



Report Identification Number: NY-17-037

Prepared by: New York City Regional Office

Issue Date: Nov 02, 2017

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:** 3 month(s)

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

**Date of Death:** 04/23/2017  
**Initial Date OCFS Notified:** 04/23/2017

## Presenting Information

The three-month-old (SC), an otherwise healthy child with no visible injuries, passed away on, 4/23/17, while in the sole care of his mother (SM). The mother was in bed with the child and fell asleep. The mother woke up and found the SC unresponsive. The mother called 911 at 11:27 PM on 4/22/17.

## Executive Summary

On 4/23/17, the SCR registered a report regarding the death of a three-month-old male. The allegations of the report were DOA/Fatality of the SC by the parents and PD/AM and IG of the SC and the two-year-old SS by the parents. The ME has determined the cause and manner of the SC's death undetermined.

There was an open investigation dated 3/9/17 involving this family. The allegations were PD/AM, IG and LS of the children by the parents. During this investigation, ACS filed an Article 10 Petition of Abuse and Neglect in the Manhattan Family Court on 4/4/17, on behalf of the children against the parents. ACS requested the children remain with the SM and the MGM in the home for support along with court ordered supervision, mandated services and a full stay away OP on the behalf of the children and the SM against the SF. The court granted ACS' request. On 3/28 and 3/29/17, the SCR registered two additional reports that were merged and suspended by ACS. ACS' case history reflected that both children were born with positive toxicologies to methadone and they remained in the neonatal intensive care unit for weeks prior to being discharged.

ACS learned from LE that the SM laid the SC on the bed alive and breathing and went to sleep and when she awoke, the SC was not breathing. LE received the 911 call for emergency medical assistance at 11:27 PM. The SM was incoherent and nodding and her behavior was deemed aggressive and erratic. She was later admitted to the psychiatric ward for several days. LE later reported the incident appeared as a co-sleep therefore they did not secure the home as a crime scene.

ACS received information from the physician at Bronx Lebanon Hospital stating the SC arrived at 11:55 PM on 4/22/17; he was pronounced dead at 12:12 AM the following day. The SC was observed with three fresh scratches in the groin area; however, there were no signs of trauma to the body. The physician attempted to retrieve information from the SM regarding the incident to no avail as she was observed to be under the influence. The SS was observed happy; he had no marks or bruises that indicated abuse or neglect. The SF was not at the hospital at the time of death.

ACS learned that on 4/23/17 and 4/26/17 the SM and the SF tested positive for cocaine among several other drugs respectively. Each parent told the Specialist that their methadone was stored in "locked boxes" and the keys were hidden. ACS was aware of the SM's co-sleeping in spite of available, appropriate sleep accommodations for both children and receipt of safe sleep instruction.

On 4/23/17, an emergency removal was executed and the SS was placed in non-kinship foster care under the auspices of Catholic Guardian. The SS has adjusted well to date despite him crying in his sleep at nights. The case documentation reflected the children had missed medical appointments.

ACS later learned that the SF told LE that he was in the home on the day of the incident; however, LE could not ascertain the time he left and the first responders did not observe him in the home upon their arrival. The building's security camera was not working.



On 5/31/17, the SCR registered a subsequent report citing the suspected cause of death for the SC was a cocaine overdose. The final report is pending to date. In light of the new information, ACS contacted LE who reported the incident was still under investigation and there had been no arrest.

ACS made diligent efforts to interview both parents; however, the SM declined as advised by her attorney and the SF was vague with his information. The SM denied breastfeeding and reiterated she fed the SC Enfamil only.

The SF's primary care physician reported he had prescribed medication to address the SF's mental health diagnosis.

On 9/9/17, ACS substantiated all of the allegations of the children by both parents citing their drug use, co-sleeping and the ME's findings of drugs in the SC's system.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

### 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 Safety Assessment was appropriate.

**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 was indicated and remains open with services.

## 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: 04/23/2017

Time of Death: 12:12 AM

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

04/22/2017

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

11:27 PM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

11:27 PM

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

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was:

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

Adults: 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	35 Year(s)

### LDSS Response

On 4/23/17, the SCR registered a report that alleged the death of a three-month-old male infant in the bed with his mother.



