



**Report Identification Number: NY-19-072**

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

**Issue Date: Dec 02, 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:** 1 month(s)

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

**Date of Death:** 06/21/2019  
**Initial Date OCFS Notified:** 06/21/2019

## Presenting Information

The 6/21/19 fatality report alleged on 6/21/19, the SM found the SC not breathing. The exact location of where the SM found him in the home was unknown. The SM called 911 and EMS arrived at the home at 10:22 AM. The SC was declared dead at 10:52 AM. The SC was an otherwise healthy CH with no pre-existing medical conditions and the cause of death was unknown.

## Executive Summary

The 1-month-old male child (SC) died on 6/21/19. As of 12/2/19, NYCRO had not yet received a copy of the autopsy report.

The allegations of the 6/21/19 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 investigation.

ACS findings showed that at approximately 4:00 AM on 6/21/19, the SM went to sleep. At the time, the SM did not have concerns about the SC. The SC was on his back asleep in his pack and play. The SM shared a queen size bed with the SS. The SM awoke at about 8:00 AM, observed the SC and found he was on his back, and was breathing lightly as if he was in distress. She believed he was still asleep. She made a telephone call to her previous partner from approximately 9:00 through 9:45 AM, and during this time she did not check the SC. At about 10:30 AM, she checked the SC as she was on the phone with the BF. She observed the SC was cold, and there was blood on his left nostril. She picked him up from the play pen and returned him in the same position he was in when she initially checked him which was on his back. The SM called her previous partner, and then called 911 for assistance. She spoke with the BF again when she was traveling to the local precinct.

According to the BF, the SM contacted him at 10:00 AM on 6/21/19 and told him the SC was asleep. The SM then checked on the SC, found the SC's body was cold, and alerted the BF. The BF went to the local precinct, and the hospital where he learned of the SC's death.

On 6/24/19, the ME said the preliminary findings showed there was no trauma to the SC's body.

On 6/26/19, ACS held a conference with the SM and discussed concerns of missed child well-care medical appointments, lack of compliance with the substance abuse Tx program and the SM's disclosure of being overwhelmed. The SM said she did not want to interact with the SS as she was not ready to see him. The SM was advised by ACS of the agency's plan to file an Article Ten Neglect petition against her for the SS. ACS advised the SM to attend Family Court on 6/27/19.

On 6/27/19, ACS filed an Article Ten Neglect petition in Bronx County Family Court naming the SM as the respondent. A remand of the SS was granted. The SS was initially placed with a kinship resource prior to filing the petition. The family resource was no longer able to care for the SS. The SS was then placed in non-kinship care.

On 7/19/19, the SM said she planned to enroll in an out-patient mental health program. ACS provided information on bereavement groups. ACS advised the SM she should complete the drug treatment program, parenting classes, and clinical health counseling.



As of 12/2/19, ACS had not yet completed the investigation that began on 6/21/19.

## 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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Was the decision to close the case appropriate? N/A

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

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

**Explain:**  
On 6/27/19, ACS filed an Article Ten Neglect petition in Bronx County Family Court naming the SM as the respondent. A remand of the SS was granted. As of 12/2/19, the case remained open for foster care services.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The 6/28/19 Safety Assessment document was inadequate. In the document, ACS stated the SM said she had a history of marijuana use. However, ACS did not explain the impact of the SM's marijuana use on the care she provided the SS.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(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.



<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.
<b>Summary:</b>	The 24-Hour report was incomplete as it did not included details regarding the ME Notification and the SC's legal status at the time of death.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-1
<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:** 06/21/2019

**Time of Death:** 10:52 AM

**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?**

Yes

**Time of Call:**

10:15 AM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

N/A

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**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	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Father	No Role	Male	27 Year(s)



## LDSS Response

On 6/21/19, ACS interviewed a shelter employee and learned that the SC was not breathing when LE arrived.

