



**Report Identification Number: NY-19-092**

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

**Issue Date: Dec 11, 2019**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 07/26/2019  
**Initial Date OCFS Notified:** 07/26/2019

## Presenting Information

The OCFS-7065 stated the infant was in the hospital at the of time his death on 7/26/19. He was pronounced dead by an attending physician.

## Executive Summary

This one-month-old male infant died on 7/26/19. NYCRO had not yet received a copy of the autopsy report at the time of issuance of this fatality report.

At the time of the infant's death, the family had an open preventive services case that began on 3/29/19. The case was opened to provide case management to the family. ACS maintained an active role in the case, and the family received PPRS. The BM gave birth to the infant in June 2019. He was born at 29 weeks gestation, and at birth he was admitted to the hospital for treatment of prematurity. He was discharged from the hospital to the BM and BF in the afternoon on 7/25/19.

ACS findings showed during the night on 7/25/19, the infant, BM, BF, and three SS were out of the home as they were traveling to the home of the PGM. The family arrived in the lobby of the PGM's home, and the infant was in a baby carrier on the BM's chest when he began gasping for air. The BM reportedly removed the infant from the carrier, placed him on a flat surface and initiated CPR. The BF obtained the assistance of LE in the neighborhood. LE provided CPR to the infant while transporting him and the family to the local hospital. The infant responded to CPR and resumed breathing. LE, family and infant arrived at a local hospital at approximately midnight. The infant was stabilized and then transferred to an intensive care unit of another hospital on 7/26/19. At approximately 1:00 PM on 7/26/19, he experienced cardiac arrest. The medical personnel attempted to resuscitate him; however, he remained unresponsive. He was pronounced dead by an attending physician.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006. ACS incorporated the information into the open preventive services case for further exploration.

The infant had six SS. The BM's parental rights were terminated for three of the six SS, and the remaining three resided in the BM and BF's home. ACS interviewed the BM and BF, engaged the three SS, and observed the home conditions. ACS discussed the circumstances of the death and provided referral for bereavement services. ACS noted the home environment was free of hazardous conditions and there was no safety factor that placed the SS in immediate danger.

ACS and CP reviewed the case circumstances and recommended random drug use screening, mental health evaluation, DV counseling, home making, Family Preservation and PPRS. The BM and BF willingly participated in PPRS but refused to participate in other recommended services. ACS obtained Family Court Legal Services (FCLS) consultation and discussed Court Ordered Supervision for the family on 7/31/19. ACS did not file an Article Ten Neglect petition regarding the family because FCLS determined there was no legal cause for action.

ACS contacted the ME's office and requested results of the autopsy. There was no new information obtained.



The case remained open for preventive services at the time of issuance of this fatality report.

## 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:

There was no CPS investigation pertaining to the infant's death.

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:

The case remained open for preventive services at the time of issuance of this fatality report.

## 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: 07/26/2019

Time of Death: 01:52 PM

County where fatality incident occurred:	Bronx
Was 911 or local emergency number called?	No
Did EMS respond to the scene?	No
At time of incident leading to death, had child used alcohol or drugs?	N/A
Child's activity at time of incident:	



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

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

**At time of incident 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	No Role	Male	1 Month(s)
Deceased Child's Household	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)

### LDSS Response

ACS met with the family and medical personnel in the hospital on 7/26/19. ACS reviewed the circumstances of the infant's hospitalization and discharge on 7/25/19. ACS received information that showed the preliminary cause of the infant's death was his pre-existing medical condition. There was no suspicion related to the infant's death. An assigned medical personnel said the infant could have benefited from a longer period of hospitalization. The case was referred to the ME for autopsy.

During a home visit on 7/26/19, ACS observed the three SS and noted the 4-year-old SS had a bruise on his chin, the size of quarter. ACS addressed the concerns and learned the SS sustained the bruise while playing with another SS.

ACS addressed sleeping arrangement and provided furniture for the 1-year-old female SS. ACS assessed the BM's child welfare history of DV, substance use, mental health concerns, educational neglect and lack of resources to meet basic needs. ACS determined the BM would benefit from drug use and mental health evaluation, DV counseling, homemaking, Family Preservation and PPRS.