ACS initiated the investigation within the required timeframe. ACS obtained information from EMS, LE and the emergency room attending physician at Bronx Lebanon Hospital. LE reported the SM stated she and the SC were laying on her bed and they both fell asleep. When the SM awoke around 11:00 PM, the SC was unresponsive. According to LE, they initially thought the incident was related to bed sharing (Co-sleeping). The SF told LE he was in the home on the day of the incident, however, he was not present when LE responded to the home.

EMS reported they received the 911 call from the SM at 11:27 PM on 4/22/17 and arrived at the case address at 11:55 PM. The physician reported there were no signs of trauma to the SC and he was pronounced dead at 12:12 AM on 4/23/17. The physician reported attempts to retrieve information from the SM regarding the incident, failed, she was observed with signs of intoxication and later hospitalized.

On 4/24/17, the SM was interviewed by the ACS Specialist and stated that the SC was lying on his back in a bassinet, on the bed. When the Specialist probed for more details, the BM stated her attorney advised her not to divulge any more information regarding the incident. ACS attempted to interview the SF and he was not forthcoming, however, he reported his methadone was kept in a locked box. ACS also attempted to interview the MGM to no avail; however she texted the Specialist stating she left the home a week prior to the incident, in spite of the safety plan.

On the same date ACS filed an Article 10 Neglect petition and the SS was remanded and placed into a non-kinship foster boarding home under the auspices of the Catholic Guardian Services Agency.

On 5/31/17, the SCR registered a subsequent report that alleged the SC died from a cocaine overdose. On 6/5/17, a meeting was held with the ADA, Family Court Legal Services (FCLS), ACS, LE in attendance and the ME via telephone. All reported their investigations remained open pending the final autopsy report.

According to the case documentation, the SS has adjusted to the foster care parent and is currently receiving speech therapy. Both parents have been consistent with their separate visitation scheduled along with the grandparents. The SS appeared happy.

According to the ACS' case documentation, ACS was aware both parents had a history of drug misuse, mental health and domestic violence issues, the MGM's unstable mental health and unsafe home conditions that resulted in a removal, in addition to the family's lack of engagement into preventive services; the children were allowed to remain in the care of the parents. During the investigation prior to the fatality, the progress notes reflected the SF had visited the home frequently in spite of the OP and ACS allowed the MGM to be a part of the safety plan when they were aware the SS had been removed from her in the past due to her unstable mental health and her inability to maintain a safe environment; this was a gross oversight on the part of ACS.

On 9/09/17, ACS appropriately substantiated the allegations of the DOA/Fatality, IG, and PD/AM of the SC by the parents and substantiated the IG and PD/AM of the SS by the parents.

### Official Manner and Cause of Death

**Official Manner:** Homicide

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Coroner

### Multidisciplinary Investigation/Review

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

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



**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
040908 - Deceased Child, Male, 3 Mons	040909 - Mother, Female, 31 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
040908 - Deceased Child, Male, 3 Mons	040909 - Mother, Female, 31 Year(s)	DOA / Fatality	Substantiated
040908 - Deceased Child, Male, 3 Mons	040909 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
040908 - Deceased Child, Male, 3 Mons	040911 - Father, Male, 35 Year(s)	DOA / Fatality	Substantiated
040908 - Deceased Child, Male, 3 Mons	040911 - Father, Male, 35 Year(s)	Inadequate Guardianship	Substantiated
040908 - Deceased Child, Male, 3 Mons	040911 - Father, Male, 35 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
040910 - Sibling, Male, 2 Year(s)	040911 - Father, Male, 35 Year(s)	Inadequate Guardianship	Substantiated
040910 - Sibling, Male, 2 Year(s)	040909 - Mother, Female, 31 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
040910 - Sibling, Male, 2 Year(s)	040911 - Father, Male, 35 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
040910 - Sibling, Male, 2 Year(s)	040909 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

According to the case documentation, a death scene investigation was not performed as it initially appeared to LE, and the first responders that there was unsafe sleep circumstances leading to asphyxia.

