



Report Identification Number: NY-17-072

Prepared by: New York City Regional Office

Issue Date: Jan 08, 2018

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	OA-Other Adult	
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
CPS-Child Protective Services		
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
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 6 day(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 07/09/2017
Initial Date OCFS Notified: 07/09/2017

Presenting Information

The 7/9/17 SCR report alleged the 6 day old SC was residing with the PA since 7/7/17. On 7/9/17, at approximately 3:30 AM, the PA fed the SC two ounces of formula. While sitting upright in her bed with pillows propped behind her, she placed the SC over her shoulder and burped him. The PA fell asleep. The PA woke up at approximately 5:00 AM and found the SC was unresponsive. The PA called 911 and began CPR on SC until emergency services arrived. Life-saving attempts were continued at a medical facility. The SC was pronounced dead at 6:34 AM. SC was an otherwise healthy child with no known preexisting medical conditions.

Executive Summary

This 6-day-old male SC died on 7/9/17. As of 12/27/17, NYCRO had not yet received the autopsy report. Per the Westchester County (WC) ME, the cause and manner of the SC's death was pending further studies.

At the time of the SC's birth, ACS had an open investigation due to the BM's history of cocaine misuse. ACS findings showed the BM had an older female child who was removed from her care in June 2015 and remained with MGM under KinGap. ACS had filed an Article Ten Neglect petition in the Bronx County Family Court (BxCFC) on behalf of the SC on 7/6/17. ACS named the BM and BF as the respondents in the petition. The BxCFC judge remanded the SC to the ACS Commissioner and ACS placed the SC in the PA's home in Mt. Vernon on 7/7/17. The SC was in the PA's care when the SCR registered a report on 7/9/17 regarding his death.

The allegations of the 7/9/17 report were DOA/Fatality and IG of the SC by the PA who was the only subject of the report. The Westchester County (WC) DSS was assigned primary responsibility for the 7/9/17 investigation. ACS was assigned a secondary role.

WC DSS conducted the investigation and found that at approximately 3:30 AM the PA fed and burped the SC in her arms. At approximately 5:00 AM, the PA woke up and noticed the SC was unresponsive as she placed him on the bed. The SC was warm to touch and his skin color seemed normal; however, when the PA removed the SC's socks she observed his feet appeared to be blue in color. The PA attempted CPR and observed a liquid expelled from the SC's nose. The PA alerted the 12-year-old cousin to call for assistance. First responders arrived at the home, retrieved the SC and transported the SC to the hospital where he was pronounced dead. The PA's reports of the event were consistent.

WC DSS visited the PA's home and observed there was a pack and play adjacent to the PA's bed with minimal space in between. WC CPS observed there was adequate sleeping arrangements and a sufficient supply of provisions for the cousin and SC. The home was clean and neat.

During the investigation, WC DSS made sufficient face-to-face contacts with PA and the cousin in the home, collaborated with ACS and obtained documentation regarding the SC's court placement, medical history and his hospital discharge summary. The PA refused to provide the identity of the cousin's father. WC DSS and ACS attempted to engage the SC's parents; however, they refused services and declined further communication with all child welfare staff.

On 9/7/17, WC DSS unsubstantiated the allegation of DOA/Fatality of the SC by the PA. WC DSS substantiated the allegation of IG of the SC and 12-year-old cousin by the PA. WC DSS explained that the PA was knowledgeable of SC's developmental age and care requirements but had continued to use marijuana while she cared for the cousin and possibly



the SC. The PA agreed to attend Archway Treatment Center. It was unclear if the PA continued with treatment as she missed the second scheduled appointment.

