

Report Identification Number: NY-16-105

Prepared by: New York City Regional Office

Issue Date: Mar 23, 2017

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

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

Contacts

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		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 8 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 10/24/2015
Initial Date OCFS Notified: 10/07/2016

Presenting Information

On the morning of 10/24/15, the 8-month-old SC was acting normal. The SM took the SC shopping and when they arrived home, the SM placed the SC on the bed while she put away the groceries. When the SM went to check the SC, he was found to be unresponsive and his eyes were rolled back in his head. The SM called 911 and the SC was taken to the Bronx Lebanon Hospital where he was pronounced dead at 8:30 PM. An autopsy was done on 10/25/15 where it was found the SC had head and neck trauma, fractured ribs, liver damage and bleeding in his brain. The injuries appeared as though they had been sustained over a period of time. Some of the injuries were days old, and some were fresh.

On 10/7/16, the SC's death was ruled a homicide. The cause of death was determined to be abusive head trauma. The parents and MGM were alleged subjects. All three adults were in contact with the SC around the time he sustained the injuries that caused his death. The 7-year-old half sibling had an unknown role

Executive Summary

The 8-month-old SC died on 10/24/15. The ME listed the cause of death as abusive head trauma and the manner of death as homicide. On 11/7/16, NYCRO received the autopsy report.

The allegations of the 10/7/16 SCR report were DOA/Fatality, FX, II and IG for the SC by the subject parents (SP) and the MGM.

The SCR had previously registered a report concerning the SC's death on 10/24/15. On 4/25/16, OCFS issued fatality report NY-15-087 pertaining to the fatality. OCFS identified citations for ACS practice/issues as follows: timeliness/adequacy of the 24-hour safety assessment and timeliness of the 24-hour and 30-day Child Fatality Summary documents; timeliness and adequacy of case recording/progress notes; failure to provide notice of existence of the report within the required timeframe, lack of diligence of efforts to locate the BF, obtaining inadequate information from collateral contacts; failure to conduct face-face interviews with subject/family; inappropriateness determination of allegation determination; determining eligibility for preventive services; Inadequate monitoring the SM's drug treatment service plan; failure to provide notice of indication of a report; and failure to complete the Family Assessment and Services Plan within the required timeframe. ACS submitted to OCFS a corrective action plan that identified the actions that ACS had taken to address the identified citations. NYCRO accepted the corrective action plan on 8/11/16.

During the 10/7/16 investigation, ACS made diligent efforts to engage the SM in the implementation of the service plan. According to the ACS case record, the SM was no longer compliant with services and treatment. The SM reportedly relocated out of the ACS jurisdiction and the SM's exact address was unknown. The Bronx County Family Court (BCFC) ordered and the case remained open for Court Ordered Supervision (COS) with ACS and the surviving male half sibling (HS) continued to reside with his BF. The SM appeared in court with the SF and she sporadically attended her scheduled supervised with HS at the ACS office office. The SF whereabouts were unknown and he had no children in his care. ACS continued to visit with HS as the BCFC required. The non-respondent BF accepted PPRS referral for the HS. The Good Shepherd Services (GSS) agency referred the SM for services in her new area of



residency. The Family Services Progress Notes (FSPN) did not clarify whether the SM enrolled in services. The GSS agency staff made regular home visits to assess the HS in the home of his BF. The staff observed the home conditions were satisfactory and the HS did not have visible marks/bruises indicative of abuse/maltreatment.

At the time OCFS NYCRO issued fatality report NY-15-087, ACS had not yet completed the 10/24/15 investigation. ACS substantiated the allegations of DOA/Fatality and IG of the SC by the SM on 10/28/16. ACS added to the report and the allegation of DOA/Fatality and IG of the SC and IG and PD/AM of the HS by the SF. ACS added to the report the allegation of LS of the SC and HS, and IG and PD/AM of the HS by the SM. ACS substantiated all the allegations of the report.

