



Report Identification Number: SV-14-006

Prepared by: Spring Valley Regional Office

Issue Date: 7/31/2015

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

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

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

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

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

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

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

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



Abbreviations

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

Case Information



NYS Office of Children and Family Services - Child Fatality Report

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

Jurisdiction: Westchester
Gender: Male

Date of Death: 04/20/2014
Initial Date OCFS Notified: 05/12/2014

Presenting Information

On 4/20/2014, a report was called in to the New York Statewide Central Register of Child Abuse and Maltreatment with allegations of DOA/Fatality and Inadequate Guardianship on behalf of the two-year-old subject child, against his Foster Mother. This report alleged the subject child had recently been ill with diarrhea, was pale in color, and fell down while in the bathroom. The Foster Mother was alleged to have smacked the subject child in an attempt to wake him up; however the subject child remained unresponsive. The Foster Mother wrapped the subject child in a towel and brought him to the hospital where he was pronounced dead at 10:20 PM. The report alleged the subject child had no pre-existing health conditions, and therefore the child's death was considered suspicious.

Executive Summary

The Statewide Central Register (SCR) received a report on 4/20/2014, which alleged Inadequate Guardianship and DOA/Fatality against the foster mother on behalf of the two-year-old male subject child (SC). An allegation of Lack of Medical Care was added during the investigation. The report alleged the SC had recently been ill with diarrhea and fell down while in the bathroom. The foster mother brought the SC to the hospital, where he was pronounced dead on 4/20/2014.

The foster home was certified through St. Dominic's since 12/4/08 to accept placements from the New York City Administration for Children's Services (ACS) with a licensed capacity of two children. The licensing of the home included additional safety assessments as the foster mother had disclosed a previous criminal record. The assessment was appropriate. The SC was placed in foster care on 06/01/2012, due to findings of Inadequate Guardianship, Inadequate Food, Clothing and Shelter against the biological mother. Two other foster children lived in the home, the subject child's twin sister and an eleven year old boy. The foster mother's boyfriend and their two year old daughter also lived in the home. In addition, at the time of the subject child's death the mother's nineteen year old biological daughter, her boyfriend and one year old baby were all living in the home. Upon arrival, police spoke to the foster mother's boyfriend. The boyfriend advised the police that he witnessed the foster mother rush out of the home with the child, but was unaware of what transpired. As the investigation continued police learned that there was a pending court order of protection from a domestic violence case that prohibited the boyfriend from being in the home or in the presence of the foster mother and that he was residing in the home in violation of the order.

Westchester County Department of Social Services (WCDSS) conducted an investigation into the allegations, coordinating with law enforcement, ACS and St. Dominic's, as the biological mother resided in NYC. Appropriate collateral contacts were made, and pertinent information was obtained. WCDSS contacted the SC's medical providers, as well the family members of each of the children in the FM's care at the time of the SC's death. The surviving children at the foster home were removed during fatality the investigation.

On 6/19/2014, WCDSS substantiated the allegations of Inadequate Guardianship and Lack of Medical Care against the Foster Mother on behalf of the SC. The basis for determination was the Foster Mother had neglected to take the SC to appointments with his Cardiologist, Dermatologist, Endocrinologist, Gastroenterologist, Neurologist, and Nutritionist, and did not follow documented medical treatment plans. At the autopsy, the Medical Examiner noted

bruising on the SC's buttock and back and healed fractures on his humerus and femur that did not appear consistent with typical toddler mishaps or falling. There appeared to have been a pattern of neglect, including photographs of the SC tied to the bed, in which the FM could offer no explanation.

The allegation of DOA/Fatality was unsubstantiated as the manner of death was unknown at the time and the cause of death was Sudden Unexplained Death of a child with Failure to Thrive; Remote and Recent Blunt Force Trauma. No causal connection could be established between the noted neglect and the death of the SC. It was determined that the failure to provide minimum degree of care did not contribute to the death.

OCFS identified concerns with the WCDSS' investigation, including an absent 30-day child fatality safety assessment, an inaccurate 7-day safety assessment, and an improperly scored Risk Assessment.

The final autopsy report listed the cause of death was a, "sudden unexpected death of a two year-old child with failure to thrive; remote and recent blunt force injuries." The manner of death was deemed to be undetermined. No criminal charges were filed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** No

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

The investigation was handled promptly and appropriately.