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?** No, sufficient information was gathered to determine some allegations only.
- **Was the determination made by the district to unfound or indicate appropriate?** No

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:

N/A

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	The 7-Day Safety Assessment did not adequately assess the cousin for safety as the safety factor comment did not support how the PA's drug use negatively impacted her ability to supervise, protect and care for the cousin.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	Westchester County DSS will complete all assessments and accurately reflect the safety factors that are present for each applicable child, along with any safety plan that has been devised.
Issue:	Timely/Adequate 24 Hour Assessment



Summary:	The 24-Hour Safety Assessment did not adequately assess the cousin's immediate safety as the safety factor comment did not support how the PA's drug use negatively impacted her ability to supervise, protect and care for the cousin.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	Westchester County DSS will complete all assessments and accurately reflect the safety factors that are present for each applicable child, along with any safety plan that has been devised.
Issue:	Failure to Provide Notice of Indication
Summary:	The case record did not reflect Westchester County DSS provided a Notice of Indication to the PA and the parents, for the 7/9/17 investigation.
Legal Reference:	18 NYCRR 432.2(f)(3)(xi)
Action:	At the conclusion of the investigation, each subject and adult other person(s) named in the report must be notified of the determination. If the report has been indicated, Westchester County DSS will mail or deliver within 7 days of determination a written notice of the decision, as required by statute/regulation.
Issue:	Appropriateness of allegation determination
Summary:	The 7/9/17 investigation conclusion narrative did not support the decision to substantiate the IG allegation. The statement did not discuss the impact of the PA's long term marijuana use on the care she provided to the 12-year-old cousin.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(c)
Action:	Westchester County DSS will refer to the CPS Program Manual and/or consult with the Spring Valley Regional Office when determining the appropriateness of allegations, and will take into consideration all information when applying the circumstances to the definition(s). Such reasons for determinations of allegations will be recorded accordingly in the case record.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/09/2017

Time of Death: 06:34 AM

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

Unknown

County where fatality incident occurred:

Westchester

Was 911 or local emergency number called?

Yes

Time of Call:

05:24 AM

Did EMS 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
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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	Aunt/Uncle	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	6 Day(s)
Deceased Child's Household	Other Child - Cousin	Alleged Victim	Male	12 Year(s)
Other Household 1	Father	No Role	Male	44 Year(s)
Other Household 1	Mother	No Role	Female	31 Year(s)

LDSS Response

On 7/9/17, WC DSS staff interviewed the PA. According to the PA, on 7/7/17 ACS provided safe sleep information and all necessary provision for the SC. The PA was instructed to feed the SC the liquid formula every 1-2 hours. After the SC's last feeding, the PA placed several pillows behind her to sit in an upright position, with the SC across her chest to be burped. The PA reported that she fell asleep and woke up with the SC cradled in her arms. The PA denied alcohol use and she said she used marijuana when she frequently traveled out of the United States. She admitted she used marijuana daily and arranged for the cousin to spend a few nights at a relative's home. WC DSS did not observe drug paraphernalia in the PA's home.

On 7/10/17, LE stated there was no arrest as no sign of criminality pertaining to the SC's death. LE stated there was a pack and play observed at the PA's address. Case notes indicated the Pack-n-Play was assembled and that the PA placed the SC in the Pack-n-Play when she (the PA) was about to leave the home to move her vehicle; no other details were provided. During LE's interview with the PA, the PA said she woke up with the SC across her chest and over her shoulder. WC DSS did not clarify the details about the SC's position or sleep area.

According to the hospital staff, the SC arrived via ambulance and the Dr. pronounced the SC dead at 6:34 AM.

On 7/11/17, CPS obtained an assessment of the PA by the Credentialed Alcoholism and Substance Abuse Counselor (CASAC). The PA did not appear under the influence as her behavior and responses were appropriate; however, the PA admitted to recent substance use. The PA was referred to drug testing.

WC DSS staff visited the relative's home to assess the cousin for safety. The staff assessed the cousin received a minimum degree of care.



On 7/13/17, WC DSS offered services and the PA declined. The PA agreed to a referral to victim assistant services for bereavement and a community treatment center.

On 7/20/17, first responder said they arrived at the case address where the SC was observed unresponsive, cool to touch and cyanotic in color on 7/9/17. CPR was immediately administered. The SC was carried to the ambulance where resuscitative measures were continued during transport to the hospital.