On 12/6/16, ACS substantiated the allegations of DOA/Fatality, IG, II and FX of the SC by the SM and SF on the basis and findings of the ME report that ruled the death a homicide. ACS added that the cause of death was determined to be abusive head trauma. During the time of the SC sustained the injuries, the SM and SF shared time caring for the SC.

ACS unsubstantiated the allegations of DOA/Fatality, IG, II and FX of the SC by the MGM on the basis of lack of credible evidence to prove that the MGM did not reside at the case address. In the Investigation Conclusion Narrative, ACS noted that the HS denied the SC was left alone with the SC.

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

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 notes a consultation took place, but no details noted.

Explain:

As of 2/27/17, the case remains open for Court Ordered Supervision (COS) with ACS.



Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	ACS did not complete the 24-hour safety assessment document within the required timeframe.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took 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.
Issue:	Timely/Adequate Seven Day Assessment
Summary:	ACS did not complete the 7-day safety assessment within the required timeframe.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took 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.
Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	ACS incorrectly recorded safety decision and safety factors for the investigation. The HS resided with his non respondent BF with Court Ordered Supervision since 10/28/15.
Legal Reference:	18 NYCRR 432.2 (b)(3)(iii)(b)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took 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.
Issue:	Failure to provide notice of report
Summary:	The 10/7/16 investigation revealed, notice of reports were not provide to all the subjects of the report as identified on the SCR report.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took 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.
Issue:	Failure to Provide Notice of Indication
Summary:	The 10/7/16 investigation revealed, notices of indication were not provide to the subjects of the report as identified on the SCR report.
Legal Reference:	18 NYCRR 432.2(f)(3)(xi)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended



and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/24/2015

Time of Death: 08:26 PM

County where fatality incident occurred:

BRONX

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:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

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	8 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	50 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Other Child	No Role	Male	7 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	36 Year(s)
Other Household 2	Other Adult	No Role	Male	37 Year(s)
Other Household 3	Other Child	No Role	Male	4 Year(s)



Other Household 3	Other Child	No Role	Male	5 Year(s)
Other Household 4	Other Child	No Role	Male	16 Year(s)

LDSS Response

The Family Services Stage (FSS) remained open with the GSS agency. On 4/29/16, the SM and BF participated in a Family Team Meeting (FTM) at the ACS office. ACS offered services to the SM and provided referral to the BF for the HS. On 9/19/16, the BF attended a FTC. The HS continued to reside with his BF. During the 9/19/16 FTC, the participants discussed services the HS received to support his educational, behavior and social wellbeing. The most recent Family Assessment Service Plan (FASP) due on 11/7/16 was approved timely on 10/17/16. The SM did not provide ACS nor GSS with her exact place of residence. It was unclear if the SM had participated in court mandated treatment services. The GSS agency concurrently planned with SM and continued to provide the SM with service referrals.

On 10/7/16, ACS was informed the ME had completed the autopsy report which listed the cause of SC's death as abusive head trauma and the manner of death as homicide.

On 10/14/16, the BCFC issued a full stay away OOP for the HS against the SM. ACS provided service referrals to the SM.

On 10/20/16, the drug treatment counselor confirmed the SM continued to test positive for marijuana at higher levels from her initial intake. ACS informed the SM that supervised visits with the HS would not progress to unsupervised visits with SM's continued positive drug test results.

On 10/24/16, a forensic interview of the HS was conducted at the Bronx Child Advocacy Center regarding the previously investigated fatality report. There were no new findings as a result of the interview.

According to LE, no charges were filed and no arrests were made regarding the death of the SC.

On 1/19/17 and 2/6/17, ACS and the GSS agency respectively, conducted a home visit to assess the HS safety. The HS appeared healthy. The HS did not have observable marks and bruises. The staff observed the family had an adequate supply of provisions and there were no hazardous conditions in the home.

CONNECTIONS records reflect there were no 24-hour and 30-day Child Fatality Report documents for the case.

Official Manner and Cause of Death

Official Manner: Homicide
Primary Cause of Death: From an injury - external cause
Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No
Comments: The investigation adhered to previously approved protocols for joint investigation.