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 surviving sibling and other foster child were removed from the foster mother's home and placed elsewhere.

Required Actions Related to the Fatality



NYS Office of Children and Family Services - Child Fatality Report

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

Issue:	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	A 30-day Alleged Child Fatality safety assessment was not completed.
Legal Reference:	CPS Program Manual, VIII, B.2, page 4
Action:	WCDSS will submit a corrective action plan to the Office of Children and Family Services within 30 days to address the completion of 30 day Fatality safety assessment.
Issue: Pre-Determination/Assessment of Current Safety/Risk	
Summary:	The Investigation Determination safety assessment was listed as a CPS 7-day safety assessment in the current system of record. Additionally, there were safety factors that had not been selected, and the safety decision did not reflect the known circumstances of the case at the time the assessment was submitted. The Risk Assessment Profile (RAP) had selected answers that did not reflect the comment associated with the selected answer. Additionally, the questions in the RAP were answered pertaining to both the biological and foster family units together, and some were not answered to reflect the known circumstances of the case at the time the assessment was submitted. This would have changed the preliminary risk rating and score as well as the final risk rating.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(b)
Action:	WCDSS will submit a corrective action plan to the Office of Children and Family Services to address the citation with regard to Pre-Determination/Assessment of Current Safety/Risk in this fatality report within thirty days of the report being issued.
Issue: Adequacy of foster home certification, approval training, or monitoring	
Summary:	The SC medical needs were not met by the FM. The placements in the home exceeded the licensed capacity. There was at least one adult in the household not supposed to be residing there.
Legal Reference:	18 NYCRR Part 443
Action:	Within 30 days of the issuance of this report, St Dominic's will submit a corrective action plan to the NYC Regional Office to address issues in regard to adequacy of foster home monitoring and licence capacity violation pursuant to 18 NYCRR 443.3 (r).
Issue: Timely/Adequate Seven Day Assessment	
Summary:	The Seven-Day safety assessment was completed on 4/21/2014. Although the assessment was timely, all information obtained within seven days was not reflected in the assessment.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	WCDSS will submit a corrective action plan within 30 days to address the adequacy of Seven Day Assessments.

Fatality-Related Information and Investigative Activities



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Incident Information

Date of Death: 04/20/2014

Time of Death:

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

County where fatality incident occurred:

WESTCHESTER

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

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

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Toileting

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	39 Year(s)
Deceased Child's Household	Other Adult	No Role	Female	19 Year(s)
Deceased Child's Household	Other Child	No Role	Female	2 Year(s)
Deceased Child's Household	Other Child	No Role	Male	7 Year(s)
Deceased Child's Household	Other Child	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Mother	No Role	Female	21 Year(s)
Other Household 2	Father	No Role	Male	33 Year(s)

LDSS Response

The Statewide Central Register (SCR) received a report on 4/20/2014, which alleged Inadequate Guardianship (IG) and DOA/Fatality against the FM on behalf of the two-year-old male subject child (SC). Lack of Medical Care allegations were added also against the FM. This report alleged the SC had recently been ill with diarrhea and fell down while in the



bathroom. The FM tried to revive him by smacking his face, before wrapping him in a towel and bringing him to the hospital. The SC was pronounced dead at 10:20 PM on 4/20/2014. According to the report, the SC had no pre-existing health conditions, so his death was considered suspicious.

The SC was placed in foster care on 06/01/2012, due to findings of IG, Inadequate Food, Clothing and Shelter against the biological mother. The FM was certified through St. Dominic's Home, a voluntary agency in NYC.

Westchester County Department of Social Services (WCDSS) conducted an investigation into the allegations, coordinating with ACS and law enforcement. Appropriate collateral contacts were made, and pertinent information was obtained. WCDSS contacted medical professionals, interviewed the children in the foster home as well as family members of each of the children in the FM's care at the time of the SC's death, and maintained contact with these individuals throughout the investigation.

The 24-hour Alleged Child Fatality Safety Assessment was appropriate and timely. The CPS 7-Day Safety Assessment was also submitted and approved on 4/21/2014. Although this assessment was timely, pertinent information was obtained within the seven-day time frame was not included and no safety modification was made. Thus, the assessment did not accurately reflect the known circumstances of the case at the 7-day point. The Investigation Determination Safety Assessment was timely, however it did not accurately reflect the known circumstances of the case at the time the assessment was made. This assessment was also listed as CPS 7-Day and not Investigation Determination. There was no approved 30-day Alleged Child Fatality Safety Assessment listed in Connections, however; the 30-day report was submitted and approved on time on 5/19/2014. These two documents are intended to be complementary of each other.

