



Report Identification Number: NY-17-023

Prepared by: New York City Regional Office

Issue Date: Oct 06, 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	PS-Parent Sub
CH/CHN-Child/Children		
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-Cardiopulmonary 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-Other	
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	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old



Case Information

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

Jurisdiction: Kings
Gender: Female

Date of Death: 02/28/2017
Initial Date OCFS Notified: 02/28/2017

Presenting Information

On 2/28/17, at 2:00 AM, the mother's partner fed the three-month-old SC six ounces of milk. The mother's partner placed the SC in the inner part of the futon instead of the pack and play. The mother's partner laid on the outer side of the futon next to the SC. The mother's partner awoke at 7:00 AM and found the SC underneath her and unresponsive. The SC was pronounced dead at 7:35 AM, on 2/28/17. The SC was found with no visible injuries.

Executive Summary

On 2/28/17, the SCR registered a subsequent report regarding the death of a three-month-old infant. The allegations of the report were DOA/Fatality and IG of the SC by the SM and her partner (MP). The ME's final autopsy report listed the cause of death as Positional Asphyxiation and the manner Accidental (bed-sharing with adult on couch).

The initial report dated 12/11/16 alleged unsanitary conditions and that the SF smoked marijuana in the home. The allegations were IF/C/S, and IG of then five-week-old infants, one, two and four-year-old children by the parents. On 1/25/17, the SCR registered another subsequent report alleging the SF physically assaulted the SM in the presence of all children. The allegations of the 1/25/17 report were IF/C/S, and IG of the children by the SF, SM and her partner.

ACS initiated the investigation within the mandated time frame and contacted the appropriate collaterals such as the ME, LE, parents and the MP. ACS learned from LE that the SF summoned 911 for medical assistance at 7:09 AM on 2/28/17 and that EMS transported the SC to Interfaith Hospital where medical staff pronounced her dead at 7:33 AM.

The MP reported she fed the SC at 2:00 AM, on 2/28/17. The SC fell asleep in her arms and shortly after, she also fell asleep. The MP stated while she slept, she placed the SC on the inside of the futon. Later that morning, at approximately 7:00 AM, the SM tried to wake the SC but she was unresponsive.

ACS documented that LE reported the home was dirty and the four surviving siblings appeared unkempt. ACS transported the four surviving siblings to Interfaith Hospital where they were medically cleared. ACS learned that the SF violated an active Order of Protection that was against the SM and all children when he was found in the home at the time of the incident. On 3/1/17, ACS returned to Kings County Family Court on behalf of the siblings against their parents. The court ordered the siblings return home as a direct placement with the SM and under the supervision of the maternal aunt. On 3/6/17, the maternal aunt relocated to the case address. The SF was given visitation with ACS supervision.

This family has a pattern of unsanitary living conditions, unstable housing and DV. ACS implemented home making services on 1/1/17 because the SM was overwhelmed. ACS provided the family with beds, clothing, food stamps and assistance with an apartment. The three-month-old infants had visiting nurse services bi-weekly. On 3/1/17, ACS obtained information from the visiting nurse who reported she last visited on 1/24/17. The three-month-old infants were gaining weight and looked "very well".

On 3/1/17, ACS learned that the MP tested positive for marijuana which resulted in her exclusion from the home. ACS substantiated all of the allegations of the report.

On 5/9/17, the SCR registered a report alleging that the SF perpetrated domestic violence against the SM witnessed by the



now four and five-year-old siblings. On 7/11/17, ACS substantiated the allegations of IG of the surviving siblings by the SF. The determination was based on the parents admission and the siblings disclosure of the incident.

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:

ACS case documentation accurately reflected the case circumstances.

Was the decision to close the case appropriate? Yes

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

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

Explain:

On 9/8/17, ACS substantiated all allegations of all children against the MP citing her poor judgement in co-sleeping with the SC and drug use. ACS substantiated the allegations of all of the children against the parents based on their admission they violated the Court Order of Protection.