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



Comments: There is no OCFS approved Child Fatality Review Team in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
031661 - Deceased Child, Male, 8 Mons	031664 - Mother, Female, 31 Year(s)	Fractures	Substantiated
031661 - Deceased Child, Male, 8 Mons	031664 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
031661 - Deceased Child, Male, 8 Mons	031667 - Father, Male, 36 Year(s)	DOA / Fatality	Substantiated
031661 - Deceased Child, Male, 8 Mons	031663 - Grandparent, Female, 50 Year(s)	DOA / Fatality	Unsubstantiated
031661 - Deceased Child, Male, 8 Mons	031663 - Grandparent, Female, 50 Year(s)	Fractures	Unsubstantiated
031661 - Deceased Child, Male, 8 Mons	031664 - Mother, Female, 31 Year(s)	DOA / Fatality	Substantiated
031661 - Deceased Child, Male, 8 Mons	031664 - Mother, Female, 31 Year(s)	Internal Injuries	Substantiated
031661 - Deceased Child, Male, 8 Mons	031667 - Father, Male, 36 Year(s)	Fractures	Substantiated
031661 - Deceased Child, Male, 8 Mons	031667 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
031661 - Deceased Child, Male, 8 Mons	031667 - Father, Male, 36 Year(s)	Internal Injuries	Substantiated
031661 - Deceased Child, Male, 8 Mons	031663 - Grandparent, Female, 50 Year(s)	Inadequate Guardianship	Unsubstantiated
031661 - Deceased Child, Male, 8 Mons	031663 - Grandparent, Female, 50 Year(s)	Internal Injuries	Unsubstantiated

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

The SF and the MGM's whereabouts were unknown.

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 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 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

	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 or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

ACS filed an Article Ten Neglect petition in the BCFC on behalf of the HS. The HS was released to the non-respondent parent, the BF, as a necessary controlling intervention on 10/28/15. The family received COS for the family.

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:
10/28/2015	There was not a fact finding	There was not a disposition
Respondent:	031664 Mother Female 31 Year(s)	
Comments:	The HS was released to the care of his BF with COS by ACS. According to the ACS case record, fact finding is scheduled for 3/23/17 and 3/24/17.	

Have any Orders of Protection been issued? Yes

From: 10/28/2015

To: Unknown

Explain:

On 10/28/15, a full stay away OOP was ordered by the court on behalf of the HS against the SF.

On 10/28/15, a temporary full stay away OOP was ordered by the court for the SM against the SF. The SM was allowed to have supervised only visits with the HS.



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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 Court Ordered Supervision 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:
 The HS received COS services.

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

Explain:
 The family was referred for counseling.

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:

- Drug exposed
- With neither of the issues listed noted in case record
- 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)
01/21/2016	11461 - Other Child - SC's half sibling, Male, 8 Years	11462 - Other Adult - half sibling's BF, Male, 37 Years	Educational Neglect	Unfounded	No

Report Summary:

The 1/21/16 SCR report alleged the 8-year-old HS missed 17 days of school and was tardy multiple times. His promotion was in doubt as a result. The BF was aware of the absences, however, the HS continued to miss school.

Determination: Unfounded **Date of Determination:** 03/21/2016

Basis for Determination:

The allegation of EdN of the HS by his BF was unsubstantiated. The investigation revealed the days the HS was absent from school were excused days. On 1/21/16, the school staff confirmed they were provided with an excuse for the days listed on the attendance record. According to the school staff, the HS roamed the hallways and bathrooms. The school staff said the attendance record was taken when class began and not when the children entered the school.

OCFS Review Results:

ACS staff interviewed the BF and HS within 24 hours of receipt of the 1/21/16 report. The staff noted the HS did not have visible marks or bruises.

The family Dr. did not have medical concerns about the HS. Significant collateral contacts were made and ACS conducted clearances for the resource relatives who assisted the BF with care of the HS. The HS was enrolled in services



with a medical center.