On 8/6/19, ACS interviewed LE and verified there were no suspicions regarding to the infant's death. LE planned to close its investigation.

Between August and October 2019, ACS and provider agency made ongoing safety assessment and risk assessments. The SS did not have suspicious have/marks bruises. The medical records revealed the SS were healthy with no medical concerns. The family received financial assistance for the infant's burial, referral for bereavement counseling, Early Intervention (EI), child care, and monitoring of housing, child development and education needs. The BF did not participate in the services. The BM was not always available for casework contact with PPRS; therefore, the agency considered closing the preventive services case.



Some progress notes were not entered contemporaneously, including events that occurred in July 2019 but were not entered until September 2019.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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 is 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:**

Events occurred in July 2019 but were not entered until September 2019.

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



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

<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	-------------------------------------	--------------------------	--------------------------	--------------------------

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
The family was already receiving preventive services at the time of the infant's death.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
There was no removal regarding the three SS.

### 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>

**Additional information, if necessary:**

The family received PPRS.

**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 referral for EI and child care, and other support services.

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

**Explain:**

The family received casework counseling and referral for bereavement services. The BF did not participate in the service implementation.

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?**

No

**Was the child ever placed outside of the home prior to the death?**

No





# Child Fatality Report

Were there any siblings ever placed outside of the home prior to this child's death? Yes  
 Was the child acutely ill during the two weeks before death? Yes

### Infants Under One Year Old

**During pregnancy, mother:**

- |   |  |
|---|--|
| <input type="checkbox"/> Had medical complications / infections                                       | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                               | <input type="checkbox"/> Smoked tobacco        |
| <input type="checkbox"/> Experienced domestic violence  | <input type="checkbox"/> Used illicit drugs    |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

**Infant was born:**

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record |   |

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/27/2019	Sibling, Male, 5 Years	Mother, Female, 26 Years	Educational Neglect	Substantiated	No
	Sibling, Male, 5 Years	Father, Male, 32 Years	Educational Neglect	Substantiated	

**Report Summary:**

The 3/27/19 report alleged the 5-year-old SS had excessive school absences. The SS missed a significant amount of classroom instruction. The SS did not acquire basic skills for his grade level. The SS was at risk of retention. The BM and BF were notified via several telephone calls, letters sent to the home and a home visit, of the SS's excessive absenteeism. The BM and BF continued to keep the SS at home and they contributed to his educational impairment.

**Report Determination:** Indicated **Date of Determination:** 05/24/2019

**Basis for Determination:**

ACS substantiated the allegation of EdN on the basis of findings that showed the SS had excessive school absences, the SS missed instructions, and the BM and BF did not address the SS's educational needs.

**OCFS Review Results:**

ACS visited the home and observed and engaged the BM, BF and three SS within 24 hours of receipt of the 3/27/19 report. The BM and BF said they were overwhelmed with child care and other household responsibilities. They explained that the household responsibilities prevented them from taking the SC to school.

ACS found the three SS did not have marks/bruises, and there were no hazardous conditions in the home. The medical records showed the three SS had updated well-child examinations. ACS provided referrals for child care, food, supplies and furniture, and addressed sleeping arrangements issues.

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)
01/22/2018	Sibling, Female, 1 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	



Sibling, Male, 4 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated
------------------------	--------------------------	-------------------------	-----------------

**Report Summary:**

The 1/22/28 report alleged the BM and three SS were required to meet once a week with the agency for sessions. The BM did not attend the scheduled sessions. There were concerns about the BM's non-compliance with the program. There were also concerns because the BM left her children in the home without supervision in the past.

<b>Report Determination:</b> Unfounded	<b>Date of Determination:</b> 03/08/2018
--	--

**Basis for Determination:**

ACS unsubstantiated the allegation of IG of the three SS by the BM on the basis of no credible evidence.

