



Report Identification Number: NY-16-055

Prepared by: New York City Regional Office

Issue Date: 12/27/2016

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
FM-Foster Mother	SS-Surviving Sibling	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 16 year(s)

Jurisdiction: Richmond
Gender: Female

Date of Death: 05/28/2016
Initial Date OCFS Notified: 06/01/2016

Presenting Information

The 5/31/16 OCFS Form 7065 stated the 16-year-old child died while giving birth at the hospital. The ACS staff spoke with the hospital social worker who said the time of death would be recorded on the death certificate. The date of death was 5/28/16. The BM had been responsible for the 16-year-old child's care.

Executive Summary

This 16-year-old female child died on 5/28/16. As of 12/15/16, NYCRO has not yet received the autopsy report. According to the ACS case record, the child died while giving birth to the surviving female infant. The cause of the child's death was listed as complications of Eclampsia and the manner as natural.

The ACS case record showed the family had an extensive child welfare history. ACS had filed an Article Ten Neglect petition in the Staten Island County Family Court (SICFC) on 11/17/15 and the judge made the decision regarding ACS to provide Court Ordered Supervision (COS). At the time of the child's death, the Family Services Stage (FSS) was open for COS and the Jewish Board of Family and Children's Services (JBFCS) agency, Staten Island Family Services program had been assigned case planning responsibility.

ACS and JBFCS were aware of the child's pregnancy. The Family Services Progress Notes showed the child received pre-natal care and attended medical appointments. During the 5/17/16 home visit, the staff observed the child seemed fine. The child had tested positive for marijuana in the past and the therapist had strongly urged her to avoid smoking marijuana during pregnancy. The child had a history of excessive school absence and lateness and during her pregnancy she stopped attending school. The JBFCS case record showed the agency had a face-face contact with the child during a 5/26/16 visit to the case address.

ACS submitted to NYCRO the completed 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 cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006. ACS included the information in the open FSS for further exploration. ACS submitted the OCFS Form 7065 to NYCRO within the required 72 hours of notification of the child's death.

According to the OCFS 7065, the ambulance transported the child to the hospital after the child became ill on 5/28/16. The hospital attending Dr. determined the child suffered from pre-eclampsia and the medical condition led to the child's sudden death. The child died while giving birth at the hospital. The documentation did not include the details of the 911 contact, EMS response to the case address and observations of the child's condition.

Following the child's death, ACS determined it was not necessary to obtain Family Court intervention for the newborn female infant. The BM had reportedly filed for custody of the infant on 6/2/16. The Family Services Progress Notes reflected the ACS and JBFCS had observed the infant in the BM's care and there were no concerns noted. ACS provided supplies for the infant's care to the family. However, the case record did not specify whether the



staff observed the infant in October and November, 2016. ACS staff observed the surviving siblings at the case address on 11/22/16. The siblings did not have marks/bruises indicative of abuse neglect. There were no safety concerns noted. The documentation of the home visit did not include updated information about the guardianship/custody of the infant.

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:

N/A

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

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

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

Explain:

N/A

Required Actions Related to the Fatality

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

Issue:	Required data and official documents
Summary:	The documentation did not include updated information about custody of the infant who was born in May 2016.
Legal Reference:	428.3(b)(2)(i)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Contact/Information From Reporting/Collateral Source
Summary:	The ACS case record did not include information about EMS response to the case address on 5/28/16.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)



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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/28/2016

Time of Death: 07:07 PM

County where fatality incident occurred:

RICHMOND

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to respond to the scene?

Yes

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

Unknown

Child's activity at time of incident:

- Sleeping Working Driving / Vehicle occupant
 Playing Eating Unknown
 Other: The child was in the hospital.

