



Report Identification Number: NY-20-070

Prepared by: New York City Regional Office

Issue Date: Jan 19, 2021

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased

Jurisdiction: Office Of Special Investigations

Date of Death: 07/16/2020

Age: 3 year(s)

Gender: Male

Initial Date OCFS Notified: 07/20/2020

Presenting Information

The report alleged on 7/15/20, the three-year-old male child (SC) experienced tightness in his chest. The SC had a pre-existing medical condition, so the foster parent (FP) gave the SC the prescribed medical treatment and the SC returned to sleep. Approximately one hour later, the FP discovered the SC was not breathing. The FP called 911 for emergency medical assistance. EMS and LE responded to the home and found the FP administering CPR to the SC. EMS transported the SC to the hospital where they regained a pulse. The SC died while in the hospital. The SC had burn marks on his abdomen that were sustained while in the care of the FP. The FP’s explanation was inconsistent with the injuries.

Executive Summary

The SCR registered three reports dated 7/15/20 and one on 7/20/20 regarding the death of this three-year-old male child who was in the care of his FP. ACS initiated the investigation and addressed the allegations of Burns, Scalding, IG, and LMC of the SC by the FP.

ACS learned that the FP reported he awoke just before 5:30 AM, he used the bathroom and returned to the couch and found the SC unresponsive. The FP called 911 for emergency medical assistance. EMS and LE responded to the home and observed the FP administering CPR to the SC. EMS transported the SC to the hospital where the SC was placed on life support. The SC died at 7/16/20.

ACS interviewed the medical provider and LE. The Dr. reported small burns were found on the SC’s abdomen; there were no internal injuries. The FP explained that a candle fell, and the wax splashed onto the SC's abdomen; both the Dr. and LE found the explanation plausible. ACS learned the incident occurred two to three weeks prior to the SC’s death, it was not reported to the foster care agency and the FP did not seek medical attention. LE found no evidence of criminality. The report from the office of the ME was pending.

ACS learned there were no other children in the foster home and the FP had no children. ACS documented that the SC was legally freed, and the FP was the adoptive resource.

The FP reported that on 7/14/20, at approximately 10:00 AM, he administered medical treatment to the SC who, complained of tightness in his chest and shortness of breath and at 3:00 AM the following morning. He reported he and the SC were laying head to head on the couch where they fell asleep.

ACS learned from the case planner (CP) that in the past, the FP reported the SC experienced tantrums, as he threw himself onto the wall. The CP reported that on her visits, she observed healings of evidence of the tantrums the FP reported. The FP was given training to address how to manage a child with tantrums. The CP made monthly visits and the last home visit occurred on 7/13/20. The CP reportedly did not observe burns on the SC because “an overall visual of the SC was done, where his clothing was not removed.” The CP reported no knowledge of marijuana use and no indication of cigarette smoke, involving the FP.

ACS received information from the SC’s multiple medical care providers who had no concerns regarding the care and attention the FP provided. They reported the SC looked to the FP for approval and praise.



On 9/11/20, ACS unsubstantiated the allegation of DOA/Fatality on the basis of no credible evidence. ACS substantiated the allegations of Burns, Scalding, IG and LMC. ACS recommended the foster care agency involuntarily close the FP's home effective 9/28/20 and recommended not to be re-open.

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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? Yes

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

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

Explain:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/16/2020

Time of Death: 11:11 PM

Date of fatal incident, if different than date of death:

07/15/2020

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

05:30 AM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

05:26 AM



Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Male	28 Year(s)

LDSS Response

ACS initiated the investigation within the required timeframe, by contacting the medical staff and LE to obtain relevant information regarding the death of the SC. ACS learned that the FP called 911 at 5:26 AM on 7/15/20. EMS arrived at the home at approximately 5:32 AM and observed the FP administering CPR to the SC as he laid on the floor. The SC was transported to the hospital and on 7/16/20, he was pronounced dead at 11:11 AM

ACS learned from the Dr., EMS and LE that the SC was found with two small burns of different sizes on his abdomen. The FP reported that on 3/13/20, the candles that were lit on a cake fell and splashed on the SC. The authorities found his explanation plausible; however, they observed the burns in a healing stage of no longer than one month. The FP told the Dr. and LE he reported the incident to the case planner (CP) on the day it occurred. LE found no evidence of criminality. The office of the ME reported the autopsy was pending the results of additional tests.

