



## Report Identification Number: NY-17-134

Prepared by: New York City Regional Office

Issue Date: Jun 06, 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:** Female

**Date of Death:** 12/09/2017  
**Initial Date OCFS Notified:** 12/09/2017

## Presenting Information

The SC died on 12/9/17 while in the care of the SM. The SM fed the SC and placed her into her bassinet at noon. At 1:00 P.M. the SM went to check on the SC and observed blood coming out of the SC's nose. The SC was unresponsive. The SM could not explain the death of an otherwise healthy child. The roles of the BF and the SS, age 2, were unknown.

## Executive Summary

This 1-month-old female SC died on 12/9/17. As of 6/6/18, NYCRO had not yet received the ME's report.

The allegations of the 12/9/17 report were DOA/Fatality and IG of the SC by the SM.

At the time of the SC's death, the family had an open preventive service case. During the 12/9/17 investigation, ACS gathered pertinent information from LE, medical professionals, SM and SF about the circumstances surrounding the death of the SC. Per the ACS case record, the SC slept in a bassinet. The SM and SF reported that the SC had issues digesting milk; therefore, a cushion and blanket were kept in the bassinet. The SM reported having knowledge of safe sleep practices as the case planning agency and ACS had discussed safe sleep practices with the family. The SF said he and the SM drank a six to eight-ounce glass of alcohol on 12/8/17. LE found the SM appeared to be intoxicated on 12/9/17 and smelled of alcohol at the time LE responded to the case address. The SM said she drank alcohol and when she woke up she observed the SC bleeding from the mouth. The SM alerted a neighbor, requested assistance and 911 was called. The SM and neighbor attempted resuscitation of the SC; however, the attempts were unsuccessful.

ACS verified that the SC was born premature with a positive toxicology to marijuana. The SC was discharged as healthy with no pre-existing medical conditions. The SC visited the local ER two weeks prior to her death and received medication for a medical condition. ACS did not follow-up with the local hospital to obtain details about the hospital visit. Through further investigation, ACS learned that the SC was assessed by medical personnel. Medical personnel reported the SC appeared to be healthy and was free of internal injuries and trauma.

On 12/11/17, the ACS Specialist observed the SS did not have suspicious marks or bruises; however, the SS appeared congested. ACS directed the SM and SF to seek immediate medical attention. ACS determined the home environment was adequate and presented with no hazardous conditions. On 12/12/17, ACS learned that the SS was examined by medical personnel and was provided with medication. ACS utilized the HOP (Heightened Oversight Process) and a follow-up CSC (Child Safety Conference) to provide ongoing assessment of the family.

On 12/29/17 and 1/17/18, the SCR registered subsequent reports that included the allegations of PD/AM and IG of the SS by the SM and SF. ACS investigated the reports and found there was a domestic violence incident that listed the SM as a victim and SF as perpetrator. ACS filed a case against the SF in the Kings County Family Court (KCFC) on behalf of the SS, excluding him from the home with a full stay away OP.

On 3/1/18, ACS unsubstantiated the allegations of DOA/Fatality of the SC by the SM on the basis that the ME's preliminary findings showed there were no outward signs of abuse/maltreatment of the SC.

ACS added the allegation of IG of the SS by the SF and PD/AM of the SS by the SM to the 12/9/17 report. ACS



substantiated the allegation of IG of the SC and PD/AM of the SS by the SM. ACS explained that the SM consumed alcohol while caring for the SC, LE found the SM appeared intoxicated upon contact, the SM admitted she drank alcohol before the SC was found unresponsive, and had a history of alcohol misuse.

ACS substantiated the allegation of IG of the SS by the SF on the basis that the SF threatened to kill the SM and himself, and on 1/13/18 he attacked a friend with an object in the presence of the SS.

As of 6/6/18, the family services case remained open.

## 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:

ACS gathered sufficient information to make a determination.