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

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	16 Year(s)
Deceased Child's Household	Deceased Child	No Role	Female	16 Year(s)
Deceased Child's Household	Mother	No Role	Female	38 Year(s)
Deceased Child's Household	Other Child	No Role	Female	1 Day(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)

LDSS Response

According to the ACS case record, ACS learned of the child's death on 5/31/16 when the staff received a telephone call from the MA who said the child passed away on 5/28/16 after giving birth to a female infant. The MA said the cause of was Eclampsia. The MA said the newborn infant remained was in the hospital intensive care unit for monitoring and treatment.

The SCR was notified of the circumstances surrounding the child's death. The SCR did not accept a report of suspicion of child abuse/maltreatment as it was determined there were no safety and/or risk concerns and there was nothing that the BM and/or deceased mother could have done to prevent the sudden death. Regarding the newborn infant's alleged birth father; a law enforcement referral would be made to the sex crimes unit for an investigation for the alleged father having intercourse with an under-aged minor.

ACS staff explored the possibility of the MA being a resource relative for the newborn infant. The MA expressed willingness to provide care of the newborn infant. The MA said the child (deceased) had her last prenatal appointment on 5/19/16 and everything was fine until 5/28/16 when the child became ill. The BM contacted 911 for medical assistance, EMS responded and transported the child to the hospital where she later gave birth and passed away.

ACS staff visited the hospital and attempted to interview the attending Dr. who was reluctant to provide medical information. The Dr. said the infant was born at 35 weeks gestation and weighed 3 pounds 5 ounces. The newborn infant was diagnosed with low birth weight. The Dr. indicated there were no additional health concerns.

During a 5/31/16 face-to-face contact, ACS staff offered condolence to the adult female half sibling and offered support and referral for the burial arrangements. The documentation showed the BM and two surviving minor siblings were not at the case address. ACS made follow up face-to-face contacts with the BM, BF and two surviving minor siblings on 6/2/16. ACS determined additional SICFC intervention was not necessary as the BM filed for custody of the newborn infant on 6/02/2016.

ACS received and reviewed the child's pre-natal medical records on 6/1/16. The records showed the child had prenatal visits on 4/18/16 and 5/19/16 and it was noted that she had a normal healthy pregnancy, with no medical cause for concern. The child's test result was normal and within safe medical range.

ACS staff obtained records of the surviving siblings' school attendance on 6/29/16. The records showed the 14-year-old sibling's total number of absence was 114 days: this sibling attended 64 days of school. ACS contacted the school staff who said this child was promoted to the next grade for the school year beginning September, 2016. The 9-year-old sibling was absent 59 days and present in school 119 days, and was promoted to the next grade. The ACS staff monitored the sibling's school attendance and found the 9-year-old had satisfactory school performance on 11/28/16. The 14-year-old sibling was transferred to a school suspension site due to an incident that occurred in school.

ACS staff observed the surviving siblings at the case address on 11/22/16. The siblings did not have marks/bruises indicative of abuse neglect. There were no safety concerns noted. The documentation of the home visit did not include updated information about the guardianship/custody of the infant.

The ACS case record did not indicate ACS received the autopsy report, although the agency requested the report and maintained adequate contact and made diligent efforts to obtain the report.

Official Manner and Cause of Death



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Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: There was no OCFS approved Child Fatality Review Team in NYC.

CPS Fatality Casework/Investigative Activities

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

Additional information:

Some of the Family Services Progress Notes were not entered within the required 30-day timeframe. Activities occurred on 12/4/15, 12/31/15, 1/15/16, and 2/26/16 but were entered on 1/17/16, 2/24/16 and 4/6/16, respectively.

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 safety 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"/>



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At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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

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

Explain as necessary:
N/A

Legal Activity Related to the Fatality

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



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input checked="" type="checkbox"/>	<input 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:

As of 12/15/16, the case remains open for preventive services.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
The family received Court Ordered Services to address education, child misbehavior and parental supervision needs.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:
The BM received case management.



