



**Report Identification Number: NY-17-104**

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

**Issue Date: Mar 08, 2018**

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:** Kings  
**Gender:** Male

**Date of Death:** 06/16/2015  
**Initial Date OCFS Notified:** 10/10/2017

## Presenting Information

The OCFS-Form 7065 stated the infant was born with medical complications in April 2015. He was born at Woodhull Hospital and on the following day, he was transferred to New York University Hospital. He was never discharged to the parents due to medical complications. The infant succumbed to his medical issues and passed away on 6/16/15.

## Executive Summary

The infant was approximately one month old when he died on 6/16/15. ACS obtained information from the hospital and noted that the infant died due to natural causes. The infant was pronounced dead by the hospital physician. The case was not referred to the ME and ACS did not obtain official records to verify the cause and manner and time of death.

The ACS case record reflected that BM gave birth to the infant in April 2015. The infant was born at Woodhull Hospital and at birth, the medical staff diagnosed he had medical complications that required intensive medical care. On the day following the infant's birth, Woodhull Hospital transferred him to the New York University Langone Hospital where he received medical care until he was pronounced dead on 6/16/15. The infant was never released to the BM's care.

At the time of the infant's death, the BM's family had an open COS case due to an Article Ten Abuse petition that was filed in the Kings County Family Court (KCFC) on 4/2/15. The case was opened after ACS found the family required services to address concerns of the BM's use of excessive corporal punishment as a form of discipline in the home, adequacy of child supervision, unstable housing conditions and the BM's medical needs. ACS had initiated safety interventions, including: an order of protection against the BM on behalf of the half-sibling, law enforcement involvement and emergency medical services. The BM complied with the service plan requirements. ACS included the information pertaining to the infant's death in the open COS case for further exploration.

During a telephone contact that occurred on 6/16/15, the BM informed ACS of the infant's death and the ACS staff advised the BM of plans to visit the home. The ACS Specialist visited the home on 6/16/15 and met the PGM who said the BM, BF, sibling and half sibling were not in the home. ACS did not make additional efforts to assess the surviving children's safety within 24 hours of notification of the infant's death.

ACS staff visited the PGM's home and engaged the BF, half-sibling, sibling, the MGM and her minor children, and other adult relatives on 6/26/15. The BM was reportedly out of the home. ACS maintained adequate contact with the family in July 2015. The BM signed an agreement to receive PPRS under the supervision of the SCO Family of Services, Preventive Family Dynamics program on 8/5/15. The family received case management, casework counseling and parent training and the BM learned appropriate ways to discipline children. The BM accompanied by the half-sibling and sibling relocated to a shelter on 8/1/16 but the BF continued to reside in the PGM's home. The BM obtained employment and sought permanent housing; however, she continued to visit the BF in the PGM's home.

The KCFC case was adjourned in contemplation of dismissal with six months of ACS supervision beginning 4/20/16. ACS closed the service case on 11/4/16 after the agency found there were no identified safety factors in the home.

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 did not submit the OCFS Form-7065 within the required timeframe.

## 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:

N/A

Was the decision to close the case appropriate? Yes

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

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

### Explain:

N/A

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Failure to report death of child in open CPS or Preventive/CPS services case in timely manner
<b>Summary:</b>	ACS did not notify OCFS of the infant's death within the required timeframe.
<b>Legal Reference:</b>	06-OCFS-LCM-13
<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>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	ACS received notification of the infant's death on 6/16/15; however, the agency did not make diligent efforts to conduct safety assessments of the surviving children within 24 hours of notification of the infant's death.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)



<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>	Required data and official documents
<b>Summary:</b>	The ACS case record did not reflect whether the agency obtained official records to verify the time the infant was pronounced dead and the cause and manner of death.
<b>Legal Reference:</b>	428.3(b)(2)(i)
<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.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 06/16/2015

**Time of Death:** Unknown

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

Unknown

**County where fatality incident occurred:**

New York

**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

**Is the caretaker listed in the Household Composition?** No

**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	28 Year(s)



Deceased Child's Household	Mother	No Role	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

### LDSS Response

Following the infant's death, the BM, BF, half-sibling and sibling resided in a room in the PGM's home. The ACS Specialist visited the PGM's home on 6/15/15; however, the BM, BF, sibling and half-sibling were not in the home. ACS did not conduct a safety assessment of the surviving children within 72 hours of notification of the infant's death.

