  
**Initial Date OCFS Notified:** 09/01/2021

## Presenting Information

Information received via the OCFS 7065 indicated on 08/15/21 the child was born prematurely and was admitted to the hospital for monitoring of his overall growth and for treatment. On 09/01/21, the child's condition worsened. The child rapidly decompensated and he died around 11:30am.

## Executive Summary

This report concerns the death of a 17-day-old male subject child who died on 9/1/21. As of the writing of this report, OCFS NYCRO had not received a copy of the autopsy report from the Office of the Chief Medical Examiner. However, hospital personnel indicated the child was extremely premature.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Services Cases. The information regarding the child's death was reported to OCFS under Chapter 485 of the Laws of 2006.

At the time of the child's death, the child's parents resided in separate locations. There were no surviving siblings or other children in the homes.

ACS' investigation revealed the subject child had been born prematurely (31 weeks gestation) and had complicated medical issues since his birth. The child was hospitalized from birth and was receiving enhanced medical care. During the night of 8/31/21, the child's medical conditions worsened. The child was intubated in the morning hours of 9/1/21 due to his rapid decompensation and at 11:30AM the child was pronounced dead by the physicians after resuscitative efforts failed.

Contact with medical personnel at the hospital revealed a number of attempts were made to contact the parents prior to the child's death; however, none was successful. Hospital personnel reported the child had a number of medical issues associated with extreme prematurity.

There was no law enforcement involvement regarding the death of the child.

The parents refused all offers of services and did not make themselves available for interviews with ACS. The case was closed on 9/30/21.

## 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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

There were no allegations pertaining to the death of the child.

Was the decision to close the case appropriate? Yes

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

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

**Explain:**

The level of casework activity, which includes contact with the family and others from the time ACS received the information regarding the child's death through case conclusion was commensurate with the case circumstances. The decision to close the case was appropriate as there were no surviving siblings or other children in the household.

**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: 09/01/2021

Time of Death: 11:30 AM

County where fatality incident occurred: Queens

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: Hospitalized

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: N/A



**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 | No Role | Male   | 17 Day(s)  |
| Deceased Child's Household | Mother         | No Role | Female | 25 Year(s) |
| Other Household 1          | Father         | No Role | Male   | 49 Year(s) |

**LDSS Response**

Following the child's death, on 9/1/21, ACS contacted medical personnel at the hospital and learned on 8/31/21 the child's health began to decline. and within 24 hours he was declared critically ill as his heart was failing, his temperature was fluctuating, and his liver was weak. The child was intubated in the morning due to respiratory failure, and other issues. At 11:30AM the child was pronounced dead. The hospital reported the parents were finally notified and they came to the hospital.

ACS reviewed the case history which reflected the family had an open case in family court stemming from an Article 10 Petition of Neglect filed on 8/30/21 due to the parent's drug use and their failure to plan for the child. ACS was granted a remand of the child who remained hospitalized as a result of his medical issues related to his premature birth. ACS documented the parents did not appear in court and were uncooperative with ACS. ACS also established there were no SSs, neither were there any other children residing in the respective homes of the mother and father.

Case documentation reflected there was no police involvement in the exploration of the case circumstances.

On 9/1/21, 9/2/21, and 9/8/21, ACS contacted the parents. When interviewed the mother indicated she had used 2-3 bags of cocaine daily during her pregnancy; the father did not provide any details regarding his drug use. ACS spoke with the parents about services, which they declined. The parents said they were doing well. Case documentation reflected that despite the parents refusals the Specialist contacted provider agencies and gave the family information regarding services.

On 9/30/21 ACS withdrew the Article 10 Petition of Neglect and closed the case.

**Official Manner and Cause of Death**

**Official Manner:** Unknown

**Primary Cause of Death:** Pending

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

**Multidisciplinary Investigation/Review**

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the NYC region.



## CPS Fatality Casework/Investigative Activities

|  | 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 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"/> |

## 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.

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Funeral arrangements   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Housing assistance     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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"/> |



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

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? N/A

**Explain:**

There were no surviving siblings or other children in the home.

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

**Explain:**

The parents refused all offers for services.