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History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes
Was there an open CPS case with this child at the time of death? Yes
Was the child ever placed outside of the home prior to the death? No
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? No

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)
04/15/2016	12454 - Sibling, Female, 14 Years	12452 - Mother, Female, 38 Years	Educational Neglect	Indicated	Yes
	12454 - Sibling, Female, 14 Years	12452 - Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12451 - Deceased Child, Female, 16 Years	12452 - Mother, Female, 38 Years	Educational Neglect	Indicated	
	12453 - Sibling, Female, 9 Years	12452 - Mother, Female, 38 Years	Inadequate Guardianship	Unfounded	
	12462 - Other Child - Unrelated, Male, 9 Months	12461 - Other Adult - Unrelated, Female, 24 Years	Inadequate Guardianship	Unfounded	
	12454 - Sibling, Female, 14 Years	12461 - Other Adult - Unrelated, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12462 - Other Child - Unrelated, Male, 9 Months	12465 - Unrelated Home Member, Male, 23 Years	Inadequate Guardianship	Unfounded	
	12451 - Deceased Child, Female, 16 Years	12464 - Unrelated Home Member, Male, 19 Years	Lacerations / Bruises / Welts	Unfounded	
	12451 - Deceased Child, Female, 16 Years	12452 - Mother, Female, 38 Years	Sexual Abuse	Unfounded	
	12462 - Other Child - Unrelated, Male, 9 Months	12464 - Unrelated Home Member, Male, 19 Years	Inadequate Guardianship	Unfounded	
	12451 - Deceased Child, Female, 16 Years	12452 - Mother, Female, 38 Years	Inadequate Guardianship	Indicated	
	12451 - Deceased Child, Female, 16 Years	12452 - Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Indicated	
	12453 - Sibling, Female, 9 Years	12452 - Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Indicated	



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12453 - Sibling, Female, 9 Years	12464 - Unrelated Home Member, Male, 19 Years	Inadequate Guardianship	Unfounded
12453 - Sibling, Female, 9 Years	12464 - Unrelated Home Member, Male, 19 Years	Parents Drug / Alcohol Misuse	Unfounded
12454 - Sibling, Female, 14 Years	12464 - Unrelated Home Member, Male, 19 Years	Inadequate Guardianship	Unfounded
12454 - Sibling, Female, 14 Years	12464 - Unrelated Home Member, Male, 19 Years	Parents Drug / Alcohol Misuse	Unfounded
12462 - Other Child - Unrelated, Male, 9 Months	12464 - Unrelated Home Member, Male, 19 Years	Parents Drug / Alcohol Misuse	Unfounded
12451 - Deceased Child, Female, 16 Years	12464 - Unrelated Home Member, Male, 19 Years	Parents Drug / Alcohol Misuse	Indicated
12462 - Other Child - Unrelated, Male, 9 Months	12461 - Other Adult - Unrelated, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated
12453 - Sibling, Female, 9 Years	12461 - Other Adult - Unrelated, Female, 24 Years	Inadequate Guardianship	Unfounded
12453 - Sibling, Female, 9 Years	12461 - Other Adult - Unrelated, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded
12454 - Sibling, Female, 14 Years	12461 - Other Adult - Unrelated, Female, 24 Years	Inadequate Guardianship	Unfounded
12462 - Other Child - Unrelated, Male, 9 Months	12452 - Mother, Female, 38 Years	Inadequate Guardianship	Unfounded
12462 - Other Child - Unrelated, Male, 9 Months	12452 - Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unfounded
12451 - Deceased Child, Female, 16 Years	12465 - Unrelated Home Member, Male, 23 Years	Inadequate Guardianship	Unfounded
12451 - Deceased Child, Female, 16 Years	12465 - Unrelated Home Member, Male, 23 Years	Parents Drug / Alcohol Misuse	Unfounded
12453 - Sibling, Female, 9 Years	12465 - Unrelated Home Member, Male, 23 Years	Inadequate Guardianship	Unfounded
12453 - Sibling, Female, 9 Years	12465 - Unrelated Home Member, Male, 23 Years	Parents Drug / Alcohol Misuse	Unfounded
12454 - Sibling, Female, 14 Years	12465 - Unrelated Home Member, Male, 23 Years	Inadequate Guardianship	Unfounded
12454 - Sibling, Female, 14 Years	12465 - Unrelated Home Member, Male, 23 Years	Parents Drug / Alcohol Misuse	Unfounded
12462 - Other Child - Unrelated, Male, 9 Months	12465 - Unrelated Home Member, Male, 23 Years	Parents Drug / Alcohol Misuse	Unfounded
12451 - Deceased Child, Female, 16 Years	12464 - Unrelated Home Member, Male, 19 Years	Sexual Abuse	Indicated
12454 - Sibling, Female, 14 Years	12452 - Mother, Female, 38 Years	Childs Drug / Alcohol Use	Unfounded
12451 - Deceased Child, Female, 16 Years	12464 - Unrelated Home Member, Male, 19 Years	Inadequate Guardianship	Unfounded