The Risk Assessment Profile (RAP) was recorded combining the circumstances of both the subject FM as well as the SC's biological family. Additionally, one risk factor was not documented consistently as the radio box was checked erroneously and did contradict the comment in the respective narrative. Several questions were not answered consistently with the known circumstances of the case as documented elsewhere in the case record. These factors would have reflected higher preliminary and final risk ratings and scores.

On 6/19/2014, WCDSS substantiated the allegations of IG and Lack of Medical Care against the FM on behalf of the subject child. It was determined that the FM had neglected to take the SC to appointments with various specialists and did not follow medical treatment plans. At the autopsy, the Medical Examiner noted bruising on the SC's buttock and back. Healed fractures on his humerus and femur that did not present as consistent with typical toddler mishaps or falling. There appeared to have been a pattern of neglect, including photographs of the SC tied to the bed, for which the FM could offer no explanation. The allegation of DOA/Fatality was unsubstantiated as the manner of death was unknown at the time of the determination. The cause of death was preliminarily listed as Sudden Unexplained Death of a child with Failure to Thrive; Remote and Recent Blunt Force Trauma. No causal connection could be established between the noted neglect and the death of the SC and it was determined the failure to provide minimum degree of care did not contribute to the death.

The final autopsy confirmed the preliminary findings and the manner of death was listed as undetermined.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner



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Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: The child was reviewed by the Westchester County Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
009061 - Deceased Child, Male, 2 Yrs	014301 - Foster Parent, Female, 39 Year(s)	DOA / Fatality	Unsubstantiated
009061 - Deceased Child, Male, 2 Yrs	014301 - Foster Parent, Female, 39 Year(s)	Inadequate Guardianship	Substantiated
009061 - Deceased Child, Male, 2 Yrs	014301 - Foster Parent, Female, 39 Year(s)	Lack of Medical Care	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities



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

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

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



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Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 The surviving sibling was placed with her mother on extended leave and would remain in her care as per an emergency Family Court hearing on 4/22/2014 at Bronx Family Court. The Foster Mother's two-year-old daughter was placed via a family arrangement with a maternal relative, and the eleven-year-old male foster child was placed in an alternative foster home.

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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The Family Service Stage (FSS) remained open at the time of the case investigation closure in regard to the biological family.

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? No
- Was the child ever placed outside of the home prior to the death? Yes
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? Yes

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)
04/21/2011	1352-Other Child,Female, 16 Years	1431-Foster Parent,Female, 36 Years	Inadequate Guardianship	Unfounded	No
	1353-Other Child,Female, 16 Years	1431-Foster Parent,Female, 36 Years	Inadequate Guardianship	Unfounded	

Report Summary:

On 4/21/2011, a case was called in to the State Central Registry which alleged Inadequate Guardianship against the Foster Mother on behalf of her then sixteen-year-old twin daughters. The report alleged the twins had run away four times since 12/2010 and had been missing for two months following a verbal dispute between the twins and the Foster Mother which escalated and the Foster Mother allegedly swung a baseball bat at the twins.

Determination: Unfounded

Date of Determination: 06/20/2011

Basis for Determination:

The allegation was unsubstantiated as the Foster Mother had filed a missing persons report with the local police, had notified the school in a timely manner and had made efforts to locate the twins on her own with the help of her family members. There was also no credible evidence found to support the Foster Mother swung a baseball bat at the twins. In 3/11, the Foster Mother also attempted to file a Persons In Need of Supervision (PINS) petition against the twins. However it was declined as the twins were not home at the time the Foster Mother went to file. With the help of WCDSS, a PINS petition was issued on 6/16/11 against the twins by Yonkers Family Court. The case closed on 6/20/11.