**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:

The service case remained open with extensive PPRS and COS.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
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<b>Summary:</b>	During the 12/9/17 investigation, ACS did not complete the 24-hour fatality in a timely manner. The report was completed on 12/11/17.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-1
<b>Action:</b>	ACS must submit a PIP 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.
<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	ACS did not complete the 30-day fatality assessment in a timely manner. The SCR report was dated 12/9/17 and ACS completed the 30-day assessment on 2/15/18.
<b>Legal Reference:</b>	CPS Program Manual, VIII, B.2, p.4
<b>Action:</b>	ACS must submit a PIP 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.
<b>Issue:</b>	Adequacy of Risk Assessment Profile (RAP)
<b>Summary:</b>	The 2/12/18 RAP was inadequate and did not reflect that the subject family had history of unstable housing/homelessness.
<b>Legal Reference:</b>	18 NYCRR 432.2(d)
<b>Action:</b>	ACS must submit a PIP 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.
<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	ACS did not complete a 30-day safety assessment of the surviving child named in the report.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must submit a PIP 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.
<b>Issue:</b>	Failure to Provide Notice of Indication
<b>Summary:</b>	ACS did not provide the Notice of Indication to the SM and SF who were subjects of the 12/9/17 report.
<b>Legal Reference:</b>	18 NYCRR 432.2(f)(3)(xi)
<b>Action:</b>	ACS must submit a PIP 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.



## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 12/09/2017

**Time of Death:** 09:15 AM

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

01:54 PM

**County where fatality incident occurred:**

Kings

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

01:13 PM

**Did EMS 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**

**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	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)

### LDSS Response

On 12/09/17, ACS contacted the local hospital and Forestdale agency. The ACS Emergency Children's Services (ECS) Specialist interviewed the attending Dr. and learned that the SC was pronounced deceased at 1:54 P.M. The SC was born premature and weighed 5 lbs. at birth. The Dr. noted that the SC was found face up in the bassinet. The ME's preliminary report ruled the SC's death as non-suspicious.



ACS interviewed the Forestdale agency staff and found that the agency visited the family on 12/01/17 and did not observe any concerns in the home. The agency was in the process of referring the SM for mental health and substance abuse services.

During the period from 12/9/17 through 12/11/17, ACS interviewed the neighbor, Dr., CP, SM and SF and obtained accounts of the incident that led to the death of the SC. The neighbor said the SM knocked on her door with the SC in her arms. The neighbor explained that the SC was placed on the couch and attempts to resuscitate the SC were unsuccessful. The neighbor did not have concerns regarding the subject family. The CP said there were no safety concerns in the home. The CP did not observe the SM and SF under the influence of drugs. ACS learned the SS was asleep at the time of the SC's death.

The SM reported that the SF fed the SC between 10:00 A.M. and 10:30 A.M. The SM said the SF left the home at 11:00 A.M. The SS was sleeping at the time of the SC's death. The SM stated that she woke up at 1:00 P.M. and found the SC unresponsive with blood coming out of her nose. The SC was sleeping in the bassinet when the SF left the home. The SF reported that they kept a cushion and a blanket in the bassinet. The SF prepared a bottle of milk for the SC before leaving the home on 12/9/17 at 11:05 A.M. The SF woke the SM to notify her that he was leaving. The SF observed the SC sleeping in her bassinet. The SF reported that the SC had a cushion and blanket in the bassinet. The SF reported that he and the SC received Visiting Nurse Service (VNS). The SF said he returned to the case address at 2:30 P.M. and observed LE at the scene.

On 12/11/17, ACS contacted the VNS provider and learned that VNS visited the case address twice and noted that the SC appeared to be a well infant.

On 12/13/17 and 1/23/18, ACS filed an Article Ten Neglect petition in the KCFC against the subject parents on behalf of the SS based on concerns of mental health, alcohol and substance abuse. The SS was released to both parents with COS. On 1/23/18, ACS sought an OP for the SS and SM against the SF. The KCFC judge granted a full stay away OP.

On 12/17/17 and 12/18/17, ACS had a DV and substance abuse (SA) consultation. During the DV and SA consultations, ACS explored the SM and SF's relationship, domestic violence and substance abuse issues in the home.

On 12/19/17, ACS held a conference with LE, CPS Team and the investigative consultants. ACS discussed the subject family's history and learned that during the 11/9/17 investigation, the SM and SC tested positive for marijuana. During the 11/9/17 investigation, the SF had reported that the SM smoked marijuana two weeks prior to the SC's birth. ACS learned that the SM lost a child in 2016.

On 12/20/17, ACS contacted the funeral home to obtain an itemized bill of burial costs.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

**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 New York City region.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
045521 - Deceased Child, Female, 1 Mons	045525 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
045521 - Deceased Child, Female, 1 Mons	045525 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
045547 - Sibling, Male, 2 Year(s)	045525 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
045547 - Sibling, Male, 2 Year(s)	045524 - Father, Male, 28 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

ACS did not obtain the SS's medical records from the physician.

