

**Report Identification Number: NY-14-108**

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

**Issue Date: 4/10/2015**

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

<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
<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
CPR-Cardio-plumonyary Resuscitation		
<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	MN-Medical Neglect	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 Suprevision
Ab-Abandonment	OTH/COI-Others	
<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		

## Case Information

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

**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 10/12/2014  
**Initial Date OCFS Notified:** 10/14/2014

## Presenting Information

On 10/11/14, the parents put the fourteen-week-old infant to bed. On 10/12/14, the parents discovered that the child was unresponsive. The child was an otherwise healthy child with no preexisting medical conditions; however, there was no explanation for his death. The parents were the sole caretakers of the child.

## Executive Summary

At approximately 12:40 A.M. on 10/12/14, the parents placed the child on his side in his playpen to sleep. An hour later, the parents found the child unresponsive and the BF attempted to revive the child by giving him chest compressions while the BM called 911. The BF later ran out of the home with the child seeking help and flagged down a Fire Department of New York (FDNY) truck. A paramedic on the truck worked on the child until EMS arrived and transported the child to the hospital where he was pronounced dead. According to the ME, the child's cause and manner of death was undetermined.

Prior to his death, the child did not have any medical conditions; his death was deemed suspicious. On 10/14/14, the SCR registered a report of the child's death. The allegations of the report were DOA/Fatality and IG. The parents were listed as the subjects of the report.

On 10/14/14, the ACS Brooklyn Field Office Specialist contacted the EMS, the ME and the DA and they did not report any foul play regarding the child's death. Consequently, no arrest was made.

On 10/15/14, ACS filed an Article 10 petition in Kings County Family Court (KCFC) alleging abuse and neglect of the one-year-old child. KCFC granted a temporary removal of the child. She was medically cleared and placed with the MGM. On 10/21/14, KCFC paroled the child to the BM with COS. KCFC also issued a limited TOOP against the BF due to his history of drug use and noncompliance with services.

Between 10/28/14 and 2/19/15, ACS made bi-weekly home visits for the assessment of the one-year-old child's safety and she was deemed safe during the visits. Also, ACS made multiple assessments of the seven-year-old child at the PGM's home and his school; there were no concerns for the child. The child was paroled to the PGM on 12/9/13 due to the BF's drug use. On 12/29/14, the PGM filed for the seven-year-old child's custody and he remained safe in her care.

On 1/7/15, the family signed up for services and the BF's last drug test was negative. The pediatrician reported concerns about the one-year-old child's slow weight gain; however, the child was being monitored through appropriate diet and follow-up appointments.

On 3/23/15, NYCRO contacted ACS regarding the determination of the investigation; however, at the time of completing this report, ACS had not made a determination of the allegations of the report.

## Findings Related to the CPS Investigation of the Fatality

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

**Safety Assessment:**

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** No
  - **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

**Explain:**

ACS had not made a determination of the report.

**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 notes a consultation took place, but no details noted.

**Required Actions Related to the Fatality**

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

<b>Issue:</b>	Pre-Determination/Assessment of Current Safety/Risk
<b>Summary:</b>	ACS failed to document the pre-determination of the assessment of safety of the surviving one-year-old child.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(iii)(b)
<b>Action:</b>	ACS must meet with staff involved with this fatality investigation and inform the NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Pre-Determination/Supervisor Review
<b>Summary:</b>	On 2/26/15, the safety assessment at the investigation determination was rejected and at the time of completing this report, it had not been approved. This indicates lack of supervisory involvement.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(v)
<b>Action:</b>	ACS must meet with staff involved with this fatality investigation and inform the NYCRO of the date of the meeting, who attended and what was discussed.

**Fatality-Related Information and Investigative Activities**

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

## Incident Information

**Date of Death:** 10/12/2014

**Time of Death:** 02:09 AM

**County where fatality incident occurred:**

KINGS

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

Yes

**Time of Call:**

01:24 AM

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

No

**At time of incident leading to death, had child used alcohol or drugs?** No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

1

**At time of incident supervisor was:** 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		3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)

## LDSS Response

On 10/14/14, the ACS Specialist visited the family for an assessment. The parents had the one-year-old surviving child and the deceased child in common. The BF's seven-year-old son resided with the PGM. There were no safety concerns for the one-year-old child at the time of the visit. The parents denied they co-slept with their children. The BF had a history of drug abuse and when requested to submit to testing on 10/14/14, he refused. He was court ordered to enter drug treatment which he has not done. The BM admitted to drinking alcohol since her son's death to cope with her loss, but she denied being intoxicated. The family members did not report any concerning behaviors regarding the family. They stated the parents provided the children with excellent care.