The BF was referred to drug testing, however, due to his work scheduled he was unable to provide specimen for testing.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/24/2015	14275 - Deceased Child, Male, 8 Months	14273 - Mother, Female, 31 Years	DOA / Fatality	Indicated	No
	14275 - Deceased Child, Male, 8 Months	14274 - Father, Male, 36 Years	DOA / Fatality	Indicated	
	14275 - Deceased Child, Male, 8 Months	14274 - Father, Male, 36 Years	Inadequate Guardianship	Indicated	
	14445 - Other Child - half-sibling, Male, 7 Years	14273 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	14445 - Other Child - half-sibling, Male, 7 Years	14274 - Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Indicated	
	14445 - Other Child - half-sibling, Male, 7 Years	14274 - Father, Male, 36 Years	Inadequate Guardianship	Indicated	
	14275 - Deceased Child, Male, 8 Months	14273 - Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	14275 - Deceased Child, Male, 8 Months	14273 - Mother, Female, 31 Years	Lack of Supervision	Indicated	
	14445 - Other Child - half-sibling, Male, 7 Years	14273 - Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	14445 - Other Child - half-sibling, Male, 7 Years	14273 - Mother, Female, 31 Years	Lack of Supervision	Indicated	

Report Summary:

The 10/24/15 SCR report alleged at 8:26 PM, the 8-month-old SC died from cardiac arrest while in the care of his SM. There were no known pre-existing conditions for the SC. The SM was administering medication to the SC on that date for unknown reasons. Further details were unknown. The SC's death was suspicious because the cause of death was abnormal for an otherwise healthy infant of his age.

Determination: Indicated

Date of Determination: 10/28/2016

Basis for Determination:

The allegation of DOA/Fatality and IG of the SC by the parents were substantiated due to credible evidence. The ME determined the SC died of severe injuries of the head and neck that were sustained over a period of time. The SC's death was ruled a homicide. The SM failed to exercise a minimum degree of care towards the SC and the SF's actions placed the SC at risk of harm.

The allegation of LS of the SC and SS by the SM was substantiated due to credible evidence. The SM had concerns regarding the care the SF provided the SC and allowed the SF to care for the HS.

The allegation of PD/AM of the HS by the SP was substantiated due to the SP history and SM's continued positive test result

OCFS Review Results:

ACS held two separate child safety conferences with the SM and fathers of the SC and HS. The SF attended via



telephone. In-home and out-of-home services were discussed and identified for the SM and the HS during the conference. ACS offered the subject parents services. The SM decided to engaged in services and the SF refused participation.

Due to the SM's non compliance with the service plan and continued drug use, ACS filed to petition the court for the removal of the HS from the SM care with COS. The court released the HS to his BF.

On 4/25/16, OCFS NYCRO issued fatality report number NY-15-087 in regard to the SC's death.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/11/2015	14302 - Deceased Child, Male, 6 Months	14304 - Mother, Female, 31 Years	Inadequate Guardianship	Indicated	No
	14302 - Deceased Child, Male, 6 Months	14305 - Father, Male, 36 Years	Inadequate Guardianship	Indicated	
	14302 - Deceased Child, Male, 6 Months	14304 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	14441 - Other Child - half-sibling, Male, 7 Years	14304 - Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	14441 - Other Child - half-sibling, Male, 7 Years	14304 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	14441 - Other Child - half-sibling, Male, 7 Years	14305 - Father, Male, 36 Years	Inadequate Guardianship	Indicated	

Report Summary:

The 8/11/15, report alleged the SM and SF regularly sold marijuana and cocaine out of the home and in the presence of the 7-year-old HS and 5-month-old SC which placed both children at risk of harm.

ACS Bronx Field Office investigated the allegations and made contact with the family and obtained information from the collateral contacts including the children's Dr. The ACS Specialist interviewed the HS and observed the SC. The Specialist learned that the HS observed the adults smoked marijuana and used a white powder which the SM kept hidden under the mattress in her bedroom. The SM tested positive for marijuana.