### Fatality Safety Assessment Activities

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

### Placement Activities in Response to the Fatality Investigation



	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> The two-year-old SS was removed and placed into foster care due to the death of the SC. The SM was in the same bed with the SC and they fell asleep. The SM awoke to find the SC unresponsive. The SS was removed due to the parents' continued drug misuse and DV issues.				

### Legal Activity Related to the Fatality

Was there legal activity as a result of 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:
04/04/2017	There was not a fact finding	Article 10 Remand
<b>Respondent:</b>	040909 Mother Female 31 Year(s)	
<b>Comments:</b>	<p>ACS had safety concerns for the then newborn SC and the then two-year-old SS. Both children were born with positive toxicologies, there was a lack of medical care follow up for the SC. Both parents had a history of drug use and recent domestic violence incidences due to their untreated mental health conditions. ACS filed an Article 10 Petition of Abuse and Neglect in the Bronx Family Court for court ordered supervision allowing the children remained in the custody of the SM with MGM's assistance and support.</p> <p>On 4/23/17, an Article 10 Petition hearing was held and it resulted in a remand for the SS as the SC had died. The SS was placed in non-kinship foster care since the parents did not want their parents to care for the child.</p>	

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"/>				



<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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 PGM supports the SM financially. The MGM and MGF were not viable placement options for the SS. Family Planning Services should have been offered to the parents since both of their newborn children were born with positive toxicologies and had extended hospital stays due to the SM's drug use during pregnancy. The education received from this service would be helpful.

**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 SS was placed in a non-kinship foster care home under the auspices of Catholic Guardian Services. The SS received speech therapy.

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

**Explain:**  
 The SM receives methadone maintenance and drug treatment at Montefiore. She is also treated by a physician who addresses her clinical health conditions. The SF receives methadone maintenance treatment at the West Midtown treatment program. However, both parents refused to engage in DV counseling.

## History Prior to the Fatality

## Child Information

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



Was there an open CPS case with this child at the time of death? Yes  
 Was the child ever placed outside of the home prior to the death? No  
 Were there any siblings ever placed outside of the home prior to this child's death? Yes  
 Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With fetal alcohol effects or syndrome
- 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)	Status/Outcome	Compliance Issue(s)
03/09/2017	Sibling, Male, 2 Years	Mother, Female, 29 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Male, 2 Years	Father, Male, 35 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 2 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Indicated	
	Deceased Child, Male, 2 Months	Father, Male, 35 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 2 Months	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 2 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Indicated	
	Deceased Child, Male, 2 Months	Mother, Female, 29 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 2 Months	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Indicated	
	Deceased Child, Male, 2 Months	Mother, Female, 29 Years	Lack of Supervision	Indicated	

**Report Summary:**

The 3/9/17 report alleged that the SF engaged in an incident in the home in the presence of the two-year-old and the then two-month-old children. The SF was using cocaine and tore apart the bedroom. The MGM attempted to intervene and the SF was pulling at the children. The SM was present and appeared to be hitting herself in the face. LE was summoned.

**Determination:** Indicated **Date of Determination:** 05/08/2017

**Basis for Determination:**

During this investigation, on 4/4/17, ACS filed an Article 10 Petition as there were concerns of safety and risk for the children due to the recent events such as the SF drug induced erratic behavior in the presence of the children and the SM's lack of mental condition treatment and her pattern of co-sleep.

ACS substantiated all the allegations of the children by both parents citing the parents positive drug tests results, their admission of the DV incident and the death of the SC bed-sharing with both parents. ACS added that the SM failed to extend an expired OP to ensure the children's safety.

**OCFS Review Results:**

The safety decision of the 7-day S/A for the 3/9/17 investigations was not accurate.