**OCFS Review Results:**

ACS located the family and addressed the allegation of the report with the BM. ACS verified the family did not have stable housing. The BM provided documentation to verify the family opted to seek emergency housing during the times the PPRS meetings were scheduled. The BF resided at a different location due to history of DV concerns. He provided support to the BM and SS. ACS conducted ongoing safety assessments and risk assessments. The family received Court Ordered Services that addressed the BM and BF's inability to provide the SS's basic needs, and the inadequacy of parental supervision.

**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)
11/10/2017	Sibling, Female, 1 Months	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 1 Months	Mother, Female, 25 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Female, 1 Months	Mother, Female, 25 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 25 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 25 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 25 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 25 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 1 Months	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The 11/10/17 report alleged the BM left the three SS home in the home for about 10 minutes while she went to the store. The BM left the SS without adult supervision in the home in the past.

The 11/16/17 report alleged there was a kitchen fire that resulted in heavy smoke throughout the BM's home. The SS required medical evaluation due to the heavy smoke. The BM was aware of this but did not take the necessary steps to address the situation and to ensure the safety of the SS.

<b>Report Determination:</b> Indicated	<b>Date of Determination:</b> 01/09/2018
--	--

**Basis for Determination:**

ACS substantiated the allegations of IG and LS of the three SS by the BM on the basis the BM left the three SS in the home when she went out of the home to purchase an item. The BM also left the SS in the home when she ran out of the home and locked herself out of the unit. The BM did not establish a plan for the supervision of the SS while she was out of the home.



ACS substantiated the allegation of IG of the SS by the BF as the BF had knowledge of the BM leaving the SS unsupervised. The BF did not establish a plan to ensure the SS had adequate supervision in the home.

ACS unsubstantiated the allegation of LMC of the SS by BM on the basis of no credible evidence.

**OCFS Review Results:**

On 11/10/19, ACS obtained information from a collateral contact who said there was no adult in the home when the 4-year-old SS walked out to a common area. However, ACS did not make diligent efforts to observe the SS until 11/13/19.

The BM acknowledge she left the SS without supervision. ACS completed ongoing safety assessments and risk assessments, discussed safe sleep practices, and provided supplies for the female SS. The family was displaced due to a fire, and they received emergency shelter and court ordered supervision. The BF provided some support to the SS.

ACS did not provide a notice of indication to the BM and BF, who were subjects of the 11/10/17 report.

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

**Issue:**

Failure to Provide Notice of Indication

**Summary:**

ACS did not provide a Notice of Indication to the BM and BF who were subjects of the 11/10/17 report.

**Legal Reference:**

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

**Action:**

ACS must submit a PIP 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)	Allegation Outcome	Compliance Issue(s)
04/19/2017	Sibling, Male, 4 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 2 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 24 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 24 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The 4/19/17 report alleged the BM left two SS in the apartment for about three hours. The SS did not have adult supervision, and they walked out of the apartment and entered the hallways. A passerby observed the SS and returned them to the home. The 4-year-old SS opened the door of the apartment to an unknown person. It was unknown if the BF was aware of the parental supervision issue. The BF previously physically assaulted the BM in the presence of the two SS.

**Report Determination:** Indicated

**Date of Determination:** 06/16/2017

**Basis for Determination:**

ACS substantiated the allegations of IG of the two SS by the BM and BF and LS of the two SS by the BM. ACS explained that the BM and BF left the SS in the home with no adult supervision.

**OCFS Review Results:**

ACS addressed the allegations of the report with the BM who said, during the time she was out of the home, the SS did



not have adult supervision. ACS addressed concerns of DV in the BM and BF's relationship. The BM denied there was DV in the home. ACS completed ongoing safety assessment and risk assessment, and opened a preventive services case for the family. However, ACS did not include the relevant history of termination of parental rights and the BF's information in the Risk Assessment Profile. ACS did not provide notice of indication to the BM and BF.

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

**Issue:**  
Overall Completeness and Adequacy of Investigations

**Summary:**  
The investigation was incomplete as ACS was unable to contact the BF and did not obtain updated information about the allegation of ongoing DV in the home.

