



**Report Identification Number: NY-15-038**

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

**Issue Date: 12/16/2015**

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.



## 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-pulmonary 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 Supervision
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



**Report Type:** Child Deceased  
**Age:** 10 month(s)

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

**Date of Death:** 05/11/2015  
**Initial Date OCFS Notified:** 05/12/2015

## Presenting Information

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive cases. According to the information provided in the OCFS-7065, on 3/6/15, the infant was admitted to the hospital for a pre-existing medical condition. The infant was later diagnosed with a rare medical condition. He was provided with aggressive treatment and other medications. The infant expired in the hospital on 5/11/15 at 11:20 PM.

## Executive Summary

This medically fragile ten-month-old male infant died on 5/11/15. The death certificate showed the infant died of natural causes. On 6/18/15, NYCRO received the New York City Office of Chief Medical Examiner (ME) record which stated there was no autopsy performed for the infant. The infant's death was referred to the ME for cremation approval only.

On 5/12/15, the SCR received additional information regarding the infant's death. According to the information provided to the SCR, the infant had a pre-existing medical condition and on 5/11/15, he passed away due to his disease. There was no suspicion of abuse/maltreatment pertaining to the death.

On 5/13/15, ACS submitted the completed OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive cases, notifying OCFS of the infant's death. The information regarding the infant's death was submitted to OCFS under Chapter 485 of the Laws of 2006. ACS included the information in the open preventive services case for further exploration.

ACS' findings revealed at birth the infant was diagnosed with a medical condition. The mother had followed up with the infant's medical needs. On 3/6/15, the infant was admitted to Mount Sinai Hospital for medical care. ACS obtained information from the hospital staff who explained that the infant had a rare and serious condition, and he was not expected to survive. The infant received medical treatment which was consistent with the required level of care but his condition did not improve. On 5/11/15, the Mount Sinai Hospital medical staff explored the option of discharging the infant to hospice care with the MJHS agency in Brooklyn. The infant remained in the hospital and later on 5/11/15, he was pronounced dead by the attending physician.

Following the infant's death, ACS' staff engaged the family members and provided case management and assistance with burial arrangements. ACS' staff also contacted the hospital social work staff who said the family would be referred for bereavement counseling. ACS assessed the safety of the surviving half sibling within the required timeframe. The ACS staff observed the home environment was neat and clean and there were sufficient provisions for the half sibling.

The Specialist and Brooklyn Bureau of Community Services (BBCS) staff maintained contact with the family. On 5/21/15, during a home visit, the staff engaged the mother regarding the impact of the infant's death on the half sibling, day care services for the half sibling, housing to maintain stability, the parents' marijuana use, history of



domestic violence and the mother’s relationship with the father of the deceased infant. The Specialist noted there was an active limited order of protection (OOP), which had resulted from previous domestic violence incidents, on behalf of the mother against the infant’s father. Regarding the OOP, the mother informed ACS and BBCS staff that she no longer resided with the father. She explained that she planned to obtain housing through the Prevention Assistance for Temporary Housing (PATH) program.

The Family Services Progress Notes showed that instead of obtaining the PATH services, the mother and half sibling relocated to reside with the MGF. The MGF agreed to provide housing support to the mother. The MGM had been diagnosed with a medical condition and was unable to assist with supervising the half sibling. Subsequently, the half sibling received day care services. The mother attended a drug treatment program, she continued to test positive for marijuana use and she acknowledge she used marijuana to cope with the infant’s illness and subsequent death. The BBCS staff completed the required number of casework contacts. There were BBCS progress notes which showed a significant number of events, which occurred in July 2015, were not entered until 9/8/15.

**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?** N/A
  - **Safety assessment due at the time of determination?** N/A

**Determination:**

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** N/A
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

**Explain:**

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:**

N/A

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities**



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## Incident Information

**Date of Death:** 05/11/2015

**Time of Death:** 11:20 PM

**County where fatality incident occurred:** New York

**Was 911 or local emergency number called?** No

**Did EMS to respond to the scene?** No

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

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

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

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

**Is the caretaker listed in the Household**

**Composition?** No

**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	No Role	Male	10 Month(s)
Deceased Child's Household	Father	No Role	Male	20 Year(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)

## LDSS Response

On 5/12/15, the Specialist interviewed an assigned Mount Sinai Hospital staff. According to the hospital staff, on 5/11/15 at 11:20 PM, the infant was pronounced dead by the hospital attending physician. At the time of the infant's death, the parents were in transit to the hospital. When the parents arrived in the hospital, they refused to have an autopsy conducted for the infant. The social worker and Specialist discussed plans for referring the family for bereavement services and other assistance.