According to ACS case documentation, on 3/9/17, the ACS Supervisor reviewed the prior FSS and noted that the family was recently under ACS' supervision and were not in compliance with court orders. ACS had concerns regarding the pattern of allegations in the narrative in addition to the family history. Also the SCR registered reports on 3/28 and 3/29 with additional information and concerns with this family. In the Safety Assessment dated 3/16/17, the safety factors that were listed pointed to impending danger, however, ACS did not take action until 4/4/17 and requested supervision instead of a remand.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The safety decision for the t-Day S/A for the 3/9/17 was inaccurate. Given the parent's CPS history and the continuing drug misuse safety decision #3, or possibly safety decision #4 would have been the more appropriate safety decision given the safety factors selected.

**Legal Reference:**

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

**Action:**

ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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 will attend and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/14/2016	Sibling, Male, 1 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Male, 1 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 1 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 1 Years	Father, Male, 35 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

The report alleged that the parents abuse alcohol, cocaine and methadone while they were the only caregivers for the then one-year-old SS. The report added that both parents had untreated mental health issues. There was a concern for the safety and well being of the SS in their care.

**Determination:** Unfounded

**Date of Determination:** 12/14/2016

**Basis for Determination:**

Nassau County CPS made diligent efforts to locate the family to no avail. It was believed that the family resided in Manhattan where there was an open case.

**OCFS Review Results:**

The case documentation reflected that due to legal interventions regarding the open case in Manhattan could not be discussed.

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)
02/25/2015	Sibling, Male, 18 Days	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Indicated	No
	Sibling, Male, 18 Days	Mother, Female, 29 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

The report alleged that the newborn (SS) had a positive urine toxicology for Methadone. The day before giving birth the SM had a positive urine toxicology for Cocaine. The report alleged the SM suffers from Bio-Polar Disorder and Fibromyalgia. There was a concern that the SM was not prepared to provide a minimum degree of care to the SS.

**Determination:** Indicated

**Date of Determination:** 04/23/2015

**Basis for Determination:**

ACS substantiated the allegation of PD/AM and IG of the SS by both parents citing parents continued and recent drug use and untreated mental health conditions.

**OCFS Review Results:**

ACS made the appropriate action to ensure safety of the SS.

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 known CPS History that occurred more than three years prior to the fatality.

**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.

**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"/>



### Foster Care Placement History

On 3/4/15, ACS filed an Article 10 Neglect petition in Bronx Family Court on behalf of the then two-month-old SS against the parents. ACS presented concerns the SS was born with a positive toxicology for cocaine and that the parents were not prepared to provide adequate care for the SS. Other issues were the parents long-term untreated drug use, the SM's failure to take medications prescribed for clinical health issues and the SF's abuse of both prescription drugs received from a friend and other illicit drugs. The SS was remanded to the Commissioner and placed in kinship foster care with the MGM under the auspices of Catholic Guardian Society. The parents sporadically engaged in court ordered supervision. On 11/20/15, the court returned the SS to the parents with continued ACS supervision. On 4/6/16, the court case was adjourned in contemplation of dismissal and on 6/15/16, the court's reassessment plan was completed.

On 4/4/17, ACS filed another Article 10 Neglect Petition in Bronx Family Court on behalf of the SS against the parents. The court granted the remand and the SS was placed in a non-kinship foster home where he currently remains and is reported to be adjusting well.

### 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:
03/02/2015	There was not a fact finding	Article 10 Remand
<b>Respondent:</b>	040909 Mother Female 31 Year(s)	
<b>Comments:</b>	The day before giving birth, the SM tested positive for cocaine. The then newborn SS had a positive toxicology for methadone. The SM suffered from untreated mental health conditions and there was a concern she was not prepared to provide a minimum degree of care to the new born therefore an intervention was needed. At that time the SF tested positive for marijuana, cocaine and methadone and had untreated mental health issued. The then newborn SS was initially remanded and placed in a non-kinship foster care under the auspices of Catholic Guardian. On 4/2/15, the SS was released to a relative (MGM) and COS continued.	

**Have any Orders of Protection been issued? Yes**

**From:** 04/04/2017

**To:** 10/04/2017

**Explain:**

The OP was filed on behalf of the children and the SM due to domestic violence incidents perpetrated by the SF against the SM, in the presence of the children.

### 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