**Legal Reference:**  
SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**  
ACS must submit a PIP 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:**  
Adequacy of Risk Assessment Profile (RAP)

**Summary:**  
The RAP did not reflect the case circumstances because the Elevated Risk Elements did not include the BM's previous termination of parental rights. ACS did not list the BF as the Secondary Caretaker although the CPS Investigation Summary showed the BM, BF and two SS resided at the same address.

**Legal Reference:**  
18 NYCRR 432.2(d)

**Action:**  
ACS must submit a PIP 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 BM and BF who were the subjects of the 4/19/17 report.

**Legal Reference:**  
18 NYCRR 432.2(f)(3)(xi)

**Action:**  
ACS must submit a PIP 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)	Allegation Outcome	Compliance Issue(s)
12/09/2016	Sibling, Male, 2 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 3 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**  
The 12/9/16 report alleged during the night the BF beat the BM in the presence of the two SS. The BM called the police.



**Report Determination:** Indicated **Date of Determination:** 02/03/2017

**Basis for Determination:**  
 ACS substantiated the allegation of IG of the two SS by the BF. The BM admitted she was engaged in verbal altercations with the BF. LE responded to the home but the BM did not allow the responders to enter to interview her or assess safety of the SS.

**OCFS Review Results:**  
 ACS was unable to observe the family until on 12/19/16. ACS addressed the DV concerns with the BM and BF, observed the two SS, assessed home conditions and discussed preventive services. The BM and BF denied the allegation of DV but acknowledged they had frequent verbal disputes in the presence of the SS. The BM said she did not open her door when LE responded to the home. ACS noted the SS did not have marks/bruises and the BM and BF did not have observable injuries.

The BM and SS resided in a shelter. The shelter did not permit the BF entry to the home due to previous DV concerns. The BF said he visited the home to assist the BM. The BM allowed him entry without shelter consent.

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

**Issue:**  
 Case record contains information that relevant, useful, factual and objective

**Summary:**  
 The Investigation Progress Notes did not contain information about the BF's residence and his household condition. The documentation showed the shelter did not permit the BF to enter in the BM and SS's home. It was unclear if the BF provided care of the SS in his (the BF's) home.

**Legal Reference:**  
 18 NYCRR 428.1(a) and 18 NYCRR 428.1(b)(1)

**Action:**  
 ACS must submit a PIP 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 BF who was the subject of the 12/6/19 report and to the BM who was the "other person named in the report."

**Legal Reference:**  
 18 NYCRR 432.2(f)(3)(xi)

**Action:**  
 ACS must submit a PIP 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)	Allegation Outcome	Compliance Issue(s)
09/13/2016	Sibling, Male, 1 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 1 Years	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated	

**Report Summary:**

The 9/13/16 report alleged during the night the BM left the two SS without adult supervision in the apartment. The SS wandered out of the apartment. The BM's location and activities were unknown. It was unknown if this was the first incident. The BF had no role.

**Report Determination:** Unfounded**Date of Determination:** 11/10/2016**Basis for Determination:**

ACS unsubstantiated the allegations of IG and LS of the two SS by the BM. ACS explained that the BM went out of the home and left the two SS in the care of an adult friend. The SS unlocked the door and went into the hallway. The SS were not harmed. The BM provided their basic needs.

**OCFS Review Results:**

ACS addressed the allegations with the BM and BF. The BM said her friend was in the home when she went to the store. The SS reportedly opened the door, exited the apartment and was observed by a neighbor. ACS, the BM and BF discussed future plans for supervision of the SS. ACS completed the required safety assessments and determined there were no safety factors that placed the SS in immediate danger. The family received support services in the shelter.

The Risk Assessment Profile did not reflect the SS was in the custody of a substitute caregiver prior to the current report, the family history of unstable housing, and child welfare history of termination of parental rights.

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

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The Risk Assessment Profile did not reflect the older SS were in the custody of a substitute caregiver prior to the current report, the family history of unstable housing, and the BM's previous termination of parental rights.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

ACS must submit a PIP 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.