Determination: Indicated **Date of Determination:** 10/10/2015

Basis for Determination:

ACS substantiated the allegations of IG, PD/AM of the SC and the HS by the SM on the basis of the findings which showed on 8/26/15 ACS received the drug test results indicating the SM tested positive for "marijuana metabolite." The SM was the sole care taker for the two young children. The SM's use of drugs placed the children at risk of harm.

ACS substantiated the allegation of IG of the SC and HS by the SF. ACS noted that the SF was not assessed or interviewed. In the Investigative Conclusion Narrative, ACS did not provide justification for the agency's decision to substantiate the allegation.

OCFS Review Results:

ACS staff interviewed the SM and observed the SC and HS within 24 hours of receipt of the 8/11/15 report. The staff noted the SC and HS did not have visible marks or bruises. The children's Dr. informed ACS there were no medical concerns regarding the SC and HS.

The SM said she no longer had contact with the SF. The SM denied she sold drugs. LE did not observe activities to



suggest the SM sold drug from her apartment. The SM tested positive for marijuana use and ACS referred her for substance abuse evaluation. The SM agreed to accept PPRS. The SF was not interviewed.

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

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

The SM was known in a report dated 6/22/10. The allegations of the 6/22/10 report were IG and PD/AM of the HS by the SM. The report alleged the SM beat, screamed and cursed at the HS. The report also alleged the SM smoked marijuana and crack in the presence of the HS and exposed him to the harmful effects of the drugs.

On 6/24/10, ACS staff interviewed the SM, MGM and MU in the home. ACS addressed the allegations of the report. ACS staff observed the HS did not have suspicious marks/bruises.

According to the ACS case record, on 6/28/10 the SM tested negative for substance abuse. ACS safety assessment showed there were no safety factors that placed the HS in immediate danger.

On 7/30/10, ACS unsubstantiated all the allegations of the report on the basis of lack of lack of credible evidence to substantiate the allegation that the SM misused drugs. The HS appeared to be adequately cared for by the BF. There were no visible marks or bruises observed on the HS.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 10/14/2015

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: 10/14/2015

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
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				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 type="checkbox"/>	<input checked="" 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:
The family received PPRS.

Required Action(s)

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

Yes No

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	The GSS agency did not enter several progress notes within the 30-day required timeframe, including: event date 5/20/16, entered on 7/6/16; event dated 8/30/16 entered on 10/6/16 and 11/8/16 entered on 12/17/16.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	ACS must request a corrective action plan from the GSS agency within 45 days that identifies the action the agency will take or took 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.
Issue:	Adequacy of case recording in FASP
Summary:	In the 10/11/16 FASP, the GSS agency inappropriately completed the CPS safety assessment as the agency did not select the Safety Decision to reflect the HS continued to reside with his BF via an existing Family Court order.
Legal Reference:	18 NYCRR 428.6(a)



Action:	ACS must request a corrective action plan from the GSS agency within 45 days that identifies the action the agency will take or took 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.
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Preventive Services History

ACS opened the FSS on 10/14/15. The SM accepted PPRS to address concerns of drug misuse and the children’s needs. ACS learned of the SC’s death on 10/24/15. ACS filed an Article Ten neglect petition in BCFC on behalf of the HS on 10/28/15, alleging the respondent parents’ actions contributed to the SC’s death, drug misuse in the home and parents’ non-compliance with the service plan. The HS was removed from the SM’s care and released to the non-respondent BF.

The family received COS with ACS, and PPRS under supervision of GSS. The FSPN showed the BF had a history of drug misuse and he said he had not misuse drugs since 2006. ACS did not ask the BF to submit to drug testing. The FSPN noted the ACS and GSS staff did not observe signs of drug use in the BF’s home. The family received office and home based family counseling sessions, and monitoring of the HS educational program and review of results of the SM’s random drug screenings and visitation plan. The PGM assisted with supervision of HS.

The SM tested positive for increased marijuana use, she discontinued attending her substance abuse program and she relocated out of the ACS New York City jurisdiction. ACS and GSS did not enter the progress notes contemporaneously although these agencies made the required number of casework contacts.

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

Additional Local District Comments

N/A

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