The Specialist met the mother and MGF in the funeral home, discussed burial arrangements and provided referral for burial funds. The Specialist also visited the case address, engaged the surviving half sibling and noted that this child did not have marks/bruises indicative of abuse/maltreatment. The half sibling was in the care of the deceased infant's paternal great aunt. The infant's father resided in this paternal aunt's home. The Specialist observed the father in the home and



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attempted to interview him. According to the case record the attempt was unsuccessful as the father did not respond. Regarding the parents' relationship, the mother said as a result of previous domestic violence incidents, she had an existing limited order of protection (OOP) against the father. The documentation did not include details about the OOP. During a follow up home visit, the Specialist engaged the mother who discussed her feelings about the infant's diagnosis and eventual death. The Specialist and mother reviewed plans for bereavement, drug counseling and PPRS.

Following the initial face-to-face and telephone contacts, ACS learned that the mother and half sibling relocated to reside with the MGF. The infant's paternal great aunt and family relatives no longer had child caring responsibilities for the half sibling. The Specialist visited the mother and half sibling in the MGF's home. During the visit, the Specialist provided counseling on appropriate sleeping arrangement, day care assignment, medical appointments and service planning. The FSPN showed the MGF explained that he was only able to provide temporary housing for the mother and half sibling.

ACS transferred the case planning responsibility to the Brooklyn Bureau of Community Services (BBCS) agency. According to the BBCS case record, during some home visits, the mother was not in the home and during the mother's absence, either the MGM or adult maternal uncle provided supervision of the half sibling. The mother had continued to attend the drug treatments program. The FASP showed that in August 2015, the mother experienced a relapse when she tested positive for marijuana use. Also, the mother missed some of the BBCS scheduled office visits. The BBCS staff maintained contact with the half sibling by observing this child in the day care center. The BBCS staff interviewed the day care staff and observed the half sibling. There was no day care concern noted. The BBCS social worker observed the half sibling did not have marks/bruises.

The BBCS agency completed the required quantity of casework contacts. However, the FASP reflected there were a significant number of events, which occurred in July 2015 but were not entered until September 2015.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

## Multidisciplinary Investigation/Review

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

**Comments:** There is no OCFS approved Child Fatality Review Team in NYC.

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<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"/>
Public or Private Child Care	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

A significant number of Family Services Progress Notes were not entered within the 30-day timeframe.

**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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>



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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 investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

## Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input 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 checked="" type="checkbox"/>	<input 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 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 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 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"/>

Additional information, if necessary:  
The family received PPRS services.

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

Explain:  
The mother received bereavement, drug treatment and case management services.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- 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:



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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/26/2014	5288 - Sibling, Female, 2 Years	5286 - Mother, Female, 22 Years	Inadequate Guardianship	Indicated	Yes
	5288 - Sibling, Female, 2 Years	5287 - Father, Male, 19 Years	Inadequate Guardianship	Unfounded	

### Report Summary:

The 2/26/14 SCR report alleged that the mother and parent substitute had a history of physically fighting with each other in the presence of the two-year-old half sibling. During the night of 2/26/14, the mother and parent substitute were violent with each other while the half sibling was in the same room. The mother threw a full can of soup at the parent substitute, hitting him in the back of the head. The parent substitute held the mother down, punched the mother and cut the mother's fingers with a knife. The grandmother and twelve-year-old child had unknown roles.

**Determination:** Indicated **Date of Determination:** 05/11/2014

### Basis for Determination:

ACS substantiated the allegation of IG of the half sibling by the mother on the basis that the mother admitted she threw the air freshener at the parent substitute while he was walking down the stairs. ACS added that the mother failed to meet the minimum standard of care by exposing the half sibling to domestic violence.

ACS unsubstantiated the allegation of IG of the half sibling by the parent substitute on the basis of lack of credible evidence. ACS noted that the mother was the aggressor and the parent substitute had been attempting to leave the home and walk away from the mother.

### OCFS Review Results:

ACS' findings showed that on 2/26/14, during a verbal dispute, the mother threw a can at the parent substitute. The parent substitute reportedly walked away and did not hit the mother. The LE record showed there was no arrest regarding the 2/26/14 incident. Prior to 2/26/14, the mother was involved in domestic violence incidents with different individuals. ACS obtained a domestic violence consultation and then verified the mother enrolled in an outpatient mental health program.