On 6/21/19, ACS interviewed the MGM, who said she received a call from the SM's previous partner regarding the SC's medical emergency. The MGM agreed to care for the SS with the help of the SM's cousin. The MGM said the cousin would provide care of the SS under a family arrangement.

On 6/21/19, ACS interviewed the SM at the local precinct. The SM agreed for the family members to supervise the SS. The SM said she did not misuse marijuana within the last week. The SM did not believe her marijuana use had a negative impact on her parenting. She said she did not use marijuana in the presence of the SC and SS. Regarding the SC's pre-existing medical condition, the SM said the SC became lighter in his skin complexion and his breathing was not normal, so she took him to the hospital a few days prior to 6/21/19. The SM said the hospital told her the SC was fine and discharged him. She also took the SC to the hospital along with the BF as the SC seemed unable to digest food. The hospital said the SC was not ill. Later, ACS provided burial assistance to the family. The SM agreed to permit her cousin to care for the SS until she was ready to care for him. ACS provided the SM with an appointment for a community based organization.

On 6/22/19, ACS visited the home of the SM's cousin who said she and her partner needed daycare for the SS. The cousin requested Play Therapy for the SS. She agreed to bereavement counseling and to be a Kinship FP. The SS was observed, and he did not have marks/bruises. Later, the SM's cousin said she could no longer care for the SS as the family arrangement was overwhelming.

On 6/25/19, ACS interviewed medical personnel who said the SC was seen in the ER on 5/26/19 and was released on 5/27/19, and the visit was not for breathing symptoms.

On 6/25/19, the SM's previous partner stated the SM called her at 10:14 AM, according to her call log, informing her the SC was not breathing. She told the SM to call 911. She said her aunt contacted 911 and gave the SM's address and was advised that a car was on the way to the location.

On 6/27/19, the PGM agreed to provide care of the SS. Later, the PGM informed ACS she could not care for the SS either. The same day, ACS interviewed the father of the SS. According to this father's account, he last saw the SS when he was one year old. He was aware of the SC's death. He was unable to provide care of the SS.

On 7/8/19, the MGM informed ACS that following the SC's death, the SM was admitted to the hospital. She did not know the release the date. ACS interviewed the SM who said she received treatment in the hospital. The SM expressed concern about the custodial care of the SS. ACS interviewed hospital personnel who confirmed on 7/5/19 the SM was admitted to the hospital. On 7/10/19, ACS contacted the hospital to monitor the SM's level of progress and learned the SM had not been taking her medication that was prescribed since her hospitalization.

On 8/13/19, LE said the investigation was ongoing. ACS learned that the ME's office attempted to contact the SM to complete a reenactment of what occurred with the SC but was unsuccessful. The preliminary findings showed the SM did not choke the SC; however, there was a possibility that an infant may be smothered without observable signs on the body.

## 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 case documentation did not reflect there was a MDT response.

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.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051681 - Deceased Child, Male, 1 Mons	051682 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Pending
051681 - Deceased Child, Male, 1 Mons	051682 - Mother, Female, 20 Year(s)	DOA / Fatality	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				



<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

On 6/27/19, ACS filed an Article Ten Neglect petition in Bronx County Family Court naming the SM as the respondent. A remand of the SS was granted.

### 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>
06/27/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	051682 Mother Female 20 Year(s)	
<b>Comments:</b>	On 6/27/19, ACS filed an Article Ten Neglect petition in Bronx County Family Court naming the SM as the respondent. A remand of the SS was granted. The judge placed the SS in the custody of ACS.	

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The family received foster care services.

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:**

On 6/27/19, ACS filed an Article Ten Neglect petition in Family Court naming the SM as the respondent. A remand of the SS was granted. The SS received foster care services.

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

**Explain:**

The SM received treatment in the hospital, and other support services.

ACS documentation did not reflect daycare was provided to the SM's cousin, who assisted with supervision of the SS.