The Specialist visited the PGM's home on 6/26/15 but did not engage household members about the infant's death. There was no additional attempt to engage the family members until a home visit that occurred on 7/2/15. During the visit, the BM refused to discuss the infant's death. The Specialist counseled the BM and explained that ACS recommended bereavement family counseling, parenting classes for the BM and individual counseling for the half-sibling. The BF discussed housing and rent arrears as the PGM had a pending eviction, and there was overcrowding in the home. The documentation did not reflect whether ACS discussed the infant's death and burial arrangements with the BF. The Specialist observed the sibling in the home. The half-sibling was not in the home as he was reportedly visiting a family member. ACS provided counseling to address adequacy of sleeping arrangements and monitored the sleeping conditions.

ACS assigned case planning responsibility to the SCO Family of Services agency on 7/30/15. ACS and the SCO staff completed a joint home visit/transition meeting and involved the BM in the development of a service plan on 8/5/15. ACS staff observed the half-sibling and sibling were clean and healthy. The half-sibling and sibling did not have visible marks/bruises. The BM signed an agreement to accept PPRS.

Between August 2015 and April 2016, ACS and SCO staff completed the required number of casework contacts to meet the program requirements. The staff observed the half-sibling and sibling at home and in their respective school and day care locations. There were no concerns regarding the care the BM provided the half-sibling and sibling. The BM completed parenting skills and anger management classes and received certificates of completion in November 2015 and February 2016, respectively. ACS monitored the KCFC case and noted the BM accepted an adjournment in contemplation of dismissal with six months COS beginning on 4/20/16.

On 5/19/16, the SCR registered a report that included the allegations of XCP of the half sibling, S/D/S of the sibling and IG and L/B/W of the half-sibling and sibling by the BM. On 7/18/16, ACS unsubstantiated all the allegations of the report on the basis that during the investigation, ACS staff observed the half-sibling and sibling and found these children did not have marks/bruises. ACS added that the half-sibling denied being hit by the BM.

ACS verified that on 8/1/16 the BM, accompanied by the half-sibling and sibling relocated to a shelter apartment. The half-sibling and sibling adjusted well to their educational settings and they said the BM did not hit them. The BM did not follow up with referrals for counseling and ACS referred the family for community based services. The BF continued to reside in the PGM's home and did not make himself available for services. The documentation did not reflect whether ACS staff made diligent efforts to engage the BF. ACS closed the case after COS expired on 10/20/16.

ACS did not enter Family Services Progress Notes contemporaneously, including events that occurred in March, May and July 2016 but were not entered until November 2016.

### Official Manner and Cause of Death

**Official Manner:** Natural  
**Primary Cause of Death:** From a medical cause



**Person Declaring Official Manner and Cause of Death:** Hospital physician

**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 the NYC region.

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

The infant's death was not referred to the ME.

ACS did not enter Family Service Progress Notes contemporaneously, including events that occurred on 3/30/16, 5/30/16, 7/28/16 and 8/30/16 that were not entered until 11/4/16.

**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 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"/>
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"/>



# Child Fatality Report

<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"/>
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**Explain:**  
 ACS attempted to visit the family within 24 hours of notification of the infant's death; however, the effort was unsuccessful as the BM, BF, half-sibling and sibling were not in the home. ACS did not make diligent efforts to assess safety of the children within the 7-day period.

### 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
<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:**  
 N/A

### 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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The family received PPRS and was referred for community based services to address individual counseling needs.

**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 half-sibling and sibling received case management services.

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

**Explain:**  
 The BM received parenting classes and completed anger management classes. The BF did not make himself available for services.