The medical records showed on 3/24/14, the half sibling had an examination and she was pronounced healthy. ACS' staff observed the half sibling was fine. ACS did not update the CONNECTIONS records.

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

### Issue:

Adequacy of case recording

### Summary:

During the investigation of the 2/26/14 report, the mother said she resided temporarily with the father's family. However, ACS did not obtain information about the mother's housing needs. Also, the case record was not updated to include identifying information about all the household members.

### Legal Reference:

18 NYCRR 428.5(c)



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**Action:**

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/07/2015	5311 - Deceased Child, Male, 8 Months	5313 - Father, Male, 20 Years	Inadequate Guardianship	Indicated	No
	5311 - Deceased Child, Male, 8 Months	5312 - Mother, Female, 23 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

The 3/7/15 SCR report alleged that on 3/7/15, the parents engaged in a verbal argument in the presence of the seven-month-old infant. The argument escalated. The mother punched the father in the face. There was no law enforcement involvement. The role of the half sibling was unknown.

**Determination:** Indicated

**Date of Determination:** 05/06/2015

**Basis for Determination:**

ACS substantiated the allegation of IG of the infant by the parents on the basis of a finding of credible evidence which showed the parents engaged in a physical altercation in the presence of the infant and half sibling, past and present. ACS noted that there was an admission of marijuana use.

Although ACS referenced the admission of marijuana use in the CPS Investigation Summary, ACS did not provide details of the impact of the marijuana use on the level of care the parents provided the children.

**OCFS Review Results:**

ACS found that on 3/6/15, the infant was hospitalized in the pediatric intensive care unit for treatment of a pre-existing medical condition. ACS established that the parents engaged in an altercation in the infant's presence. The police responded, there was no arrest but the father was asked to leave the hospital.

The mother said she punched the father three times after he threw away her cell phone. The parents disclosed they had been using marijuana. ACS' staff verified the infant received the required medical care. The half sibling was in the care of family members and the mother planned to obtain separate living arrangement from the father. ACS referred the family to PPRS services.

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

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

The parents were not known to the SCR and ACS as subjects of a report 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**



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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: 04/08/2015

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: 04/08/2015

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

	Yes	No	N/A	Unable to Determine
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"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

#### Additional information, if necessary:

On 5/6/15, ACS referred the case to the Brooklyn Bureau of Community Services (BBCS) program for PPRS. According to the ACS case record, the BBCS agency initially rejected the referral for services. Subsequently, on 6/19/15, the BBCS agency was assigned case planning responsibility.



### Required Action(s)

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

Yes  No

<b>Issue:</b>	Adequacy of Progress Notes
<b>Summary:</b>	The Family Services Progress Notes did not include adequate explanation to determine whether the family made improvement towards achieving the service plan goals in the areas of mental health, drug use, and housing.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation and inform the NYCRO of the date of the meeting, who attended, and what was discussed. ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	There were a significant number of casework contacts which were not entered within the 30-day timeframe. The event dates were listed as July 2015 and the corresponding entry dates were in September 2015.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)
<b>Action:</b>	ACS must request from the Brooklyn Bureau of Community Services agency a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

### Preventive Services History

As a result of the investigation of the 3/7/15 report, ACS found the infant had pre-existing medical conditions. The infant was not expected to survive. Also, the family had a history of domestic violence (DV), the parents had recently acknowledged they misused marijuana, the parents' relationship was unstable and the family did not have permanent housing. ACS appropriately assessed that the family would benefit from bereavement services, batterer's counseling and individual counseling; mental health evaluation and housing assistance for the mother; drug counseling treatment and random drug screening for the parents, day care services for the half sibling and case management services to support household functioning.

On 4/8/15, ACS opened the Family Services Stage to provided the family with preventive services. ACS referred the case to the Brooklyn Bureau of Community Services (BBCS) agency for case planning responsibility. On 5/5/15, the ACS staff observed the half sibling in the home and noted she did not have marks/bruises. On 5/6/15, the Specialist and the BCS case planner discussed the case circumstances, the identified service needs and service plan. ACS continued to monitor the infant's medical care until 5/11/15, when the agency learned of the infant's death. Prior to the infant's death, the BBCS staff did not establish contact with the family.

### Required Action(s)



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

Yes  No

**Foster Care Placement History**

There is no record of foster care placement 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.

**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