The FP told ACS that the SC had unsteady gait, difficulty breathing during sleep and developmental disabilities. The FP explained that he and the SC awoke after 5:00 AM and he told the SC he would make him breakfast soon and the SC responded. He returned from the bathroom and found the SC unconscious. The FP stated that during the most recent medical visit to the foster care agency (FCA) on 4/20/20, the staff gave him ointment to use on the SC's abdomen and on his lip.

According to ACS, the incident was not documented in the records of the FCA. ACS interviewed the medical staff at the FCA who examined the SC during that visit; the staff observed no burns and said the FP was concerned mainly with the SC's breathing during sleep. The SC was given ointment to apply to his lip and medication to ease breathing. The SC was up to date with immunizations.

The CP reported the last home visit occurred on 7/13/20, there were no marks or bruises found on the SC's exposed skin except for his upper lip that appeared to be a medical condition. The CP reportedly observed the SC previously presented to have red scabbed lip; however, the FP said the SC constantly picked his lip. During the visit, the SC wore shorts and a



T-shirt and according to the CP, she was “not allowed to see the SC undressed.” The CP stated the FP usually reported any changes or concerns relating to the SC. In the past, the FP reported the SC had tantrums and threw himself against the wall. The FP received training to address the behavior. The CP was not aware the SC sustained burns and she had not observed any signs that the FP smoked. The CP was aware the SC had a medical condition for which he was prescribed medication. The home was clean and free of odors.

ACS interviewed the day care provider (DCP) who saw the SC, five days per week from September 2019 until July 2020. ACS received documentation from the DCP that reflected the FP informed the agency of the burns that were the result of a lit candle that spilled on 3/16/20 and that he applied the ointment to the burns. There were no reported concerns for the care the FP provided. ACS received information from medical personnel, who provided services to the SC and they had no concerns for the care the FP provided. ACS interviewed family and friends whose comments were similar. The FCA provided burial funds.

On 9/11/20, ACS unsubstantiated the allegation of DOA/Fatality of the SC by the FP citing no criminality was found and the autopsy was pending. ACS substantiated the allegation of Burns, IG and LMC of the SC by the FP citing the FP failed to exercise a minimum degree of care when the candle was lit, and he failed to report the incident and seek medical attention.

The foster home was closed effective 9/28/20.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: The investigation adhered to previously approved protocols for joint investigations.

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056048 - Deceased Child, Male, 3 Yrs	056049 - Foster Parent, Male, 28 Year(s)	DOA / Fatality	Unsubstantiated
056048 - Deceased Child, Male, 3 Yrs	056049 - Foster Parent, Male, 28 Year(s)	Burns / Scalding	Substantiated
056048 - Deceased Child, Male, 3 Yrs	056049 - Foster Parent, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
056048 - Deceased Child, Male, 3 Yrs	056049 - Foster Parent, Male, 28 Year(s)	Lack of Medical Care	Substantiated

CPS Fatality Casework/Investigative Activities



	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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

Explain:

There were no other children in the home.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was the child ever placed outside of the home prior to the death?	Yes
Were there any siblings ever placed outside of the home prior to this child's death?	N/A
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)	Allegation Outcome	Compliance Issue(s)
07/15/2020	Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Burns / Scalding	Substantiated	No
	Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Internal Injuries	Unsubstantiated	



Child Fatality Report

Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Lack of Medical Care	Substantiated
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Report Summary:

The SCR report alleged on 7/15/20, the SC became unconscious and unresponsive while in the care of the FP. The explanation for how the SC became unconscious was inconsistent.