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12454 - Sibling, Female, 14 Years	12452 - Mother, Female, 38 Years	Inadequate Guardianship	Unfounded
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Report Summary:

The 4/15/16 report alleged the 16-year-old child was five months pregnant by an unrelated home member (UMH). The BM allowed the UMH to reside in the home with the child. The UMH had a physical altercation with an unknown male on 4/12/16 at 6:30 p.m. The SC attempted to intervene and the UMH cut the SC on her right arm with a knife. The SC required emergency medical attention. The mothers and two UMHs sold drugs from the home and used marijuana, prescription drugs, cocaine and alcohol to the point of impairment while caring for the children. The BM provided marijuana to the 14-year-old sibling and smoked marijuana with the child. The SC and sibling had school absences and failed classes.

Determination: Indicated**Date of Determination:** 06/22/2016**Basis for Determination:**

ACS substantiated the allegations of PD/AM of the subject children by the mothers on the basis that the mothers tested positive for marijuana. ACS substantiated the allegation of EdN of the SC and female sibling by the BM as the BM had a continuing struggle with ensuring the children's attendance in school. ACS substantiated the allegation of SA of the SC by the UMH. ACS noted the SC was a minor when the 19-year-old male UMH engaged in sexual intercourse with the SC.

ACS unsubstantiated the allegation of SA of the SC by the BM as the BM was unaware of the relationship until the SC became pregnant. ACS unsubstantiated the allegations of IG and PD/AM pertaining to the two UMHs.

OCFS Review Results:

ACS noted there was no sign of weapons or drug paraphernalia at the case address. The BM and the other mother completed drug tests on 4/15/16 and they tested positive for marijuana use. The other mother and her infant child, and the two male adults (who were alleged subjects) did not reside at the case address. ACS did not make diligent efforts to contact the two male adults.

ACS interviewed the mothers and observed all the children. The 16-year-old child refused to provide the address of the father of her unborn child. The 16-year-old child and two minor siblings had excessive school absences and were failing classes. ACS learned about the 16-year-old child's death on 5/31/16.

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

Issue:

A child was born during an open CPS investigation and never added to the report

Summary:

The newborn infant was not added to the 4/15/16 report although the 16-year-old child (deceased) gave birth to the infant in May 2016. ACS had not yet completed the 4/15/16 investigation at the time the child gave birth to the infant

Legal Reference:

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

Action:

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

Issue:

Appropriate Application of Legal Standards (Abuse/Maltreatment)

Summary:

ACS did not establish that the 19-year-old male was a person legally responsible for the BM's children. ACS



inappropriately applied the legal standards of abuse/maltreatment as the agency substantiated the allegations of PA/DM of the 16-year-old female child by the UMH who was an alleged subject of the 4/15/16 report.