Required Actions Related to the Fatality

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

Issue:	Appropriateness of allegation determination
Summary:	ACS inappropriately substantiated the allegation of M/FTTH despite the physician's statement that there were no signs of failure to thrive; the children were of appropriate weight and height for their ages. ACS documented no credible evidence found.
Legal Reference:	FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)
Action:	ACS must submit a performance improvement plan within 45 days that identifies what action it has,



or will take, to address the citation(s) 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 will attend and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/28/2017

Time of Death: 07:55 AM

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

07:00 AM

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

Yes

Time of Call:

07:09 AM

Did EMS to respond to the scene?

Yes

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 2

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

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)



Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	22 Year(s)

LDSS Response

On 2/28/17, the SCR registered a report that alleged the death of a three-month-old female child in the home with her SM and the mother's partner (MP). ACS contacted the LE and the Medical Examiner and the date and time of death was confirmed. ACS noted that this is an open investigation with the family receiving PPRS.

ACS received information from the SM, SF and the MP, all of the adults who were in the home at the time of the incident. According to the MP, the ACS Specialist discussed safe sleep with her on several occasions and the importance of refraining from co-sleeping with the infants. On 3/3/17, the MP tested positive for marijuana; and the SM told the Specialist she had no knowledge of her partner's drug use and that she did not smoke in the presence of the children.

On 3/1/17, ACS attended an Article 10 Petition court hearing that was held in Kings County Family Court on behalf of the siblings against their parents. According to ACS, the court ordered direct placement of the siblings in their home with the SM and under the supervision of the maternal aunt. On 3/6/17, the maternal aunt relocated to the case address. The SF was given visitation with ACS' supervision.

ACS received the final autopsy that listed the cause of the SC's death as Positional Asphyxia and the manner was determined to be accidental (bed-sharing with adult on sofa). LE confirmed the reported information; they found no criminality and closed their investigation.

ACS re-interviewed the SM, SF, and MP and learned that the SF had been visiting the home frequently to assist preparation and transporting the eldest sibling to school.

According to the case documentation, the CPS Specialist was very involved with this family, the Specialist assisted with the preparations for the twins' discharge from the hospital meeting the needs of the older children. The MP was placed in the home on 1/1/17 to assist the SM in caring for the family. This family had a pattern of unsanitary living conditions, unstable housing and IF/C/S. ACS provided the family with beds, clothing for the children, food stamps and assistance with housing. As a result of a family court case that ACS filed on 2/5/16, the family was receiving court ordered supervision. The three-month-old infants had visiting nurse services bi-weekly.

On 3/1/17, ACS obtained information from the visiting nurse who reported she last visited on 1/24/17. The three-month-old infants were gaining weight and looked "very well".

ACS appropriately substantiated all allegations of this report.

On 5/9/17, the SCR registered a report alleging that the SF perpetrated domestic violence against the SM witnessed by the now four and five-year-old siblings. On 7/11/17, ACS substantiated the allegations of IG of the surviving siblings by the SF. The determination was based on the parents admission and siblings disclosure of the incident.

Official Manner and Cause of Death

Official Manner: Accident

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 ACS 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
040121 - Deceased Child, Female, 3 Mons	040982 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
040121 - Deceased Child, Female, 3 Mons	040981 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
040121 - Deceased Child, Female, 3 Mons	040127 - Mother's Partner, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
040121 - Deceased Child, Female, 3 Mons	040127 - Mother's Partner, Female, 21 Year(s)	DOA / Fatality	Substantiated
040121 - Deceased Child, Female, 3 Mons	040127 - Mother's Partner, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
040123 - Sibling, Female, 4 Year(s)	040127 - Mother's Partner, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
040123 - Sibling, Female, 4 Year(s)	040127 - Mother's Partner, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
040123 - Sibling, Female, 4 Year(s)	040981 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
040123 - Sibling, Female, 4 Year(s)	040982 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
040124 - Sibling, Male, 2 Year(s)	040981 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
040124 - Sibling, Male, 2 Year(s)	040982 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
040124 - Sibling, Male, 2 Year(s)	040127 - Mother's Partner, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
040124 - Sibling, Male, 2 Year(s)	040127 - Mother's Partner, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
040125 - Sibling, Female, 1 Year(s)	040127 - Mother's Partner, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
040125 - Sibling, Female, 1 Year(s)	040127 - Mother's Partner, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
040125 - Sibling, Female, 1 Year(s)	040982 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
040125 - Sibling, Female, 1 Year(s)	040981 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
040126 - Sibling, Male, 3 Month(s)	040982 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
040126 - Sibling, Male, 3 Month(s)	040127 - Mother's Partner, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
040126 - Sibling, Male, 3 Month(s)	040981 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
040126 - Sibling, Male, 3 Month(s)	040127 - Mother's Partner, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Substantiated



CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACS reviewed the necessary documentation pertinent to the investigation.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



adequate?				
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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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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:

The family had prior court ordered supervision resulting from a case that was filed on 2/5/16 for IG and IF/C/S. At that time, the family resided in a shelter apartment and the living conditions were deemed unsanitary. The 2/28/17 report reflected that the living conditions had not improved and there was an allegation of DOA in the home. ACS removed the four surviving siblings and they were examined and deemed safe. They were placed in kinship foster care where they are currently.

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	Offered,	Offered,	Needed	Needed	N/A	CDR
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	After Death	but Refused	Unknown if Used	but not Offered	but Unavailable		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 SM was receptive to the new PPRS agency Boy's Town Intensive Preventive Services. The surviving siblings were remanded and stayed in the Children's center for one week. On 3/6/17, the court returned the children to the SM (direct placement). The maternal aunt provided supervision and moved into the home with the family. The family also receives daily homemaker services.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

On 3/9/17, the court ordered the siblings placed with the MA who moved into the SM's home. The PPRS services were transferred from general to intensive preventive now under the auspices of Boy's Town agency.

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

Explain:

The SM's PPRS services were transferred to an agency who provides more intensive services. The mother's partner accepted bereavement counseling. SF was allowed visits with the siblings under ACS supervision.

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

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
- With 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)
12/11/2016	Sibling, Male, 1 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Male, 2 Years	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 1 Months	Father, Male, 21 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 2 Years	Father, Male, 21 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 4 Years	Father, Male, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 1 Months	Father, Male, 21 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 1 Years	Father, Male, 21 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 1 Years	Father, Male, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 2 Years	Father, Male, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded	
Sibling, Male, 1 Months	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded		



Child Fatality Report

Sibling, Female, 1 Years	Mother, Female, 21 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 4 Years	Mother, Female, 21 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 4 Years	Father, Male, 21 Years	Inadequate Guardianship	Indicated
Sibling, Female, 1 Months	Father, Male, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded
Sibling, Male, 1 Months	Father, Male, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded
Sibling, Female, 1 Months	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded
Sibling, Female, 1 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 2 Years	Mother, Female, 21 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 4 Years	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded

Report Summary:

The SCR registered a report alleging IF/C/S, IG, and added that the home smelled of marijuana. Again the home was unsanitary. On 1/25/17, a subsequent report was registered alleging physical assault to the SM by the SF in the presence of the children. An Order of Protection was signed with an expiration of 7/28/17.

Determination: Indicated

Date of Determination: 02/07/2017

Basis for Determination:

ACS substantiated the allegation of IG of all children by the SF stating he used poor judgment when he bit the SM, causing discomfort knowing that she was the primary caretaker of the then newborn twins and in the presence of the children. The allegation of IF/C/S was unsubstantiated against the parents because there was food in the home and it was clean. The allegation of IG against the SM was unsubstantiated.

OCFS Review Results:

ACS took the appropriate measures and the allegations were appropriately determined.

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)
01/05/2016	Sibling, Female, 5 Months	Mother, Female, 20 Years	Malnutrition / Failure to Thrive	Indicated	No
	Sibling, Female, 3 Years	Mother, Female, 20 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 5 Months	Mother, Female, 20 Years	Lack of Medical Care	Unfounded	
	Sibling, Female, 5 Months	Mother, Female, 20 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 3	Mother, Female, 20	Malnutrition / Failure to Thrive	Indicated	



Years	Years		
Sibling, Male, 1 Years	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Indicated
Sibling, Male, 1 Years	Mother, Female, 20 Years	Malnutrition / Failure to Thrive	Indicated
Sibling, Female, 5 Months	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Indicated
Sibling, Female, 3 Years	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Indicated

Report Summary:

The SCR registered a report with allegations of IG, M/FTTH and IF/C/S of the then four, two, and one-year-old children by the SM. The report alleged that the SM failed to seek medical attention for the one-year-old child whose nose had been bleeding for some time. SM's room was unsanitary and contained no food.

