



**Report Identification Number: NY-19-057**

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

**Issue Date: Oct 25, 2019**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 day(s)

**Jurisdiction:** New York  
**Gender:** Male

**Date of Death:** 05/21/2019  
**Initial Date OCFS Notified:** 05/21/2019

## Presenting Information

The OCFS Form 7065 reflected the infant was admitted to the hospital at the time of his birth in May 2019. He remained hospitalized until the time he was pronounced dead on 5/21/19.

## Executive Summary

This newborn male infant died on 5/21/19. NYCRO received information from the Office of the Chief Medical (OCME) and verified the death did not fall under the jurisdiction of OCME. The documentation showed the case was referred to OCME for cremation approval only.

At the time of the infant's death, the family had an open investigation that began on 5/19/19. ACS was conducting the investigation when the agency received information about the death.

ACS findings showed the infant was born at 23 weeks gestation and was admitted to the hospital for treatment of prematurity. The medical personnel informed ACS that the infant had a 10 percent chance of survival due to the level of prematurity. The documentation did not reflect the infant had a positive toxicology. He was placed on a ventilator, his condition deteriorated, and he died due to natural causes. He was pronounced dead by an attending physician. The BM tested positive for marijuana at the time she gave birth to the infant. She was listed as homeless and she refused to provide information about the BF. She received medical care in the hospital and the infant was never released to her care.

The infant had two female SS for whom the BM's parental rights were terminated prior to the infant's birth. The two SS were adopted.

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

During a telephone contact that occurred on 5/24/19, ACS offered the BM support services. The BM declined the offer. The BM did not have a home and she said she resided with a friend.

Prior to closing the case on 7/2/19, ACS noted the agency offered the BM bereavement services which the BM refused. ACS added that the BM's whereabouts were unknown.

## 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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

The casework activity was commensurate with the case circumstances.

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:**

There was no SCR report pertaining to the infant's death.

**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: 05/21/2019

Time of Death: 01:21 AM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? N/A

**Child's activity at time of incident:**

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

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

At time of incident supervisor was: Not impaired.

**Total number of deaths at incident event:**

Children ages 0-18: 1

Adults: 0



### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	2 Day(s)
Deceased Child's Household	Mother	No Role	Female	26 Year(s)

### LDSS Response

ACS attempted to contact the BM to offer services and support on 5/21/19. The effort was unsuccessful as the BM did not respond to ACS request for contact. ACS noted that the BM was homeless.

On 5/24/19, ACS established telephone contact with the BM and discussed the infant's death, burial and support services. The BM said she was residing with a friend and she declined ACS offer for assistance. She explained that the MGM had agreed to plan the burial. ACS attempted to contact the MGM; however, the effort was unsuccessful.

On 5/30/19 and 6/25/19, ACS attempted to contact hospital medical personnel but was unable to obtain additional information about the infant. The ACS case record did not include details about the infant's medical record.

Subsequently, ACS noted the agency was unable to follow up with the family as the BM's whereabouts were unknown. ACS closed the case as the BM previously declined services.

### 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 NYC.

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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**Additional information:**

The BM's whereabouts were unknown after she was discharged from the hospital. There were no surviving children in the BM's household. The death did not fall under the jurisdiction of the ME.

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

**Legal Activity Related to the Fatality**

**Was there legal activity as a result of the fatality investigation?** There was no legal activity.

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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**Additional information, if necessary:**  
The BM received health care in the hospital.

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

**Explain:**  
There were no SS or other children in the household.

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

**Explain:**  
The BM refused ACS offer for services.

### History Prior to the Fatality

#### Child Information

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

#### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/19/2019	Deceased Child, Male, 1 Days	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 1 Days	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

The 5/19/19 report alleged the BM gave birth to a male infant in May 2019. The BM was positive for cannabis at the time of delivery.

**Report Determination:** Indicated**Date of Determination:** 06/18/2019**Basis for Determination:**

ACS substantiated the allegations of IG and PD/AM of the newborn infant by the BM. ACS noted the BM admitted she used marijuana throughout her pregnancy and she tested positive for marijuana at the time of the infant's birth. ACS added that the BM had two previous cases where her parental rights were terminated. The BM was not enrolled in services, she was homeless and had no provisions for the infant. ACS explained that the BM failed to plan for her previous children and the infant.

**OCFS Review Results:**

ACS interviewed the BM and attending physician, and observed the infant in the hospital within 24 hours of receipt of the 5/19/19 report. The BM said she misused marijuana throughout her pregnancy. She refused to provide information about the BF. During the interview with the physician, ACS verified the BM had a pre-existing medical condition, and she received medical care following the infant's birth. The infant was on a ventilator and was not expected to survive. He died on 5/21/19.

There were no surviving children in the BM's care. ACS indicated the 5/19/19 report although the infant was never released to the BM's care. ACS did not provide a Notice of Indication to the BM.

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

Appropriate Application of Legal Standards (Abuse/Maltreatment)

**Summary:**

ACS did not appropriately apply the standards of maltreatment to the case circumstances. The BM did not provide care of the infant as he was hospitalized following his birth and was not released to the BM's care.

**Legal Reference:**

SSL 412(1) and 412(2)

**Action:**

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/28/2016	Sibling, Female, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	No

**Report Summary:**

The 6/28/16 SCR report alleged the BM had a history of mental illness and was not in treatment. As a result, on 6/21/16, the BM was verbally and physically aggressive towards the foster parent and agency personnel in the presence of the SS.

**Report Determination:** Indicated**Date of Determination:** 08/30/2016**Basis for Determination:**

ACS substantiated the allegation of IG of the SS by the BM on the basis of credible evidence. The findings showed the BM violently attacked an employee in the presence of the SS and other individuals on 6/21/16. The BM attempted to hit the foster mother.

**OCFS Review Results:**

ACS found the BM physically attacked an employee in the presence of the SS. The BM had a history of a mental health condition and was not compliant with her prescribed treatment plan. She did not comply with court ordered services to



address drug misuse, anger management and mental health. The SS was in foster care placement under an Article Ten Neglect petition filed in Family Court on 6/17/13. ACS visited the FM's home and observed the FM's two children and three foster children, including the SS. The family had adequate sleeping arrangements and there were no hazardous conditions in the home. ACS made diligent efforts to interview the BM; however, the attempts were unsuccessful.

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

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

The BM was a subject in five SCR reports dated 4/22/09, 7/22/09, 8/19/09, 12/20/10 and 6/14/13. The allegations of the 4/22/09, 7/22/09, 8/19/09, 12/20/10 reports were a combination of IG, L/B/W, XCP and PD/AM of the oldest female SS by the BM. The SS was removed from the BM's care on 4/23/09. ACS investigated the reports and substantiated the allegations of IG and PD/AM.

The allegations of the 6/14/13 report were IG and PD/AM of another female SS by the BM. The SS was removed from the BM's care on 6/14/13. ACS substantiated the allegations of the report.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### Foster Care Placement History

The older female SS received foster care services beginning 4/23/09 and remained in foster care under an Article Ten Neglect petition filed in Family Court. The other female SS received foster care under another Article Ten Neglect petition filed in Family Court. The BM's parental rights were terminated and the two SS were subsequently adopted.

### 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

### 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