

**Report Identification Number: NY-14-090**

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

**Issue Date: 2/5/2015**

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.

# NYS Office of Children and Family Services - Child Fatality Report

## Abbreviations

<p><b>Relationships</b>                  BM = Biological Mother                  OC = Other Child                  MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother                  BF = Biological Father                  FM = Foster Mother                  MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child                  SF = Surviving Father                  FF = Foster father                  DCP = Day Care Provider</p>
<p><b>Contacts</b>                  LE = Law Enforcement                  EMS = Emergency Medical Services                  DC = Day Care</p>	<p>CW = Caseworker                  Dr = Doctor                  CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner                  ME = Medical Examier                  FD = Fire Department</p>
<p><b>Allegations</b>                  L/B/W = Lacerations/Bruises /Welts                  B/S = Burns / Scalding                  PD/AM = Parent's Drug Alcohol Misuse                  M/FTTH= Malnutrition/Failure-to-Thrive                  LS = Lack of Supervision                  OTH/COI = Other</p>	<p>FX = Fractures                  S/D/S = Swelling/Dislocation /Sprains                  CD/A = Child's Drug/Alcohol Use                  P/Nx = Poisoning/ Noxious Substance                  IF/C/S = Inadequate Food/Clothing /Shelter                  Ab = Abandonment</p>	<p>II = Internal Injuries                  C/T/S = Choking/Twisting /Shaking                  MN = Medical Neglect                  XCP = Excessive Corporal Punishment                  IG = Inadequate Guardianship                  SO = Sex Offender</p>
<p><b>Miscellaneous</b>                  LDSS = Local Department of Social Service</p>	<p>IND = Indicated                  ACS = Administration for Children's Services</p>	<p>UNF = Unfounded                  NYPD = New York City Police Department</p>

## Case Information

**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Manhattan  
**Gender:** Male

**Date of Death:** 08/17/2014  
**Initial Date OCFS Notified:** 08/17/2014

## Presenting Information

The mother and infant resided in a substance abuse treatment facility due to the mother's history of crack cocaine use. On 8/16/14, at 10:30 PM, the mother put the infant on his stomach in the crib to sleep. On 8/17/14, the mother checked the infant and discovered he was not breathing. The mother notified staff who tried to revive the infant. At 3:02 AM., EMS responded to the treatment facility, attempted to revive the infant and transported him to Mount Sinai Hospital where he was pronounced dead at 3:36 AM on 8/17/14.

## Executive Summary

The one-month-old male infant died on 8/17/14. ACS obtained a verbal report of the findings of the autopsy in which the cause of death was listed as Undetermined and the manner of death as Undetermined.

The allegations of the 8/17/14 report were DOA/Fatality and IG of the infant by the mother.

The ACS investigation revealed the mother participated in a Residential Alternative to Incarceration Program at the Green Hope Services for Women (GHSW). After becoming involved in the criminal justice system due to charges related to possession and use of alcohol and drugs, she was mandated to the GHSW in-patient program. In April 2014, the mother began to reside in the GHSW facility. On 8/16/14, after returning from the park, the mother gave the infant a bath, fed and burped him. Between 9:00 PM and 10:00 PM, she placed him in the crib on his stomach with his head to the side facing her bed. The mother fell asleep and woke at about 3:00 AM at which time she tickled the infant's foot, as habitually, and observed the infant did not move. She also checked the infant and observed he was not breathing. She took the infant by elevator downstairs to the main floor and alerted the staff who called 911. While waiting for the first responders, she performed CPR but he did not breathe again. The infant was transported to the hospital and pronounced dead by the physician at 3:36 AM.

There were no surviving children in the mother's care. The infant had two surviving male half siblings who resided with their father in Brooklyn. According to the half siblings' father, the mother had not seen these two children in years but had spoken with them by telephone. The half siblings stated the mother did not live with them. ACS' documentation did not reflect the infant's father was interviewed by ACS although the NYPD was able to interview him. Also, the ACS case record showed the agency did not interview other residents at the facility such as the mother's roommate.

On 1/7/15, ACS substantiated the allegations of DOA/Fatality and IG of the infant by the mother. ACS based the determination on the mother knowingly placing the infant face down in his crib throughout the night. She was aware of the dangers of placing him in this prone position as she admitted to receiving training and was aware of the safe sleep practices. The ME listed the cause and manner of death as Undetermined and the ME did not find disease or malformation to account for the sudden death.