**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 type="checkbox"/>	<input checked="" 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"/>
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**Explain:**  
ACS did not complete a 30-day safety assessment of the SS named in the report.

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

**Explain:**  
The 2/12/18 RAP was inadequate and did not reflect that the subject family had history of unstable housing.

**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:**

The SS remained in the home.

**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**

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
12/13/2017	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	045524 Father Male 28 Year(s)	
<b>Comments:</b>	On 12/13/17, ACS filed an Article Ten Neglect petition in the KCFC on behalf of the SS against the SM. ACS obtained COS for the family. On 1/23/18, ACS filed an Article Ten Neglect petition against the SF in the KCFC.	

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

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
12/13/2017	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	045525 Mother Female 24 Year(s)	
<b>Comments:</b>	On 12/13/17, ACS filed an Article Ten Neglect petition in the KCFC on behalf of the SS against the SM. ACS obtained COS for the family. On 1/23/18, an Article Ten Neglect petition was filed against the SF in the KCFC.	

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

**From:** 12/13/2017

**To:** Unknown

**Explain:**

ACS requested a limited OP requesting that the SM refrain from using drugs or alcohol. ACS requested a full stay away order on behalf of the SM and SS against the SF.

**Services Provided to the Family in Response to the Fatality**

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input 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 checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The family received PPRS.

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

**Explain:**

COS was provided to the SS to address immediate needs to support his well-being in response to the fatality.

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

**Explain:**

The SM and SF received COS, mental health, substance abuse, housing eviction prevention assistance, child care, DV (batterers/victim services) and burial assistance.

## 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? 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

Had heavy alcohol use



- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- 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)
11/09/2017	Sibling, Male, 2 Years	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	Deceased Child, Female, 1 Days	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

The SM gave birth to the SC. At the time of birth, the SM and SC both tested positive for marijuana. Due to the SM's drug use, there was concern for SM's ability to provide adequate care and supervision to the SC. SF and SS (age 2) had unknown roles.

**Determination:** Indicated

**Date of Determination:** 01/18/2018

**Basis for Determination:**

ACS substantiated the allegations of PD/AM of the SC and SS by the SM and SF. The SM and SC tested positive for marijuana when the SM gave birth to the SC. During the investigation, the SM said she engaged in marijuana use during her pregnancy because of medical issues. The SF admitted to using marijuana after the death of his child in 2016. ACS learned that the SM drank alcohol which may have impaired her ability to care for the SC and SS.

**OCFS Review Results:**

OCFS NYCRO's review revealed ACS entered timely progress notes. ACS made a thorough assessment of the family's needs and obtained relevant information from the Investigative Consultant. ACS documented that safe sleep practices were discussed with the parents prior to the SC's death. ACS did not contact the SM's physician to discuss the SM's medical history and claim that she had a child that died in 2016. The ACS supervisor and manager did not follow-up with the Specialist to ensure all directives were completed during the investigation.

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

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The 1/18/18 RAP was inadequate as ACS did not include information to reflect the family had a history of no or unstable housing.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

ACS must submit a PIP 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.

**Issue:**



## Pre-Determination/Supervisor Review

### Summary:

The ACS supervisor and manager did not follow-up with the Specialist to ensure all directives were completed during the investigation.

### Legal Reference:

18 NYCRR 432.2(b)(3)(v)

### Action:

ACS must submit a PIP 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.

### Issue:

Contact/Information From Reporting/Collateral Source

### Summary:

ACS did not contact the SM's physician to discuss the SM's medical history and claim that she had a child that died in 2016.

### Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

### Action:

ACS must submit a PIP 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)
10/27/2016	Sibling, Male, 1 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	Sibling, Male, 1 Years	Father, Male, 27 Years	Lack of Medical Care	Indicated	
	Sibling, Male, 1 Years	Mother, Female, 23 Years	Lack of Medical Care	Indicated	
	Sibling, Male, 1 Years	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Indicated	

### Report Summary:

On 10/27/2016, at approximately 10:00 P.M., the SM was highly intoxicated and unable to provide a minimum degree of care for SS age (1). The SM walked with the SS and fell in the street several times due to her level of intoxication. The role of the BF, who was not present for the incident, was unknown.