OCFS Review Results:



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This investigation met regulatory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/12/2011	1436-Sibling, Female, 16 Years	1432-Foster Parent, Female, 36 Years	Inadequate Food / Clothing / Shelter	Far-Closed	No
	1436-Sibling, Female, 16 Years	1432-Foster Parent, Female, 36 Years	Inadequate Guardianship	Far-Closed	
	1437-Sibling, Female, 16 Years	1432-Foster Parent, Female, 36 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	1437-Sibling, Female, 16 Years	1432-Foster Parent, Female, 36 Years	Inadequate Guardianship	Far-Closed	
	1436-Sibling, Female, 16 Years	1433-Other Adult, Male, 38 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	1436-Sibling, Female, 16 Years	1433-Other Adult, Male, 38 Years	Inadequate Guardianship	Far-Closed	
	1437-Sibling, Female, 16 Years	1433-Other Adult, Male, 38 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	1437-Sibling, Female, 16 Years	1433-Other Adult, Male, 38 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

On 9/12/11, a case was called into the State Central Registry alleging Inadequate Guardianship and Inadequate Food/Shelter/Clothing against the foster mother and a parent substitute on behalf of the foster mother's then twin sixteen-year-old daughters as well as the foster mother's seventeen-year-old daughter. The report alleged the children were kicked out by their mother from the home in 12/2010. Based on the nature of the allegations and other considerations, the family was in receipt of Family Assessment Services. The family was referred to victim assistance services and the case closed on 11/10/11.

OCFS Review Results:

The case met NYS regulatory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/07/2012	1481-Deceased Child, Male, 1 Days	1485-Mother, Female, 18 Years	Inadequate Guardianship	Unfounded	No

Report Summary:

On 1/7/12, a report was made to the State Central Registry with an allegation of Inadequate Guardianship against the mother on behalf of the then one-day-old subject child. This report alleged the mother did not have a stable home environment, food, or provisions for the subject child. It was also alleged that the mother had a history of violent outbursts and unpredictable behaviors, and was hospitalized for psychiatric evaluation two weeks prior to the report.

Determination: Unfounded

Date of Determination: 01/31/2012

Basis for Determination:

The allegation was unsubstantiated cooperated with the investigation, tested negative for all substances, and accepted



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preventive services.

OCFS Review Results:

This case meets NYS regulatory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/20/2013	1440-Sibling,Female, 6 Months	1439-Foster Parent,Female, 38 Years	Burns / Scalding	Unfounded	No
	1440-Sibling,Female, 6 Months	1439-Foster Parent,Female, 38 Years	Lack of Medical Care	Unfounded	
	1440-Sibling,Female, 6 Months	1439-Foster Parent,Female, 38 Years	Lack of Supervision	Unfounded	
	1441-Deceased Child,Male, 17 Months	1439-Foster Parent,Female, 38 Years	Burns / Scalding	Unfounded	
	1441-Deceased Child,Male, 17 Months	1439-Foster Parent,Female, 38 Years	Lack of Medical Care	Unfounded	
	1441-Deceased Child,Male, 17 Months	1439-Foster Parent,Female, 38 Years	Lack of Supervision	Unfounded	

Report Summary:

On 8/20/13 a report was made to the State Central Registry alleging Lacerations/Bruises/Welts on behalf of the then-seventeen-month-old subject child as well as Lack of Medical Care and Burns/Scalding on behalf of the subject child's then six-month-old female sibling against the foster mother. This report alleged the subject child was tied to his crib and covered with bruises that resembled hand-prints. The report also alleges the sibling had third degree burns that were sustained three weeks prior. No medical attention was sought for either child and it is unknown how they sustained their respective injuries.

Determination: Unfounded

Date of Determination: 10/11/2013

Basis for Determination:

The allegations were unsubstantiated as the investigation revealed no evidence of any marks, bruises or burns on the children. The children appeared to be well cared for by their foster mother during the investigation.

OCFS Review Results:

This case met NYS regulatory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/13/2014	1492-Deceased Child,Male, 2 Years	1491-Mother,Female, 20 Years	Inadequate Guardianship	Unfounded	No

Report Summary:

on 1/13/14 a care was called into the State Central Registry with allegation of Inadequate Guardianship against the biological mother on behalf of the two-year-old subject child. This report alleged the mother punched the subject child in the face.

Determination: Unfounded

Date of Determination: 02/27/2014

Basis for Determination:



The allegations were unfounded as the investigation confirmed the subject child was in foster care with supervised visits with the biological mother at the time the incident was alleged to have occurred. The supervising foster mother denied observing the biological mother strike the subject child. The case closed on 2/2/7/14; however, the biological mother's service case remained open.

OCFS Review Results:

This case met NYS regulatory requirements.