## History Prior to the Fatality

## Child Information

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

No



- 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? No
- Was the child acutely ill during the two weeks before death? Yes

### 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 neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

### 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)
03/30/2015	Sibling, Male, 10 Years	Mother, Female, 30 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Male, 10 Years	Mother, Female, 30 Years	Excessive Corporal Punishment	Indicated	
	Sibling, Male, 10 Years	Mother, Female, 30 Years	Swelling / Dislocations / Sprains	Indicated	
	Sibling, Male, 10 Years	Mother, Female, 30 Years	Lacerations / Bruises / Welts	Indicated	

**Report Summary:**

The 3/30/15 SCR report alleged that on 3/29/15, the BM physically abused the 10-year-old half-sibling as discipline. The BM beat the half-sibling with a hanger to the face and body. The half-sibling sustained a cut, swelling and a bruise to the left cheek area. The half-sibling had two bruises to the forehead and lash marks on his arms and thigh. The BF and other children were not present during the incident.

**Determination:** Indicated

**Date of Determination:** 05/29/2015

**Basis for Determination:**

ACS substantiated the allegations of XCP, IG, L/B/W and S/D/S of the half-sibling by the BM on the basis that the BM hit the half-sibling with a hanger on his back, arms and legs leaving linear red marks. The half-sibling had a scar with broken skin on his cheek and two bruises on each side of his forehead. ACS noted the BM's actions were excessive and placed the half sibling at risk of serious injuries. ACS added that the half-sibling hit his hand on the wall while the BM was hitting him with a hanger.

**OCFS Review Results:**

ACS staff observed the BM, BF, half-sibling, sibling and other household members on 3/30/15. ACS obtained information from LE, medical, social work and school staff. ACS learned that the BM beat the half-sibling who sustained injuries as stated in the SCR report. The BM denied she hit the half-sibling and she did not have an explanation for his



injuries. The half-sibling was examined and interviewed at the CAC; however, he recanted his account in which he had stated the BM beat him with a hanger.

The BM gave birth to the infant who was hospitalized for medical care in April 2015. ACS initiated safety interventions and involved BM and BF in implementing the safety plan.

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

**Issue:**  
Timely/Adequate Case Recording/Progress Notes

**Summary:**  
ACS did not enter Investigation Progress Notes contemporaneously.

**Legal Reference:**  
18 NYCRR 428.5

**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:**  
The documentation did not reflect whether ACS provided Notice of Indication to the infant's BF who was listed as "other person named" in the indicated 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.

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

The BM was known to the SCR and ACS in a report dated 10/25/11. The allegations of the report were EdN and IG of the half-sibling, who was then seven years old, by the BM. During the 10/25/11 investigation, ACS found the father of the half-sibling died in 2007. ACS unsubstantiated the allegations of IG and EdN of the half-sibling on the basis of lack of credible evidence to support the allegations. ACS referred the family to community based services to address housing needs.

As a parent, the BF was not known as a subject of a report.

### 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:** 04/01/2015



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: 04/01/2015

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

	Yes	No	N/A	Unable to Determine
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"/>

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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, including case management and casework counseling.

### 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 Family Service Progress Notes contemporaneously, including events that occurred on 3/30/16, 5/30/16, 7/28/16 and 8/30/16 that were not entered until 11/4/16.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)
<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

During the 3/30/15 investigation, ACS opened a service case on 4/1/15 and initiated safety interventions to protect the half-sibling from corporal punishment and address adequacy of parental care in the home. The BM gave birth to the male infant in April 2015 and ACS monitored his health needs. The family received COS including case management services and the BM complied with the service plan. ACS completed adequate casework contacts to meet the program requirements. ACS did not enter Family Services Progress Notes contemporaneously as several events occurred in April, May and June 2015 but were not entered until August 2015.

On 6/16/15, the case was open when ACS received notification of the infant's death.

### 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:
04/02/2015	There was not a fact finding	Adjourned in Contemplation of Dismissal (ACD)
<b>Respondent:</b>	044202 Mother Female 30 Year(s)	
<b>Comments:</b>	On 4/2/15, ACS filed an Article Ten Abuse petition in KCFC on behalf of the half-sibling and sibling naming the BM as the respondent. The KCFC released the two children to the BM, ordered COS with ACS supervision and issued a limited order of protection against the BM for no corporal punishment. The case was closed on 11/4/16 after COS ended.	

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

**From:** 04/02/2015      **To:** Unknown

**Explain:**  
KCFC issued a limited order of protection on behalf of the half-sibling and sibling against the BM for no corporal punishment. The documentation did not include the date of expiration for the limited order of protection.

### 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