## 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? No
- Was the child acutely ill during the two weeks before death? Yes

### 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 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)                 | Allegation Outcome | Compliance Issue(s) |
|--------------------|------------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 08/17/2021         | Deceased Child, Male, 2 Days | Mother, Female, 25 Years | Inadequate Guardianship       | Substantiated      | Yes                 |
|                    | Deceased Child, Male, 2 Days | Mother, Female, 25 Years | Parents Drug / Alcohol Misuse | Substantiated      |                     |
|                    | Deceased Child, Male, 2 Days | Father, Male, 49 Years   | Inadequate Guardianship       | Substantiated      |                     |

**Report Summary:**

The SCR report alleged on 8/15/21 the mother gave birth to a male child who, along with the mother, tested positive for cocaine and opiates. The mother left the hospital against medical advice.

**Report Determination:** Indicated**Date of Determination:** 09/30/2021**Basis for Determination:**

ACS substantiated the allegations of Parents' Drug/Alcohol Misuse by the mother based on the positive test results for several illegal drugs at the birth of the child. ACS also documented the mother admitted to drug use prior to and after the birth of the child who was born with significant medical conditions. ACS substantiated the allegation of Inadequate Guardianship of the newborn by the parents after adding the allegation of Inadequate Guardianship of the child by the father. ACS documented the parents failed to plan for the ongoing care of the child.

**OCFS Review Results:**

ACS initiated the investigation timely and made the appropriate contacts. However, ACS' decision to substantiate the allegations based on the mother's pre-birth activity was not appropriate. Additionally, the child was born prematurely and remained in the hospital where all his needs were being met.

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

Appropriateness of allegation determination

**Summary:**

ACS' decision to substantiate the allegations based on the mother's pre-birth activity was not appropriate. Additionally, the child was born prematurely and remained in the hospital where all his needs were being met.

**Legal Reference:**

FCA 1012 (e) &amp; (f);18 NYCRR 432.2(b)(3)(iv)

**Action:**

ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

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

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

**Known CPS History Outside of NYS**

There was no known CPS history outside of NYS.



### 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 type="checkbox"/> | <input checked="" 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?

08/30/2021

How did the child(ren) enter placement?

Court Order

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

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

### Visitation

|  | Yes                                 | No                       | N/A                                 | Unable to Determine      |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Was the visitation plan appropriate for the child?             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was visitation facilitated in accordance with the regulations? | <input 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

|  | Yes | No | N/A | Unable to Determine |
|--|-----|----|-----|---------------------|
|  |     |    |     |                     |



# Child Fatality Report

|  |                                     |                          |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did the provider comply with discipline standards?   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were the foster parents receiving enhanced levels of foster care payments because of child need?   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was the certification/approval for the placement current?  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was a Criminal History check conducted?<br>Date:   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was a check completed through the State Central Register?<br>Date:   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was a check completed through the Staff Exclusion List?<br>Date:   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional information, if necessary:**

The foster care case was closed on 9/30/21 following the death of the child. The Article 10 Petition was withdrawn.

### Foster Care Placement History

On 08/17/21, upon receipt of the SCR report, ACS initiated the investigation of the allegations of the report and based on the circumstances, ACS held a Child Safety Conference on 08/27/21, which the parents attended. At the conclusion of the conference it was decided that the case would be referred to ACS' Family Court Legal Services to request a remand of the child. On 08/30/21, the case was heard in court and the Court granted the agency's application for a remand of the child to the custody of the Commissioner of ACS. The child was not assigned to an agency as he remained hospitalized until his death on 9/1/21. The court case was withdrawn upon the death of the only child in the household.

### 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: |
|--------------------|--|--------------------------|
| 08/30/2021         | There was not a fact finding   | Withdrawn                |
| <b>Respondent:</b> | 059575 Mother Female 25 Year(s)  |                          |
| <b>Comments:</b>   | The Article 10 Petition of Neglect was withdrawn after the death of the child. There were no other children named on the Petition. |                          |

**Have any Orders of Protection been issued?** Yes

**From:** 08/30/2021

**To:** 02/07/2022

**Explain:**

An order of protection was issued 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