Legal Reference:

SSL 412(1) and 412(2)

Action:

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

In the 4/22/16 safety assessment, ACS noted there were safety factors that placed the children in immediate danger. However, ACS did not identify the BM's child welfare history, children and parental drug use, and caretaker's inability to manage the children's behavior as the actual safety factors.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

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

Issue:

Appropriateness of allegation determination

Summary:

In the Investigation Conclusion Narrative and Investigation Progress Notes, ACS did not provide justification to support the decision to unsubstantiate the allegation of CD/A of the child by the BM. ACS substantiated the allegation of PD/AM; however, ACS did not provide information to determine the parents' drug use had a negative impact on their ability to provide care of the children.

Legal Reference:

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

Action:

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

Issue:

Predetermination/Assessment of Current Safety and Risk

Summary:

ACS completed the Risk Assessment Profile and the agency assigned a Final Risk Rating of "Low" to the case although the family had five or more indicated reports and the BM had not been prioritizing the children's needs above her own needs or desires. The mother was unwilling to address the children's educational needs.

Legal Reference:

18 NYCRR 432.1(aa)

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation



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and inform NYCRO of the date of the meeting, who attended and what was discussed.

Issue:

Failure to Provide Notice of Indication

Summary:

ACS did not provide the Notice of Indication to the subjects of the 4/15/16 report.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/18/2015	12611 - Deceased Child, Female, 15 Years	12612 - Mother, Female, 38 Years	Educational Neglect	Indicated	Yes
	12611 - Deceased Child, Female, 15 Years	12612 - Mother, Female, 38 Years	Inadequate Guardianship	Indicated	

Report Summary:

The 12/18/15 report alleged the 15-year-old child had 48 unexcused absences from school and had been failing as a result. The BM was aware of this and did nothing to address the situation.

Determination: Indicated

Date of Determination: 01/13/2016

Basis for Determination:

ACS substantiated the allegation of EdN and IG of the SC by the BM. The SC was absent 57 and late four days during the 2015-2016 school year. The school staff said the child failed all the classes as a result of the absences. The school staff met with the BM three times and there were no changes. ACS filed an Article Ten Neglect petition in the Staten Island County Family Court and obtained Court Ordered Services for the family.

OCFS Review Results:

ACS initiated the investigation within 24 hours of receipt of the 12/18/15 report. During the investigation, ACS staff addressed the allegations with household members. The SC said she had been going to the school without attending classes. The SM denied she received notification of the child's school absences. ACS staff contacted school staff who said the SC had not attended school during December 2015. ACS obtained medical records for the SC and siblings. The records showed the children did not have chronic conditions and were not prescribed medication. The immunizations were up to date. ACS did not assess the reasons for the BM's inability to supervise of the children.

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

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

In the 1/11/16 safety assessments, ACS did not identify the BM's inability to control the children's behavior as a safety factor that actually placed the children in immediate danger.

Legal Reference:

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

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to



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address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Issue:

Failure to Provide Notice of Indication

Summary:

ACS did not provide a Notice of Indication to the subject of the 12/18/15 report.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/06/2015	12661 - Deceased Child, Female, 15 Years	12662 - Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	12679 - Sibling, Female, 13 Years	12662 - Mother, Female, 37 Years	Childs Drug / Alcohol Use	Indicated	
	12661 - Deceased Child, Female, 15 Years	12662 - Mother, Female, 37 Years	Childs Drug / Alcohol Use	Indicated	
	12661 - Deceased Child, Female, 15 Years	12662 - Mother, Female, 37 Years	Educational Neglect	Indicated	
	12661 - Deceased Child, Female, 15 Years	12662 - Mother, Female, 37 Years	Inadequate Guardianship	Indicated	
	12679 - Sibling, Female, 13 Years	12662 - Mother, Female, 37 Years	Educational Neglect	Indicated	
	12679 - Sibling, Female, 13 Years	12662 - Mother, Female, 37 Years	Inadequate Guardianship	Indicated	
	12679 - Sibling, Female, 13 Years	12662 - Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Indicated	
	12678 - Sibling, Female, 8 Years	12662 - Mother, Female, 37 Years	Lack of Supervision	Indicated	
	12678 - Sibling, Female, 8 Years	12662 - Mother, Female, 37 Years	Educational Neglect	Indicated	
	12678 - Sibling, Female, 8 Years	12662 - Mother, Female, 37 Years	Inadequate Guardianship	Indicated	
	12678 - Sibling, Female, 8 Years	12662 - Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