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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/23/2019	Deceased Child, Male, 1 Days	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Substantiated	Yes
	Deceased Child, Male, 1 Days	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Days	Mother, Female, 20 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 1 Days	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Substantiated	



# Child Fatality Report

Sibling, Male, 2 Years	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 2 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 2 Years	Mother, Female, 20 Years	Lack of Medical Care	Substantiated

**Report Summary:**

The 4/23/19 report alleged in April 2019, the SM gave birth to the SC. The newborn tested positive for marijuana at the time of the birth. The SC was born at full term and was otherwise healthy. The SM's partner and SS had unknown roles.

**Report Determination:** Indicated

**Date of Determination:** 07/07/2019

**Basis for Determination:**

The SM failed to follow-up with the SC and SS's medical care. ACS requested the SS's medical records from the hospital and verified the SS had a medical condition and at birth and the SM failed to follow up with his medical needs. The SM did not follow up with the Early Intervention (EI) specialist and failed to keep the scheduled medical appointment for the SS. The SS did not have medical care since 5/12/17. The SM was referred to a medical specialist for the SC's medical care following his birth. The SM did not address the SC's medical needs.

**OCFS Review Results:**

The SM informed ACS that the last time she used marijuana was in the first trimester of her pregnancy. ACS provided the SM with a referral for a substance abuse program. On 5/15/19, ACS discussed safe sleep practices with the SM and her partner. The SM said when she used marijuana the SS was with family members. ACS, the SM and partner discussed a service plan that included homemaking, PPRS, parenting classes, clinical health evaluation for the SM, drug treatment and EI. On 5/17/19, ACS opened a preventive services case for the family. The SM applied for housing assistance but she made other housing arrangements. On 6/6/19, the SM informed ACS that she was placed in DV shelter.

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

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The 7/7/19 safety assessment document was inadequate. This document did not included information to verify the BM's drug use had a negative impact on the care she provided the SS.

**Legal Reference:**

18 NYCRR 432.2 (b)(3)(iii)(b)

**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 SM was not known to the SCR or ACS as a subject more than 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:** 05/17/2019



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: 05/17/2019

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

#### Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings 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
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The Initial FASP was not completed until 6/6/19 although it was due on 5/26/19.				
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"/>



# Child Fatality Report

Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Closing

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

#### Additional information, if necessary:

ACS opened a preventive services case for the family on 5/17/19. The case was opened because the SC tested positive for marijuana.

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	The Initial FASP was not completed until 6/6/19 although it was due on 5/26/19.
<b>Legal Reference:</b>	18 NYCRR428.3(f)
<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>	Adequacy of Risk Assessment Profile (RAP)
<b>Summary:</b>	The Initial FASP did not include information to reflect the family had unstable housing.
<b>Legal Reference:</b>	18 NYCRR 432.2(d)
<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

ACS opened a preventive services case for the family on 7/28/16. ACS addressed the educational needs. The family was referred to PPRS in August 2016. On 3/22/17, the Family Service Progress Notes (FSPN) reflected the family had no other issues that required PPRS. ACS closed the case on 4/6/17.



During the 4/23/19 investigation, ACS found the SC tested positive for marijuana. On 5/17/19, ACS opened a preventive services case for the family and provided support services. On 5/22/19, ACS learned that the SM, SC and SS were temporarily residing with the MGM. The SM planned to obtain housing through Prevention Assistance Temporary Housing (PATH). The Initial FASP reflected the SM received substance abuse treatment, parenting education, and a clinical health evaluation through a community based organization. The Initial FASP did not include information to reflect the family had unstable housing. This FASP not completed until 6/6/19 although it was due on 5/26/19.

The FSPN reflected, on 6/12/19, the SM entered PATH system and accepted conditional housing placement. On 6/20/19, ACS visited the SM, SC and SS at the shelter. The SC and SS were asleep. However, ACS observed them and noted they did not have marks/bruises. The SM denied she used marijuana. ACS informed the SM about the availability of a substance abuse program that was located near to the shelter.

### 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