## 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

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** No

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

**Explain:**

NA

## 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.
<b>Summary:</b>	ACS did not complete the 24 Hour Child Fatality Summary.
<b>Legal Reference:</b>	CPS Program Manual, VIII, B.1, page 2
<b>Action:</b>	ACS must submit a corrective action plan 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>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	ACS' documentation did not reflect the mother's roommate nor infant's father were interviewed by ACS although the NYPD was able to interview of these collateral contacts.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must submit a corrective action plan 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.

# NYS Office of Children and Family Services - Child Fatality Report

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 08/17/2014

**Time of Death:** 03:36 AM

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

**County where fatality incident occurred:**

MANHATTAN

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

Yes

**Time of Call:**

Unknown

**Did EMS to respond to the scene?**

Yes

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

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

1

**At time of incident supervisor was:** Not impaired.

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

**Children ages 0-18:** 1

### 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	32 Year(s)
Other Household 1	Sibling	No Role	Male	14 Year(s)
Other Household 1	Sibling	No Role	Male	15 Year(s)
Other Household 1	Stepfather	No Role	Male	32 Year(s)

### LDSS Response

ACS initiated the investigation within the required timeframe. The Specialist interviewed the Medical Examiner Investigator (MEI), NYPD, GHSW staff, father of the male half-siblings and infant's physician. ACS also interviewed the

mother.

The information obtained through the MEI showed the items in the infant's crib were the sheet, a thin hospital blanket and the infant's hat. On 8/18/14, the NYPD provided information which showed on 8/17/14, at the time the incident occurred, the mother and infant were in the substance abuse facility in which she resided. Also, on 4/2/14, the mother was arrested for drug sales and she admitted to using drugs on 4/1/14 during the pregnancy. Following the arrest, she was released to reside in the GHSW residential facility as an alternative to a three-year incarceration sentence. Later, the NYPD informed ACS, on 8/17/14 after the mother observed the infant was not breathing, the mother picked up the infant and used the elevator which she took downstairs and alerted staff. The mother did not use the stairs as she was told the stairs must only be used in case of fire or an emergency. The NYPD executed a warrant but they did not find anything unusual. Several of the staff and residents of the facility were interviewed by the NYPD. One of the staff stated during the night of the incident, the staff conducted three checks of the room: last check at on 8/17/14 at 12:45 AM. The mother's roommate stated on a daily basis she overheard the infant cry and she attended to him as the mother was passed out. The roommate stated the mother was over medicated and unable to hear the infant when he cried. She returned the infant to the room and woke the mother so she could care for him. The night prior to the infant passing, she heard him crying at about 2:30 AM. The roommate did not wake to attend to the infant as she said she was tired.

The mother said she gave the infant a bath, fed and burped him; then placed him in the crib on his stomach with his head to the side facing her bed. She fell asleep and woke at about 3:00 AM, tickled the infant's foot but he did not move and she observed he was not breathing. She took the infant downstairs to the main floor and alerted the staff who called 911. This was the first time she placed the infant in the crib. The mother said she placed him in the crib as there were room inspections. The mother denied she had items in the crib other than a hospital blanket. She placed the infant on his stomach as he was spitting up and she wanted to avoid possible breathing problems. The mother denied she received information about safe sleep practices. The mother stated nine years ago, she had a child who died of SIDS; the autopsy showed the cause of death was SIDS and manner of death natural.

ACS interviewed assigned GHSW staff. The Program Coordinator (PC) stated there were no concerns about the care the mother provided the infant. Later, the Substance Abuse Counselor (SAC) stated the mother followed through with all services. It was mandatory for the residents to use the crib at all times.

The infant's SW noted she worked with the mother since December 2012. The mother revealed at the time she was arrested in April 2014 she had been with the infant's father and was caught with alcohol and drugs. She was taken to Riker's Island and subsequently released to the in-patient program. Since her release in April, the mother showed significant improvement.

The Specialist visited the two male half siblings' in their father's home. The infant's physician informed the Specialist that he had a discussion with the mother regarding appropriate sleeping positions for the infant. This was also discussed when the infant was in the nursery. The physician said there was a note in the chart which stated the mother was appropriately placing the infant on his back to sleep. Also, the mother read about SIDS and she was aware of the position to place the infant to sleep.

## Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

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

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## Multidisciplinary Investigation/Review

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

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

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** No

**Comments:** The fatality was not reviewed by an OCFS approved Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child Male 1 Month(s)	Mother Female 32 Year(s)	DOA / Fatality	Substantiated
Deceased Child Male 1 Month(s)	Mother Female 32 Year(s)	Inadequate Guardianship	Substantiated

## 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"/>
The SCR Report source contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input checked="" 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

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

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality instigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Legal Activity Related to the Fatality

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

Have and Orders of Protection been issued? No
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## Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 mother and infant resided in a residential treatment facility. The facility provided counseling and bereavement services to the mother. The Substance Abuse Counselor (SAC) at GSHW stated the mother received individual counseling, parenting classes, relapse prevention, substance abuse education, health criminal thinking, family therapy

and other 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:**  
There were no surviving children in the mother's care. The infant's two surviving half siblings were offered counseling but these children's father declined the offer for services.