According to EMS records, on 7/9/17 the 911 call was received at 5:24 AM. EMS arrived on the scene at 5:28 AM. EMS transported the SC at 5:35 AM and arrived at the hospital at 5:39 AM.

On 8/1/17, the PA submitted specimen for drug testing. The results from 7/11/17 and 8/1/17 were positive for marijuana.

On 8/30/17, WC DSS visited the family and observed the cousin appeared to have received adequate care. There were no safety concerns noted during the visit.

On 9/7/17, WCDSS substantiated the allegation of IG based on some credible evidence found to support the allegations of the report. WCDSS documented the PA continued to "abuse marijuana" while caring for the SC and his cousin. WCDSS indicated the SC required a higher level of care due to his developmental age.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: The investigation adhered to previously approved protocols for joint investigation.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
039661 - Deceased Child, Male, 6 Days	039662 - Aunt/Uncle, Female, 37 Year(s)	Inadequate Guardianship	Substantiated
039661 - Deceased Child, Male, 6 Days	039662 - Aunt/Uncle, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
042661 - Other Child - Cousin, Male, 12 Year(s)	039662 - Aunt/Uncle, Female, 37 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

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



When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 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"/>
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"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
Although the 24-Hour and 7-Day safety assessments were completed timely neither adequately assessed the safety of the cousin.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" 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 did not make themselves available for 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? No

Explain:
 As a result of the fatality, the PA arranged for the cousin to spend the night at a family relative's home although no immediate safety concerns were identified.

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?** Yes
- 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:**
- With neither of the issues listed noted in case record
 - Drug exposed
 - 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)
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Child Fatality Report

07/05/2017	Deceased Child, Male, 2 Days	Father, Male, 44 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	Deceased Child, Male, 2 Days	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

The 7/5/17 SCR report alleged the BM tested positive for cocaine when she was admitted to the hospital on 7/1/17 to deliver the SC. The role of the BF was unknown.

Determination: Indicated

Date of Determination: 07/24/2017

Basis for Determination:

ACS substantiated the allegation of PD/AM of the SC by the birth parents on the basis that the SM tested positive for cocaine when she gave birth to the SC.

OCFS Review Results:

ACS investigated the report and found the BM gave birth to the SC who remained in the hospital until he was placed in kinship foster care with the PA in 06/15. There were no SS or other children in the BM's care. The BF was named as a respondent in an Article Ten Neglect petition that was filed on behalf of the SC on 7/7/17. The review revealed the BF was not a named subject of the SCR report. ACS did not adequately describe the evidence gathered to support the findings against the BF or how the pre-birth activities of the BM posed an immediate or impending danger of serious harm to the SC. ACS did not provide a Notice of Indication to the BM who was the subject of the report.

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

Issue:

Failure to Provide Notice of Indication

Summary:

The ACS case record did not reflect the BM and BF were provided a notice of indication of the reported allegations.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

ACS must submit a PIP 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:

Appropriateness of allegation determination

Summary:

ACS substantiated the allegation of PD/AM of the SC by the BF and BM; however, ACS did provide justification for the decision to substantiate the allegation against the BF or explain how of the effects of the BM's pre-birth activities placed the SC in immediate or impending danger of serious harm.

Legal Reference:

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

Action:

ACS must submit a PIP 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:

Review of CPS History

Summary:

ACS had not conducted a SCR database clearance for the PA prior to the SC's placement to her care.

Legal Reference:



18 NYCRR 432.2(b)(3)(i)

Action:

ACS must submit a PIP 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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/19/2016	Other Child - Cousin, Male, 10 Years	Aunt/Uncle, Female, 35 Years	Educational Neglect	Far-Closed	Yes
	Other Child - Cousin, Male, 10 Years	Aunt/Uncle, Female, 35 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

The 1/19/16 SCR report assigned to WCDSS alleged that the male cousin, who was then 10 years old, had not returned to school since the Christmas break. He was falling behind as a result. The PA did not respond to outreach. The PA was failing to provide an explanation as to why the child had not attended school.

