

Report Identification Number: NY-14-127

Prepared by: New York City Regional Office

Issue Date: 6/1/2015

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.

NYS Office of Children and Family Services - Child Fatality Report

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: 1 year(s)

Jurisdiction: Manhattan
Gender: Unknown

Date of Death: 11/22/2014
Initial Date OCFS Notified: 11/25/2014

Presenting Information

The one-year-old otherwise healthy child, expired on 11/22/14. The child had been at a family party with her father, his paramour, a male half sibling, and a female half sibling on the night of 11/23/14. The father went home after the party and the paramour remained with the one-year-old and the half female sibling to spend the night. The paramour put the one-year-old child to sleep on a couch at 10:00 P.M. At 2:30 A.M. on 11/24/14, after cleaning, she joined the child on the couch. At 4:00 A.M., the paramour awoke and found the infant on her (paramour's) chest, not breathing. EMS was called and the paramour's adult daughter performed CPR on the child as she followed instructions via telephone from EMS. The child was transported to the hospital and pronounced dead at 5:23 A. M.

Executive Summary

On 11/22/14, the SCR registered a report of the death of the now one-year-old child. The report alleged DOA/ Fatality and IG by the paramour, and IG by the father. The child was pronounced dead at 5:28 A.M.

The ACS investigation revealed that on 11/22/14, at about 10:00 P.M., the paramour placed the one-year-old child to sleep on the sofa while she cleaned up after a party in the home. At approximately 4:00 A.M., the paramour awoke to find the child limp. She awoke her adult daughter who was certified to perform CPR while she contacted 911. The one-year-old child's father, mother, and now fifteen-year-old half sibling had attended the party and left the child in the care of the paramour. The father explained that he had an early morning appointment and opted for the child care arrangement. However, later in the investigation ACS established the paramour was a person legally responsible as the paramour routinely provided care for the child who spent considerable amounts of time in the paramour's home.

Initially, there was no suspicion of maltreatment; however, on 1/30/15, the ME reported the one-year-old tested positive for a substantial amount of oxycodone – (an opioid) medication that was prescribed for an adult in the home. The ME determined the cause of death was acute oxycodone intoxication and the manner was accidental. The investigation revealed the medication was used by the paramour's mother, not the paramour.

ACS investigated the report and learned it was the paramour's mother who dropped the vial of medication and failed to account for all the pills that had been in the bottle. The father and his paramour were not aware of the fact that the paramour's mother had dropped the pills. However, on 3/21/15, ACS substantiated the allegations of DOA/ Fatality, IG of the SC by the paramour stemming from the 11/22/14 report. ACS' determination narrative stated the child died while in the paramour's care. To support the substantiation, ACS cited the autopsy report which listed the cause of death as acute oxycodone intoxication and the manner as accident. ACS documented the paramour, who was caring for the child at the time of her death, was unable to provide a plausible explanation as to how the child was able to ingest oxycodone.

ACS substantiated the allegation of IG of the SC by the paramour. ACS cited the paramour's admittance to co-sleeping, thus failing to ensure adequate sleeping arrangements for the child.

Findings Related to the CPS Investigation of the Fatality

NYS Office of Children and Family Services - Child Fatality Report

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 casework activity addressed most of the concerns in the case circumstances even when the assessment tools did not.

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.

Required Actions Related to the Fatality

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

Issue:	Appropriateness of allegation determination
Summary:	ACS substantiated the IG allegation of the SC by the paramour on the basis that the paramour opted to cosleep with the child. ACS did not address the issue of imminent risk from the co-sleeping.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(c)
Action:	ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed.
Issue:	Timely/Adequate 24 Hour Assessment
Summary:	The Safety Assessments were not completed appropriately as the comments were not related to the surviving sibling.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/22/2014

Time of Death: 05:28 AM

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

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

Yes

Time of Call:

04:34 AM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 2 Hours

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

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	Female	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	40 Year(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Male	17 Year(s)
Other Household 1	Adult Sibling	No Role	Female	18 Year(s)
Other Household 1	Father's Partner	Alleged Perpetrator	Female	37 Year(s)
Other Household 1	Sibling	Alleged Victim	Female	5 Year(s)

LDSS Response

On 11/22/14, the SCR registered a report of the death of the now one-year-old child on 11/22/14. The report alleged DOA/ Fatality and IG by the paramour, and IG by the father. The Specialist contacted the local police precinct, St. Luke's Hospital and the ME. NYPD reported the paramour summoned 911 at 4:15 A.M. stating the child was unresponsive. The NYPD and EMS responded to the home and EMS transported the child to St. Luke's Hospital where she was pronounced dead at 5:28 A.M. The Dr. reported no sign of trauma was found on the child. The NYPD was awaiting the results from the autopsy; no arrests were made.