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

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

A review of the current system of record revealed nine cases from 2/9/1999 through 4/20/2011 with allegations of Inadequate Guardianship, Lacerations/Bruises/Welts, Lack of Medical Care, Burns/Scalding, Excessive Corporal Punishment, Educational Neglect, Lack of Supervision, Inadequate Food/Clothing/Shelter and Malnutrition/Failure to Thrive against the subject child's Foster Mother. All allegations from these cases were unfounded.

A review of the current system of record revealed three cases from 5/2/2007 through 6/17/2010 with allegations of Educational Neglect, Lack of Supervision, and Inadequate Guardianship against the subject child's maternal biological grandmother on behalf of the subject child's biological mother and the mother's brother. The allegation of Education Neglect was substantiated, while the allegations of Lack of Supervision and Inadequate Guardianship were unfounded.

A review of the current system of record revealed two cases from 3/28/2005 through 10/3/2005 listing the biological father as an alleged subject with allegations of Lack of Supervision, Inadequate Guardianship, Inappropriate Isolation and Restraint, Inadequate Food, Clothing, Shelter, and Lacerations, Bruises, Welts agasint the subject child's three half-siblings. These reports were indicated for all allegations against the subject child's biological father.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Services Open at the Time of the Fatality

Family Assessment and Service Plan (FASP)

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



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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 Seven Day Assessment
Summary:	The Seven-Day Safety Assessment was completed on 4/21/2014, thirteen-minutes after the 24-Hour Alleged Child Fatality Safety Assessment. Although the assessment was timely, additional pertinent information was obtained by the seven-day mark.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	Westchester County Department of Social Services will submit a corrective action plan to the Office of Children and Family Services to address the citation in regard to Timely/Adequate Seven Day Assessment in this fatality report within thirty-days of the report being issued.
Issue:	Predetermination/Assessment of Current Safety and Risk
Summary:	The Investigation Determination Safety Assessment was listed as a CPS 7-day safety assessment in the current system of record. Known safety factors were not been selected, and the safety decision did not reflect the circumstances of the case.
Legal Reference:	18 NYCRR 432.1(aa)
Action:	Westchester County Department of Social Services will submit a corrective action plan to the Office of Children and Family Services to address the citation in regard to Predetermination/Assessment of Current Safety and Risk in this fatality report within thirty days of the report being issued.
Issue:	Required reports to the SCR/additional information helpful during investigation.
Summary:	A 30-day Alleged Child Fatality safety assessment was not completed.
Legal Reference:	SSL 422.3
Action:	Westchester County Department of Social Services will submit a corrective action plan to the Office of Children and Family Services to address the citation in regard to Required reports to the SCR/additional information helpful during investigation in this fatality report within thirty days of the report being issued.

Preventive Services History

On 2/1/2012, Preventive Services was sought for the biological mother and a case was opened for such services on 3/6/2012. The subject child's biological mother accepted Parenting Training, Housing Services, Drug Counseling and Treatment Services as well as Case Management Services. A Diagnostic Evaluation and Early Intervention Services were also offered to the family for the subject child and accepted by the mother.



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: 05/30/2012

Date of placement with most recent caregiver? 11/20/2014

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

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

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

Visitation

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

Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent Service Plan Review consistent with case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts



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

Provider Oversight/Training

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

Required Action(s)

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

Yes No



Foster Care Placement History

The subject child was placed in foster care under a neglect petition that was filed on 2/13/2013 due to findings of Inadequate Guardianship and Inadequate Food, Clothing, Shelter against the mother. Prior to removal, the biological mother had an open preventive services case; however, she did not engage in services. The preventive services case was opened after a CPS investigation, which was filed on 1/7/12 and closed on 1/31/2012.

On 2/8/2013, a subsequent CPS report was made to the State Central Registry with allegations of Inadequate Guardianship on behalf of the then one-day-old surviving sibling against the mother. The subject child was listed as having "No Role" in the case. The report alleged the subject child was in Foster Care placement and the sibling is the derivative. The allegation was substantiated and court intervention was necessary as the subject child was already in care, and the mother had not yet completed the requested services. The case was closed on 3/26/2013; however the service case remained open.

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:
05/23/2012	Adjudicated Neglected	Foster Care Placement to Continue
Respondent:	the mother	
Comments:	Foster care placement to continue. The case was adjourned to September 2013, twice in February 2014 and then to June 2014. The subject child passed away prior to the June 2014 court date.	

Have any Orders of Protection been issued? Yes

From: Unknown	To: 07/23/2014
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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