OCFS Review Results:

The review revealed, the Westchester County DSS discussed the concerns of the SCR report and discussed the FAR process with the PA. During the family's engagement with CPS, the PA accepted the FAR track. The PA was provided the notice of FAR. The home was deemed safe and cousin appeared well cared for by the PA. Significant collateral contact was made with the school regarding the allegation. The family strengths were identified and the 7-Day safety assessment was completed timely and accurately. According to the case notes there were no safety concerns identified. The case was closed timely as the family did not need other services assistance.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

The review revealed there were five progress notes dated 1/19/16 and 1/20/16 that were entered on 2/23/16 and 2/24/16, respectively.

Legal Reference:

18 NYCRR 428.5

Action:

WCDSS will adhere to the following regulation: The family-led assessment guide should be initiated as soon as possible after receipt of the child protective service report, but no more than 30 days following receipt of the report.

Issue:

FAR-Failure to Provide Notice of Report

Summary:

The documentation did not reflect the BF was notified of the existence of the FAR report.

Legal Reference:

18 NYCRR 432.13 (e)(2)(i)(a)-(d)

Action:

WCDSS will adhere to the following regulation: No later than seven days after receipt of a child protective report that has been assigned to the family assessment response track, the child protective service must provide written notification to every parent, guardian or other person legally responsible for the child or children named in the report.



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

The BM was known in a SCR report dated 3/26/12 and assigned to ACS. The 3/26/12 report included the allegations of IG and PD/AM of the SS by the BM. On 5/21/12, ACS substantiated the allegations on the basis the BM was hospitalized for substance abuse. The BM admitted to using cocaine, marijuana and alcohol while the SS was in her care. The BM submitted to random drug testing and tested positive for cocaine. The BM was referred to The Outreach Program and Harlem Dowling agency.

Known CPS History Outside of NYS

The 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 Child Protective Services case at the time of the fatality? Yes
Date the Child Protective Services case was opened: 07/06/2017

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

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

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preventive Services History

On 4/25/2012, the service case was opened during the 3/26/12 investigation. The BM accepted treatment services. The BM received drug treatment counseling, weekly individual counseling, parenting skills classes and other services to ensure the safety of the SS in the home. On 5/25/12, ACS closed the service case as the BM was fully engaged in services and the household condition was stable.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care:

Date of placement with most recent caregiver?

07/07/2017

How did the child(ren) enter placement?

Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a Criminal History check conducted? Date: 07/07/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was a check completed through the Staff Exclusion List?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date:				

Additional information, if necessary:
 On 7/7/17, ACS filed an Article Ten Neglect Petition in BxCFC. The BxCFC issued an order for the temporary remand and removal of SC. The next court date was scheduled for 7/10/17. The SC was temporarily placed with the PA. The SC died on 7/9/17.

Foster Care Placement History

On 6/15/15, the SS was placed in kinship foster care with the MGM under the supervision of Heartshare-St.Vincent's agency. The BM was enrolled in and drug treatment while she resided with friends. The BM was inconsistent with keeping appointments with the foster care case planner.

On 6/10/16, the SS' goal was changed from return to parent to discharge to fit and willing relative as the BM was inconsistent in planning and was no longer enrolled in a program. The alleged father of the SS did not establish paternity and did not want to plan for the SS.

On 11/29/16, the SS achieved permanency as the MGM was appointed the SS guardian through KinGap. The SS was in the care of the MGM at the time of the SC' death.

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:
07/07/2017	There was not a fact finding	There was not a disposition
Respondent:	039664 Mother Female 31 Year(s)	
Comments:	On 7/7/17, ACS filed an Article Ten in the BxCFC. The BxCFC issued an order for the temporary remand and removal of SC. The SC was subsequently discharged from the hospital and placed with the PA. The SC died in the PA's care on 7/9/17.	

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