ACS' investigation revealed that on 11/24/14; the Police Officer who responded to the home interviewed the father's paramour and she reported details leading up to the child's demise. The paramour stated the family had a birthday party for her five-year-old daughter at the paramour's mother's home. She stated that about 10:00 P.M., she placed the one-year-old child to sleep on the sofa while she cleaned after the party. At approximately 2:00 A.M., she noticed the child was awake and breathing "differently"; but she did not appear to be in any distress. She joined her on the sofa until approximately 4:00 A.M.; when she awoke to find the child limp. She awakened her adult daughter, who was certified to perform CPR while she contacted 911. The PO reported they received the 911 call at 4:34 A.M. and EMS responded to the home at 4:45 A.M.

ACS interviewed all attendees of the birthday party and their details were consistent. The paramour's mother, the paramour, her five-year-old child, and her now adult daughter slept at the paramours' mother home on the night of the party.

The one-year-old child's father, mother and now fifteen-year-old half sibling attended the party and left the child in the care of the paramour. The father had an early morning appointment so he opted to leave the child in the care of the paramour. The family reported they all monitored the child during the party and she showed no signs of illness. They all stated there was no alcohol or drug use at the home. The five-year-old sibling was safe and she remained with the paramour. The paramour and father admitted that the child spends a lot of time in the paramour's care which deemed her a person legally responsible.

On 12/9/14, the father admitted to smoking marijuana the day after the child died. He refused to be tested and declined both bereavement and substance abuse treatment services. The paramour also admitted to smoking marijuana two weeks prior to the day of the incident; however, she tested negative. She also declined both services.

On 1/30/15, the ME reported the one-year-old tested positive for a substantial amount of oxycodone and is likely the cause of death.

On 1/30/15, the SCR registered a subsequent report with the allegation of DOA/ Fatality against the paramour's mother. The investigation revealed that the paramour's mother was taking Oxycodone pills which she accidentally spilled and did not recover all; thereby giving the child access to the substance. LE found no criminality.

On 3/21/15, ACS substantiated the allegations DOA/Fatality and IG of the SC by the father's paramour from both the 11/22/15 report and the 1/30/15 reports.

On the same day, ACS substantiated the allegation IG of the SC by the father for both the 11/22/15 and 1/30/15 reports.

Official Manner and Cause of Death

NYS Office of Children and Family Services - Child Fatality Report

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

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: New York City does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
016481 - Deceased Child, Female, 1 Yrs	016482 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
016481 - Deceased Child, Female, 1 Yrs	016601 - Father's Partner, Female, 37 Year(s)	DOA / Fatality	Substantiated
016481 - Deceased Child, Female, 1 Yrs	016601 - Father's Partner, Female, 37 Year(s)	Inadequate Guardianship	Substantiated
016602 - Sibling, Female, 5 Year(s)	016482 - Father, Male, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
016602 - Sibling, Female, 5 Year(s)	016601 - Father's Partner, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated

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

NYS Office of Children and Family Services - Child Fatality Report

observation and comments in case notes)?				
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"/>

Additional information:

Both the one-year-old and five-year-old children were up to date with their immunizations. The five-year-old child attended kindergarten and attendance was good.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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"/>

NYS Office of Children and Family Services - Child Fatality Report

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

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

NYS Office of Children and Family Services - Child Fatality Report

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 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 documentation reflected the paramour was receiving unspecified preventive services at GSS and weekly bereavement counseling for herself and the five-year-old sibling at New Presbyterian Hospital.

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? No

Explain:

The family was referred to services but declined and later accepted services through the community.

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

Explain:

The family declined services and later accepted services through the community.

History Prior to the Fatality

Child Information

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

Was there an open CPS case with this child at the time of death? Yes

Was the child ever placed outside of the home prior to the death? 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? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/15/2012	2631 - Sibling, Female, 3 Years	2676 - Father, Male, 40 Years	Inadequate Guardianship	Indicated	No

Report Summary:

On 12/15/12, the father entered the home of his paramour and started an argument. The father punched her in the jaw in

NYS Office of Children and Family Services - Child Fatality Report

the presence of their three-year-old daughter. The report alleged the father has been physically violent to the mother before. The mother's seventeen-year-old daughter was not at home at the time of the altercation.

Determination: Indicated **Date of Determination:** 02/07/2013

Basis for Determination:

The determination of IG of the then three-year-old child by the father was substantiated. ACS wrote that the overall quality of care the father provided fails to meet the reasonable standard of care for the child. The father engaged in a physical altercation with her mother in her presence. ACS reasoned that the father's actions could have placed her physical and emotional harm and imminent danger.

OCFS Review Results:

NYCRO agrees with the determination and the investigation was complete.