The SCR registered three additional reports dated 2/4/16, and two on 2/5/16; ACS suspended those reports and combined the allegations. On 2/5/16, ACS removed the children based on the repeated allegations. On 2/10/16, the court ordered the children's released; however, ACS filed an Article 1028. On 2/17/16, they were placed with the PGM and subsequently released to the SM on 2/22/

Determination: Indicated**Date of Determination:** 02/29/2016**Basis for Determination:**

ACS substantiated the allegations of IG, M/FTTH and IF/C/S of the four, two and one-year-old children by the SM as they found credible evidence to substantiate. ACS wrote that the SM's room failed inspections and there was no food in the home. ACS unsubstantiated the allegation of LMC as their investigation revealed that the one-year-old child was taken to the hospital on 1/5/16. The child was examined, diagnosed and the SM was given a plan of treatment.

OCFS Review Results:

OCFS found that ACS inappropriately substantiated the allegation of M/FTTH of the children by the SM despite the report from the physician that stated there were no signs indicative of failure to thrive or that the children were malnourished; they were of appropriate weight and height for their ages and deemed healthy. ACS wrote that they found no credible evidence, yet they misappropriated the determination.

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

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

This family was not known to ACS more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

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: 01/05/2016

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: 01/05/2016

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



Child Fatality Report

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

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input 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
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				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 community based agency Church Avenue Merchants Block Association Safe Care provided services to the family.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
Yes No

Preventive Services History

This family had been receiving Purchased PPRS services since 11/28/16 under the auspices of the SCO family association agency. The family was also referred for services because the SM reported she was overwhelmed and did not have the support of the SF. A visiting nurse monitored the SC and her twin sibling in the home because they were born underweight. Services were also referred because the home was unsanitary and the SM stated she did not have the time to clean. The services included a homemaker to assist the SM with the care of the children. The SM agreed to parenting classes but failed to attend.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?
Yes No

Foster Care Placement History

The SCR registered a report with allegations of IG, M/FTTH and IF/C/S of the then one, two, and four-year-old children by the SM. The report alleged the SM failed to seek medical attention for the one-year-old child whose nose had been bleeding for some time. ACS documented the SM's room was unsanitary and contained no food.

The SCR registered three additional reports dated 2/4/16, and two on 2/5/16; ACS suspended those reports and combined the allegations. On 2/5/16, ACS removed the children based on the repeated allegations. On 2/10/16, the court ordered the children to be released to the SM; however, ACS filed an Article 10 Petition of Neglect. On 2/16, they were placed with the PGM and subsequently returned to the SM on 2/23/16.



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:
02/05/2016	Adjudicated Neglected	Order of Supervision
Respondent:	040981 Mother Female 22 Year(s)	
Comments:	On 2/5/16, ACS' ECS removed the children due to the lack of provisions in the home; there was no food in the home at the time of the removal. The ACS documentation also stated the children were underweight for their ages and the SM was pregnant. The SM failed a number of unit inspections in the shelter for unsanitary conditions in the home. The SM was arrested and charged with child endangerment. The SM was found co-sleeping with the children despite warnings and safe sleep instructions provided by shelter staff. ACS had concerns regarding the SM's mental health. Kings County Family Court placed the children into kinship foster care with the PGM under the auspices of the Edwin Gould Services Agency with ACS supervision. The children remained with the PGM until the SM complied with the court's conditions.	

Have any Orders of Protection been issued? Yes	
From: Unknown	To: 07/28/2017
Explain: The SF choked the SM and bit her shoulder that broke the skin, causing her pain. The SM had newborn twins and the discomfort limited her ability to care of the children. He also committed the act in the presence of the children. An Order of Protection was filed and the SF was excluded from the home.	

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