Report Determination: Indicated	Date of Determination: 09/11/2020
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Basis for Determination:

The ACS findings showed the FP did not provide adequate supervision to the SC, thereby resulting in the SC sustaining burns to his abdomen. The FP did not notify the foster care agency or seek medical assistance. The allegation of II was unsubstantiated as the physician reported the SC had no internal injuries.

OCFS Review Results:

The investigation adhered to regulatory standards for casework practice.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/15/2020	Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Burns / Scalding	Substantiated	No
	Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Internal Injuries	Unsubstantiated	
	Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Lack of Medical Care	Substantiated	

Report Summary:

On 7/15/20, the SC was presented at the ER under cardiac arrest. The SC was revived and efforts were made to stabilize his pulse. There were two circular burn marks found on the SC's abdomen, above his genitals. The FP did not have an explanation regarding the SC's burns.

Report Determination: Indicated	Date of Determination: 09/11/2020
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Basis for Determination:

ACS found that the FP did not provide adequate supervision to the SC, resulting in the SC sustaining burns to his abdomen. The FP did not notify the foster care agency or seek medical assistance. The allegation of II was unsubstantiated, the physician reported the SC had no internal injuries.

OCFS Review Results:

The investigation adhered to regulatory standards for casework practice.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/15/2020	Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Burns / Scalding	Substantiated	No
	Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Inadequate Guardianship	Substantiated	



Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Internal Injuries	Unsubstantiated
Deceased Child, Male, 3 Years	Foster Parent, Male, 28 Years	Lack of Medical Care	Substantiated

Report Summary:

On 7/15/20, the SC was found not breathing while in the care of the FP. The SC required medical attention and was revived. The SC was found with injuries to his body. There were two burn marks on his abdomen area and soft tissue injury to his upper lip. The explanation given by the FP regarding the injuries were suspicious. The allegations were Burns, Scalding, IG, LMC and Internal Injuries.

Report Determination: Indicated**Date of Determination:** 09/11/2020**Basis for Determination:**

The allegation of Internal Injuries was unsubstantiated and the other allegations were substantiated. ACS explained that the FP did not exercise a minimum degree of care. The FP did not supervise the SC, seek medical attention and he did not notify the medical care personnel during a follow-up appointment that occurred in April of 2020.

OCFS Review Results:

The investigation was conducted along with the fatality investigation and the determination were in keeping with regulations.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/19/2019	Deceased Child, Male, 2 Years	Foster Parent, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 2 Years	Foster Parent, Male, 27 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 2 Years	Foster Parent, Male, 27 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

Report Summary:

The report alleged the SC sustained bruises while in the care of the FP. He sustained a bruise above his left eyebrow and a large bruise on his left thigh; the FP had no explanation.

Report Determination: Unfounded**Date of Determination:** 12/20/2019**Basis for Determination:**

ACS explained that the determination was based on the FP's denial of the allegations and information received from collateral contacts. ACS added that the findings showed there were no concerns for the care the FP provided except for managing the SC's behavior. The FP took actions to minimize the likelihood of the SC being harmed. ACS found no evidence to substantiate the allegations of the report.

OCFS Review Results:

ACS outlined the actions taken by the agency and the FP to ensure the SC's safety; in addition to the FP taking the initiative to get the SC medically evaluated that led to necessary services for the SC.

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

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

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

Known CPS History Outside of NYS



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: 02/02/2018

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

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

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine



Child Fatality Report

Was the most recent FASP approved on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 06/02/2018

Date of placement with most recent caregiver? 08/29/2019

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

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

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

Visitation

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

Casework Contacts



Child Fatality Report

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input 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: 07/15/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The SC was evaluated throughout his stay with the FP. The evaluations that resulted in needs, services were provided to the SC. The SC was freed and the FP was in the process of adopting the SC.

Foster Care Placement History

The SC entered foster care on 1/15/18 when his BM was hospitalized for medical treatment. The BM reported that she did not know the identity of the BF. The SC was freed for adoption and the FP was the resource. The foster care agency provided services to the SC since he was two or three months of age. This FP had the SC in his care since August 2019.

Legal History Within Three Years Prior to the Fatality



Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

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