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)
02/05/2013	2641 - Sibling, Male, 17 Years	2661 - Father, Male, 40 Years	Excessive Corporal Punishment	Indicated	No
	2641 - Sibling, Male, 17 Years	2661 - Father, Male, 40 Years	Inadequate Guardianship	Indicated	
	2641 - Sibling, Male, 17 Years	2661 - Father, Male, 40 Years	Parents Drug / Alcohol Misuse	Unfounded	
	2642 - Sibling, Male, 14 Years	2661 - Father, Male, 40 Years	Inadequate Guardianship	Unfounded	
	2642 - Sibling, Male, 14 Years	2661 - Father, Male, 40 Years	Parents Drug / Alcohol Misuse	Unfounded	
	2642 - Sibling, Male, 14 Years	2661 - Father, Male, 40 Years	Excessive Corporal Punishment	Unfounded	

Report Summary:

The seventeen-year-old and fourteen-year-old children were aware and had access to a gun that the father kept in the home. father directed his anger at the older child and threatened to harm him with the weapon. The father repeatedly used excessive force on the children as a means of discipline. He has a violent criminal background and a history of drug misuse.

Determination: Indicated **Date of Determination:** 03/14/2013

Basis for Determination:

ACS substantiated the allegations of XCP and IG of the seventeen-year-old son by the father. ACS wrote the father threatened the child because he felt he betrayed him in addition to the loaded gun found in the home.

ACS unsubstantiated the allegations of XCP and IG of the fourteen-year-old child by the father. ACS wrote the child was not present in the home during the altercation and the child reported he was not afraid of his father.

ACS unsubstantiated the allegations of PD/AM of the children by the father due to the lack of credible evidence.

OCFS Review Results:

The investigation was through and the determination was appropriate.

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

Date of SCR	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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NYS Office of Children and Family Services - Child Fatality Report

Report	Victim(s)	Perpetrator(s)			Issue(s)
06/12/2013	2681 - Deceased Child, Female, 3 Days	2682 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	Yes
	2681 - Deceased Child, Female, 3 Days	2671 - Father, Male, 40 Years	Inadequate Guardianship	Indicated	

Report Summary:
The report alleged that due to both parent's medical conditions; they may not be able to provide adequate care to the newborn.

Determination: Indicated **Date of Determination:** 08/01/2013

Basis for Determination:
The allegation of IG was substantiated against both parents for the newborn child.

ACS wrote that due to the mother's medical condition, she was unable to provide adequate care.

ACS wrote that the father's sons were currently in foster care. ACS added that the father reported he has numerous appointments and he had other children he visited daily.

OCFS Review Results:
The determination narrative does not support the determination made by ACS.

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

Issue:
Appropriateness of allegation determination

Summary:
The determination narrative was not consistent with the determination of the allegation.

Legal Reference:
18 NYCRR 432.2(b)(3)(iii)(c)

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/11/2014	2650 - Deceased Child - Mother of the deceased child but not the mother of the 17 and 14 year old ch	2649 - Father - Mother of the deceased child but not the mother of the 17 and 14 year old children,	Inadequate Guardianship	Unfounded	No
	2650 - Deceased Child - Mother of the deceased child but not the mother of the 17 and 14 year old ch	2649 - Father - Mother of the deceased child but not the mother of the 17 and 14 year old children,	Lacerations / Bruises / Welts	Unfounded	

Report Summary:
On 8/11/14, the one-year-old child sustained a fractured foot and a laceration on her toe, while in the care of the father. According to the father, the four-year-old sibling, who is obese, fell on the one-year-old child's foot. The report alleged IG by the father. During an interview at the CAC, the four-year-old provided a plausible explanation for the injury.

NYS Office of Children and Family Services - Child Fatality Report

Determination: Unfounded	Date of Determination: 10/10/2014
Basis for Determination: On 10/10/14, ACS unsubstantiated the allegations of IG and LBW of the one-year-old by the father. The child's injury was viewed accidental.	
OCFS Review Results: The investigation was thorough and the determination was appropriate.	
Are there Required Actions related to the compliance issue(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

The parents had no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known history outside of NYS.

Services Open at the Time of the Fatality

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

Date the Child Protective Services case was opened: 11/14/2014

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NYS Office of Children and Family Services - Child Fatality Report

face-to-face contact as required by regulations pertaining to the program choice?				
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings/other children in the household as necessary to achieve safety, permanency, and well-being?	<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 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
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
 Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

NYS Office of Children and Family Services - Child Fatality Report

Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

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

Yes No

Foster Care Placement History

On 2/6/13, the now adult and the seventeen-year-old (now 18) male children were remanded to ACS and then placed in an Abbott House foster boarding home and then later placed in kinship foster care with their paternal aunt.

The now one-year-old deceased child was remanded to ACS and placed in the kinship foster home on 6/14/13 of her paternal aunt where she joined her now seventeen-year-old brother. The now one-year-old remained in kinship foster care under the auspices of Abbott House until 1/2014 when she was released to her father on a final custody order with ACS supervision for one year.

On 6/27/13, the now adult was given a final discharge from foster care and the neglect petition was dismissed. On 6/27/13, the judge gave the fourteen-year-old a final discharge from foster care; he stayed with his father and ACS continued supervision.

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

Have any Orders of Protection been issued? Yes

From: 10/16/2013	To: 10/15/2018
From: 02/06/2013	To: Unknown

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