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

The BM was a subject in reports dated 8/25/09, 7/27/10, 9/12/10, 4/9/13, and 12/8/14.

The allegations of the 8/25/09, 7/27/10 and 9/12/10 reports were a combination of IG, IF/C/S, PD/AM and LS of the 10-year-old SS by the BM. These reports were indicated.

The allegation of the 4/9/13 and 12/8/14 reports was IG of the 6-year-old SS by the BM. The 4/9/13 report was indicated and the 12/8/14 report was unfounded.

The BF was the subject of a report dated 3/24/14. The allegation of the report was IG. The report was indicated.

**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 preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 03/29/2019

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: 03/29/2019

### 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 danger or increased their risk of harm?	<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"/>

### 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 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"/>



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

### Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Additional information, if necessary:

The family received PPRS.

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	ACS did not enter progress notes contemporaneously, including events dated 3/29/19, 5/24/19 and 7/30/19 that were entered on 5/23/19, 7/26/19 and 9/20/19, respectively.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	ACS must submit a PIP 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.

<b>Issue:</b>	Adequacy of case recording in FASP
<b>Summary:</b>	ACS did not assign a Secondary Caretaker role to the BF who was listed as a household member in the FASP dated 5/31/19.
<b>Legal Reference:</b>	18 NYCRR 428.6(a)
<b>Action:</b>	ACS must submit a PIP 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

The family received case management and support services from August 2014 through February 2016. ACS closed the case on 2/5/16 as the BM said she no longer needed services.





ACS opened a preventive services case for the family on 2/22/17. ACS referred the family to Safe Horizons, and Family Justice Center to address DV concerns. ACS closed the case on 3/22/17 after the BM and BF refused services.

The family received preventive services between 6/16/17 and 12/28/18. ACS filed an Article Ten Neglect petition on behalf of the SS naming the BM and BF as the respondents on 11/24/17. The allegations were IG and LS. The judge released the three SS to the BM and BF with Court Ordered Supervision (COS) under ACS. The family received EI, day care, education, child development, medical, and parenting education and housing services. ACS and CP made diligent efforts to complete the required casework contacts. The BM and BF did not always make themselves available for contact. ACS made ongoing safety assessments and closed the case after COS ended.

ACS opened a preventive services case for the family in March 2019. ACS addressed education, day care, child development and housing needs. ACS and provider agency made the required number of casework contacts to meet the program requirement. The BF refused services. The case was open at the time the infant died on 7/26/19.

### Foster Care Placement History

The family received foster care services when the 10-year-old SS was removed from the BM's care in September 2009 under an Article Ten Neglect petition filed in Family Court. The BM was the respondent. Her parental rights were terminated in March 2012. The 10-year-old SS was freed for adoption in October 2012.

The 7-year-old twin SS were in foster care placement under another Article Ten Neglect petition filed in Family Court in December 2011. The BM was the respondent. However, ACS filed an amended petition listing the BF as a respondent due to allegations of his marijuana use, and LS of the twin SS. The BM and BF's parental rights were terminated for the twin SS in 2014.

### 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:
11/24/2017	There was not a fact finding	Adjourned in Contemplation of Dismissal (ACD)
<b>Respondent:</b>	051881 Mother Female 27 Year(s)	
<b>Comments:</b>	ACD entered for six months on 6/13/18. The three SS were released to the respondent BM and BF under ACS supervision. The judge directed the BM and BF to comply with PPRS and referrals, make certain the SS attended daycare and school, and comply with reasonable ACS referrals.	

#### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
11/24/2017	There was not a fact finding	Adjourned in Contemplation of Dismissal (ACD)
<b>Respondent:</b>	051882 Father Male 32 Year(s)	
<b>Comments:</b>	ACD entered for six months on 6/13/18. The three SS were released to the respondent BM and BF under ACS supervision. The judge directed the BM and BF to comply with PPRS and referrals, make certain the SS attended daycare and school, and comply with reasonable ACS referrals.	



## 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