Following the visit to the family, the Specialist contacted the children's Dr. who reported concerns about the children's

slow weight gain but there were no concerns of abuse and/or neglect for the children; they were being monitored through diet and follow-up appointments.

On 10/15/14, ACS held a child safety conference (CSC) based on the fatality and the BF's non-compliance with prior family court orders. Following the CSC, ACS filed an Article 10 petition in Kings County Family Court (KCFC) alleging abuse of the one-year-old child. KCFC granted a temporary removal of the child and was medically cleared and placed with the MGM which had been deemed safe for the child.

On 10/21/14, KCFC paroled the one-year-old child to the BM with ACS supervision. Also, KCFC issued a limited temporary OOP against the BF. The father was not to be left alone with the child or be under the influence of any drugs or alcohol. The BF also would cooperate with drug treatment and any reasonable referrals.

On 10/23/14, the BF signed up for services with a preventive agency, but declined ACS' offer of bereavement services. He stated he preferred to discuss his feelings with family members.

Between 10/28/14 and 2/19/15, ACS made several bi-weekly announced and unannounced home visits for the continuous assessment of the surviving child's safety. The Specialist did not observe any safety concerns for the child during the visits. The BM ensured that the child was not left alone with the BF and she had the PA caring for the child during her absence.

On 11/5/14, ACS held a follow-up CSC to review the family's initial service plan. The family accepted to engage in services; however, they continued to decline bereavement services.

Between 11/7/14 and 1/7/15, ACS made multiple assessments of the seven-year-old child at the PGM's home and his school. There were no concerns for the child. The PGM stated on 11/3/14, the child started child care services and there had been no reported concerns. She also stated that on 12/29/14, she filed for the child's custody.

On 1/7/15, the family signed up for services. The BF was attending his drug treatment and parenting skills programs and his last drug test was negative. Also, the one-year-old child was in receipt of EI services.

On 2/26/15, the ME reported that the cause and manner of the child's death were undetermined. There were no signs of trauma to the child and all the cultures were negative.

On 3/23/15, NYCRO contacted ACS regarding the overdue determination of the investigation; however, at the time of completing this report, ACS had not made a determination of the allegations of the report.

The Article 10 Neglect petition against the BF remained active at BxFC where the petition involving his older son was initiated. The family appeared to be in receipt of support from family members and there had been no reported concerns for the surviving children.

## 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 approved protocols for joint investigation.

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

**Comments:** New York City does not have an OCFS approved CFRT.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
014345 - Deceased Child, , 3 Mons	014346 - Mother, Female, 23 Year(s)	DOA / Fatality	Pending
014345 - Deceased Child, , 3 Mons	014346 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Pending
014345 - Deceased Child, , 3 Mons	014347 - Father, Male, 28 Year(s)	DOA / Fatality	Pending
014345 - Deceased Child, , 3 Mons	014347 - Father, Male, 28 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Daycare Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

documentation?				
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## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: Within 24 hours?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input checked="" 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 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
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 checked="" type="checkbox"/>	<input 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

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

	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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?</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 10/15/14, ACS filed an Article 10 petition in Kings County Family Court (KCFC) to protect the one-year-old surviving child. KCFC granted a temporary removal of the child and was medically cleared and placed with the MGM. The MGM's home was deemed safe for the child. On 10/21/14, KCFC paroled the child to the BM with ACS supervision. Also, KCFC issued a limited temporary OOP against the BF and would refrain from using drugs/alcohol.

### 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		
Date Filed:	Fact Finding Description:	Disposition Description:
10/15/2014	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	014347 Father Male 28 Year(s)	
<b>Comments:</b>	On 10/15/14, ACS filed an Article 10 petition in Kings County Family Court (KCFC) to protect the one-year-old surviving child. KCFC granted a temporary removal of the child and was medically cleared and placed with the MGM; however, on 10/21/14, KCFC paroled the child to the BM with ACS supervision.	