**Determination:** Indicated

**Date of Determination:** 12/21/2016

### Basis for Determination:

ACS substantiated the allegations of PD/AM, LMC and IG of the SS by the SM and SF. The SM was intoxicated and fell in the street while caring for the SS. During the investigation, ACS learned that the SM was suffering from a pre-existing medical condition at the time the incident occurred in October 2016. The SS's immunizations were not up to date and the SM refused to provide ACS Specialist with the SS's physician information.

**OCFS Review Results:**

OCFS NYCRO's review revealed ACS entered timely progress notes. ACS assessed the family's needs and obtained relevant information from an investigative consultant, shelter and hospital staff. ACS did not interview the SM's resource relative (MGM) who resided out of state. ACS did not contact the SM's physician to discuss the SM's history and claim that she had a child that died. ACS did not contact the SS's primary care physician. The ACS supervisor and manager did not follow-up with the Specialist to ensure all directives were completed at the close of the investigation.

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

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The 11/29/16 RAP was inadequate as ACS did not include information to reflect the family had a history of no or unstable housing.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

ACS must submit a PIP 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.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

ACS did not make pertinent collateral contacts to obtain information from the SM and SS's physician.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

ACS must submit a PIP 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.

**Issue:**

Pre-Determination/Supervisor Review

**Summary:**

The ACS supervisor and manager did not follow-up with the Specialist to ensure all directives were completed at the close of the investigation.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(v)

**Action:**

ACS must submit a PIP 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.

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

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

**Known CPS History Outside of NYS**



There was no known CPS History outside of NYS.

### Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 11/18/2016

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: 11/18/2016

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 face-to-face contact as required by regulations pertaining to the program choice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Services Provided

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



## Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
<b>Was the most recent FASP approved on time?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If not, how many days was it overdue?</b> The 1/3/18 Reassessment FASP was due on 12/16/17 and was not completed in a timely manner. The FASP was not approved until 1/12/18.				
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Closing

	Yes	No	N/A	Unable to Determine
<b>Was the decision to close the Services case appropriate?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Provider

	Yes	No	N/A	Unable to Determine
<b>Were Services provided by a provider other than the Local Department of Social Services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> The family received PPRS through the Forestdale, Inc. agency.				

## Required Action(s)

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

Yes  No

<b>Issue:</b>	Adequacy of Progress Notes
<b>Summary:</b>	The progress notes were not entered contemporaneously, including a progress note that was dated 1/31/17 but was not entered until 4/20/17.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	The Forestdale agency must submit a PIP within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. Forestdale agency 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.
<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	The 1/3/18 Reassessment FASP was due on 12/16/17 and was not completed in a timely manner. The FASP was not approved until 1/12/18.
<b>Legal Reference:</b>	18 NYCRR428.3(f)





<b>Action:</b>	The Forestdale agency must submit a PIP within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. Forestdale agency 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.
<b>Issue:</b>	Adequacy of Risk Assessment Profile (RAP)
<b>Summary:</b>	The 1/3/18 RAP assessment was inaccurate and did not reflect the subject family's history of unstable housing/homelessness, SM's mental health treatment, SM and SF's drug usage and the effects on the family.
<b>Legal Reference:</b>	18 NYCRR 432.2(d)
<b>Action:</b>	The Forestdale agency must submit a PIP within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. Forestdale agency 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.
<b>Issue:</b>	Adequacy of Documentation of Safety Assessments
<b>Summary:</b>	The selected Safety Decision in the 1/3/18 FASP was inadequate as the documentation did not reflect the subject family had a recent child fatality which heightened a need for monitoring through COS.
<b>Legal Reference:</b>	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)
<b>Action:</b>	The Forestdale agency must submit a PIP within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. Forestdale agency 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.

### Preventive Services History

ACS opened the family services case for the family on 11/18/16 and referred them for PPRS in December 2016. ACS found there were concerns of inadequate supervision and substance abuse by the subject parents. The SM and SF engaged in mental health, Early Intervention, housing and preventive services with the Forestdale agency. ACS filed an Article Ten Neglect petition in the KCFC and the judge granted Court Ordered Supervision. The family received monitoring from the VNS agency through the Woodhull Hospital. The family was linked to services with a community based agency. The PPRS case was open at the time the SC died.

### Casework Contacts

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

### Legal History Within Three Years Prior to the Fatality

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



## Additional Local District Comments

There are no additional Local district comments.

## 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