The 10/6/15 report alleged on an ongoing basis the BM allowed the children ages 15 and 12 years old to smoke marijuana. The mother provided the marijuana to the children and smoked marijuana with the children to the point of impairment. When the BM was impaired by marijuana she was unable to adequately care for the children and appeared to be out of it. While the BM was impaired by marijuana, the 8-year-old child was in the street alone unsupervised



sometimes until 1:00 or 2:00 a.m. The BM did not check the child. The 15 and 12-year-old children started trouble with people in the neighborhood and fought with them. The BM did not intervene when this occurred.

Determination: Indicated

Date of Determination: 11/25/2015

Basis for Determination:

ACS substantiated the allegations of CD/A, EdN, IG, LS and PD/AM stemming from the 10/6/15 report on the basis that the children had excessive school absences and lateness, the youngest child was struggling with some classes and the two older children failed all their classes as a result of school absences. The two older children had random drug test and tested positive for marijuana. The BM failed to follow through with educational plans, the BM admitted she used marijuana, she submitted to two random drug tests and the results were positive for marijuana. The BM admitted there were no rules or discipline in her home. The family had an open Court Ordered Supervision case.

OCFS Review Results:

ACS observed and engaged the children on 10/7/15. The BM and three children attended a family team meeting on 11/22/15. During the meeting, the participants discussed service planning to address concerns of the excessive school absences, marijuana misuse and lack of parental supervision. Subsequently, ACS noted the BM refused drug treatment.

ACS inappropriately completed the 10/9/15 and 11/25/15 safety assessments as the agency did not identify the BM's child welfare history, and inability and/or unwillingness to provide adequate supervision of the children, and the BM and two older children's drug use as safety factors that placed the children in immediate danger of serious harm.

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

Issue:

Predetermination/Assessment of Current Safety and Risk

Summary:

ACS inappropriately completed the Investigation Determination safety assessment as the agency did not identify the BM's child welfare history, ongoing drug misuse, children's drug use and lack of parental supervision as safety factors that placed the children in immediate danger.

Legal Reference:

18 NYCRR 432.1(aa)

Action:

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

In the 7-day safety assessment, ACS inappropriately selected the Safety Decision that stated safety factors existed, but did not rise to the level of immediate or impending danger of serious harm. The selected Safety Decision did not reflect the case circumstances as the BM did not provide adequate child supervision and guidance.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

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

Issue:

Failure to Provide Notice of Indication

**Summary:**

ACS did not provide a Notice of Indication to the subject of the 10/6/15 report.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/07/2014	12722 - Sibling, Female, 11 Years	12682 - Mother, Female, 36 Years	Educational Neglect	Indicated	Yes
	12681 - Deceased Child, Female, 14 Years	12724 - Adult Sibling, Female, 18 Years	Educational Neglect	Unfounded	
	12681 - Deceased Child, Female, 14 Years	12682 - Mother, Female, 36 Years	Educational Neglect	Indicated	

Report Summary:

The 2/7/14 SCR report alleged the 14-year-old child had excessive school absences and significant lateness during the 2015-2015 school year. The report also alleged the adult sibling was aware and frequently allowed the SC to stay at home or go to school late. The BM might have been aware that the SC had missed as much school as she had. The role of the other child was unknown.

Determination: Indicated

Date of Determination: 03/25/2014

Basis for Determination:

ACS added to the 2/7/14 report the allegation of EdN of the child who was then 11 years old by the BM. ACS substantiated the allegation of EdN of the two subject children on the basis that the children had excessive school absences. The children failed their classes as a result of their absences. The BM was aware the children had remained at home during the times they were required to attend school.