Have any Orders of Protection been issued? Yes	
<b>From:</b> 10/21/2014	<b>To:</b> Unknown

### 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
<b>Bereavement counseling</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 11/3/14, the seven-year-old child started child care services and there had been no reported concerns.

The one-year-old child was in receipt of early intervention services.

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

**Explain:**

On 10/23/14, the BF signed up for services with a preventive agency. He subsequently enrolled in a drug counseling program in compliance with BxFC orders and his last drug test for was negative.

Also, the BM had requested bereavement and parenting.

## 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  |

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

## 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/17/2011	1552-Other Child,Male, 4 Years	1551-Father,Male, 25 Years	Inadequate Food / Clothing / Shelter	Indicated	Yes
	1552-Other Child,Male, 4 Years	1551-Father,Male, 25 Years	Inadequate Guardianship	Indicated	
	1552-Other Child,Male, 4 Years	1551-Father,Male, 25 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

The allegations of the 2/17/11 report were IG, PD/AM and IFCS of the now seven-year-old child against the BF. The BF and the child resided in a shelter and during a room inspection, the shelter CW discovered a half smoked-marijuana blunt in the home. The CW had also smelled marijuana outside of the home in the past. The child had a medical condition and the BF smoked cigarettes and marijuana in his presence causing him difficulty breathing. Also, the BF had marijuana accessible to the child in the home.

**Determination:** Indicated **Date of Determination:** 04/19/2011

**Basis for Determination:**

ACS Bronx Field Office (BxFO) substantiated the allegations of the report against the BF. During the investigation, the BF admitted to smoking marijuana and there was little to no food in the home. He also admitted to being overwhelmed as single parent. In addition, ACS determined the BF failed to take the child to the Dr. for his medical condition.

**OCFS Review Results:**

OCFS review of the 2/7/11, report revealed that ACS failed to include the allegation LMC of the child against the BF.

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

**Issue:**

Appropriateness of allegation determination

**Summary:**

ACS determined the BF failed to take the child to the Dr. for his medical condition; however, ACS failed to include the allegation LMC of the child against the BF.

**Legal Reference:**

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

**Action:**

ACS Supervisors must discuss the importance of making appropriate determination of investigations with their workers in accordance with 18 NYCRR 432.2(b)(3)(iii)(c).

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

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

**Known CPS History Outside of NYS**

The family did not have any 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**

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

**Required Action(s)**

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

Yes No

**Foster Care Placement History**

On 4/19/11, ACS substantiated the allegations IG, PD/AM and IFCS of the now seven-year-old child against the BF. The BF had admitted to smoking marijuana and there was little to no food in the home for the child. Also, the child suffered asthma and the BF failed to take him to the Dr. or follow through with his medical referral. In addition, he refused to take random drug test and failed to participate in services.

On 4/5/11, ACS filed an Article X petition at the Bronx Family Court and the child was paroled to the BF with court ordered supervision (COS). The BF was to participate in services and to follow-up with the child's medical appointments.

The child was subsequently removed from the BF's care and an extension of COS was also done due to the BF's non-compliant with court orders. However, the BF continued to violate court orders and on 2/6/14, the child was removed from the father and placed with the PGM.

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

## Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?**

Family Court
  Criminal Court
  Order of Protection

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

Date Filed:	Fact Finding Description:	Disposition Description:
04/06/2011	There was not a fact finding	Custody Transferred to Relative or Non-Relative Foster Care
<b>Respondent:</b>	014347 Father Male 28 Year(s)	
<b>Comments:</b>	<p>On 4/5/11, ACS filed an Article X petition at the Bronx Family Court (BFC) and the child was paroled to the BF with court ordered supervision (COS). The BF was to participate in services and to follow-up with the child's medical appointments.</p> <p>Sometimes in 2013 during the course of the COS, the BF expressed suicidal ideations and failed to comply with court orders. On 12/9/13, the BFC ordered the removal of the child from the BF's care and extended the COS.</p> <p>The BF continued to be non-compliant with services and on 2/6/14, the child was directly placed with the PGM. Family Court notes did not reveal the one-year-old child and the deceased child were added to the neglect petition despite the BF not being engaged in services.</p>	

## 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