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

**Explain:**  
ACS' documentation did not reflect the infant's father was interviewed. The mother resided in a substance abuse facility.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	No
<b>Was there an open CPS case with this child at the time of death?</b>	No
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	Yes
<b>Was the child acutely ill during the two weeks before death?</b>	No

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

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

There is no CPS investigative history within three years prior to the fatality.

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

The mother was known to the SCR and ACS in three reports dated 9/17/03, 5/29/08, and 4/9/10. These three reports were indicated.

The allegation of the 9/17/03 report was IG of the two surviving half siblings by the mother and half siblings' father. ACS' findings showed these parents were involved in a domestic violence (DV) incident. An order of protection (OOP) was issued to the half sibling's father by the Court: stipulating the mother refrain from assault, stalking, harassment, menacing, reckless endangerment, disorderly conduct, intimidation, threats or any criminal offense against this father. On 11/19/03, ACS substantiated the allegation of IG stemming from the 9/17/03 report.

The allegations of the 5/29/08 and 4/9/10 reports were IG, PD/AM, and IF/C/S of the mother's female child by the mother. According to the ACS case record, the female child tested positive for cocaine. On 6/4/08, an Article Ten Neglect Petition was filed in the Kings County Family Court due to the allegations of IG, PD/AM and IF/C/S. The female child was placed in foster care under the supervision of Seaman's Society for Children and Families and subsequently with Episcopal Social Services (ESS).

During the 4/9/10 investigation, there were several progress notes which were not entered contemporaneously: some events occurred in April 2010 and were not entered until June 2010. ACS substantiated all the allegations of the 5/29/08 and 4/9/10 reports.

## Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

## Services Open at the Time of the Fatality

### Required Action(s)

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

Yes  No

### Preventive Services History

As a result of a DV incident involving the mother and father of the two male half siblings, during the 9/17/03 investigation, ACS referred the family to the Winthrop Beacon Family Preventive Services program. On 11/5/03, the mother signed the service plan agreement and on 11/7/03, preventive services were initiated. On 7/27/04, the preventive services were terminated.

Also, the family received Court Ordered Supervision (COS) services after the mother's female child was paroled to the mother on 10/21/08. The ACS Family Service Progress Notes (FSPN) reflected there was no case activity for March 2009 and a home visit was not conducted in January 2010. There were notes which were not entered contemporaneously as an event occurred in 5/18/09 but it was not entered until 8/19/09 and events that occurred in December 2009 and January 2010 were not entered until April 2010. The 6/30/09 and 12/31/09 Reassessment FASPs were completed late by ACS as they were not approved until 7/30/09 and 2/22/10, respectively.

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## Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes  No

<b>Issue:</b>	Adequacy of case recording
<b>Summary:</b>	The Episcopal Social Services agency documentation reflected events occurred in February 2011 but were not entered until November and December 2012. The Family Services Progress Notes were not entered contemporaneously.
<b>Legal Reference:</b>	18 NYCRR 428.5(c)
<b>Action:</b>	ACS must submit a corrective action plan 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.

## Foster Care Placement History

During the investigation of the 5/29/08 report, ACS found the mother had substance abuse history and her female child was born with a positive toxicology for cocaine. ACS filed an Article Ten Neglect petition in Family Court: this child was remanded to the care and custody of the Commissioner of ACS. In June 2008, this child was placed in non-kinship foster care with the Seaman's Society for Children and Families agency. On 6/11/08, the Family Service Stage (FSS) was opened. The mother complied with her service plan and on 10/21/08; this child was paroled to the mother with Court Ordered Supervision (COS).

On 4/29/10, following the mother's substance abuse relapse, this child was remanded to the care and custody of the Commissioner of ACS and placed in foster care with Episcopal Social Services. The mother did not comply with the service plan. The two male half-siblings remained in their father's care. On 4/2/12, the female child was legally freed for adoption and subsequently adopted. The ESS completed a FASP Plan Amendment dated 12/27/12 indicating the adoption was finalized on 11/8/12; however, the FSS was not closed until 4/19/13: reason, services no longer needed. The 6/30/10 and 12/31/10 FASPs were not approved until 9/7/10 and 1/5/11, respectively. The ESS documentation reflected events occurred in February 2011 but were not entered until November and December 2012.

## Legal History Within Three Years Prior to the Fatality

Was there legal activity as a result of 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