ACS unsubstantiated the allegation of EdN of the SC by the adult sibling. ACS noted the adult sibling was not a person legally responsible for the SC. The adult sibling no longer resided at the case address.

OCFS Review Results:

ACS observed and engaged the BM and three children who resided at the case address. ACS staff also interviewed the male sibling, who was then 16 years old. The male sibling resided with the MA through a family arrangement. ACS found the four children had school absences ranging from 31 to 61 days during the 2013-14 school year. During the interviews, the BM told ACS staff she did not know the reason the children had school absences. The ACS case record did not include details of the children's activities for the days they missed school. ACS did not make diligent effort to contact the adult sibling who was listed as a subject of the 2/7/14 report.

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

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

ACS did not make diligent efforts to interview the adult female sibling who was an alleged subject of the 2/7/14 report.

Legal Reference:



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

Action:

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

Issue:

Failure to Provide Notice of Indication

Summary:

ACS did not provide Notice of Indication to the subjects of the 2/7/14 report.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/11/2013	12731 - Deceased Child, Female, 13 Years	12732 - Mother, Female, 35 Years	Educational Neglect	Indicated	No
	12733 - Sibling, Female, 6 Years	12732 - Mother, Female, 35 Years	Educational Neglect	Indicated	
	12734 - Sibling, Female, 11 Years	12732 - Mother, Female, 35 Years	Educational Neglect	Indicated	

Report Summary:

The 6/11/13 SCR report alleged the 11 year old child was absent 48 times and tardy 11 times the 2012-2013 school year. The report also alleged the 6-year-old child was absent 65 times and late 13 times during the school year. The children were academically behind and failing as a result of their absences. The BM had been made aware through phone calls, but no response or improvement had been made. The children were "at risk of retention."

Determination: Indicated

Date of Determination: 08/05/2013

Basis for Determination:

ACS added to the report the allegation of EdN of the 6-year-old child by the BM. ACS substantiated the allegation of EdN of the three children by the BM. ACS noted the BM said she delegated the school attendance responsibility to the adult female half sibling. This adult half sibling allowed the subject children to stay home or arrive to school late. As a result, two of the children were required to complete summer school and the youngest child "was held over." The BM declined the ACS offer for services; however, ACS provided referrals for community based services and Person in Need of Protection program.

OCFS Review Results:

During the interview with ACS staff, the BM said she depended on the adult female half sibling to take the children to school. The BM said the BF only sporadically assisted with the children. The BM stated she became aware of the children's excessive school absences and lateness following the 6/11/13 investigation.

The school staff said the notices of school absences had been mailed the a previous address as the BM had not updated the family contact information. Following ACS intervention, the BM updated the school contact records. ACS reviewed the medical records and found there were no concerns regarding the children's health status. The children did not have



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marks/bruises.

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

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

The BM was known as a subject in 13 reports dated 8/7/95, 10/20/97, 1/31/07, 12/10/07, 1/17/08, 6/02/08, 8/18/09, 9/17/09, 10/29/09, 10/16/10, 11/08/10, 12/17/10 and 8/2/11.

ACS indicated the reports dated 8/7/95, 10/20/97, 1/17/08, 6/2/08, 8/18/09 and 9/17/09. The 1/17/08 investigation was suspended and merged with the 12/10/07 report. ACS substantiated the allegations of LMC, Other, IG, PD/AM, EdN and LOS pertaining to the BM's children.

ACS unfounded the reports dated 10/29/09, 10/16/10, 12/17/10 and 8/2/11. The 11/8/10 investigation was suspended and merged with the 10/16/10 report. ACS unsubstantiated the allegations of Burns, Scalding; IG; L/B/W; LOS; PD/AM stemming from these reports. The family received preventive services.

The BM was also known in a report dated 4/19/07. The allegations of the 4/19/07 report were IG, EN, LMD, LOS and SA. The BM was listed as having "No Role" in the report. The report was pertaining to a half sibling (now adult) who resided with his father and paternal grandparent in Dutchess County. The allegation of IG was substantiated and the other allegations were unsubstantiated.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 11/10/2015

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



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danger or increased their risk of harm?				
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The most recent FASP had a due date of 6/7/16. The JBFCS agency completed the FASP on 6/15/16.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

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

Yes No

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	The JBFCS agency did not enter some casework activities within the required 30-day timeframe. Some activities occurred on 12/4/15, 12/31/15, 1/15/16, 2/26/16 and 3/3/16, but were entered on 1/17/16, 2/24/16 and 4/6/16, respectively.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	JBFCS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. JBFCS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Issue:	Timeliness of completion of FASP
Summary:	The JBFCS agency completed the 6/7/16 FASP on 6/15/16.
Legal Reference:	18 NYCRR 428.3(f)(5)
Action:	JBFCS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. JBFCS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	ACS did not enter some of the Family Services Progress Notes within the required 30-day timeframe. The activities with event dates 5/31/14, 8/11/14 and 8/31/14 were entered on 7/4/14, 11/6/14 and 1/29/14, respectively.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Preventive Services History

During the 6/2/08 investigation the family accepted services to address parental supervision and housing needs. ACS opened the Family Services Stage (FSS) on 7/31/08. ACS filed an Article Ten Neglect petition in KCFC on 8/19/08. The judge ordered Court Ordered Supervision and the family received case management, educational monitoring, drug treatment, Early Intervention, day care services and casework counseling. The family relocated to Staten Island. ACS closed the FSS on 9/2/11 after the agency experienced difficulty in engaging the family.



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Between 3/3/14 and 11/7/14, the family received case management, case work counseling and health services to address lack of parental discipline in the home, the children's excessive school absences, and parental history of drug misuse. The activities with event dates 5/31/14, 8/11/14 and 8/31/14 were entered on 7/4/14, 11/6/14 and 1/29/14, respectively.

ACS opened a FSS on 11/10/15 after the agency found the SM and children ages 13 and 15 years old had been using marijuana and the BM was unable and/or unwilling to supervise the children. ACS filed an Article Ten Neglect petition in SICFS and the judge stipulated Court Ordered Supervision. As of 12/13/16, the family continued to receive PPRS through the Jewish Board of Family and Children Services agency. The casework contacts were adequate for the program requirements.

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

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement 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.

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:
11/17/2015	Adjudicated Neglected	There was not a disposition
Respondent:	033143 Mother Female 38 Year(s)	
Comments:	ACS filed an Article Ten Neglect petition in the SICFC on 11/17/15 on behalf of the child (deceased) and the two younger siblings, naming the mother as the respondent. During the hearing ACS learned that BM has been compliant with PPRS requirement. One of the surviving sibling was on a school suspension. The SICFC directed ACS to make all necessary referrals including announced and	



unannounced home visits, and provide updated written report to include the family’s service plan, referrals made, compliance, and visitation. The case was adjourned to 3/4/16.

According to the Family Services Progress Note the case was heard for fact finding/settlement on 8/4/2016. ACS Family Court Legal Services provided report to SICFC indicating the family was engaged in services through the JBFCS agency. The SICFC released the two minor children to the BM with six months of ACS supervision. The BM agreed to abide by the following terms of the suspended judgment: refrain from acts of abuse/maltreatment involving children; cooperate with ACS supervision, by providing all addresses of children, unrestricted access to the home including announced and unannounced visits; comply/cooperate with PPRS, additional community based services and court intervention, if needed; cooperate with the school requirements and ensure children attend school regularly and maintain safe and suitable housing.

The SICFC directed ACS to continue monitoring the family and ensure the children’s needs were met. ACS was also directed to make all necessary referrals and monitor compliance and notify FCLS if any issues or concerns arose prior to the next court hearing. The next Family Court hearing was scheduled for 2/1/17.

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