



Report Identification Number: NY-17-106

Prepared by: New York City Regional Office

Issue Date: Feb 21, 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: 2 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 02/13/2016
Initial Date OCFS Notified: 10/10/2017

Presenting Information

The Form OCFS-7065 stated the infant was born premature and never left the hospital. The infant died of respiratory complications.

Executive Summary

This medically fragile male infant was two months old when he died on 2/13/16. The infant was hospitalized from the time of his birth until he was pronounced dead by an attending physician. As of 2/7/18, NYCRO had not yet received official records to verify the cause and manner of death.

ACS findings showed the BM gave birth to the infant in December 2015. Following birth, the infant remained in the hospital for treatment of prematurity. ACS monitored the infant's medical needs and noted he was expected to be discharged to the BF. ACS last observed the infant in the neonatal intensive care unit (NICU) on 2/12/16. The BM contacted ACS by telephone and informed the agency of the infant's death on 2/16/16.

The family had an open preventive service case and an active CPS investigation beginning 1/7/16 and 2/12/16, respectively. The documentation showed the BM had a history of substance abuse. She was not given a toxicology screening during the time she gave birth to the infant. The infant had a screening and he tested negative for all substances. The BM did not comply with drug treatment plan and she had unstable housing. There were four surviving children: two half-siblings who resided with the paternal grand aunt (PGA) and two siblings who resided with the BF. ACS included the information about the infant's death in the open 2/12/16 investigation.

Following the infant's death, the BM asked ACS to discontinue contacting her by telephone. The BM was unavailable for contact with ACS. During a telephone interview with ACS that occurred on 2/16/16, the BF said he no longer wanted contact with ACS.

On 2/16/16, hospital staff informed ACS that the infant died on 2/13/16 at 8:20 PM. ACS attempted to interview an attending physician and learned that the hospital was unable to provide additional details pending results of an autopsy. ACS did not conduct follow up casework activity to obtain the medical records.

ACS closed the investigation and preventive services case on 3/10/16 and 3/11/16, respectively. ACS did not make diligent efforts to assess safety of the half-siblings and siblings prior to closing the case.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006. NYCRO did not receive information regarding the infant's death within the required timeframe.

NYCRO's review revealed that on 9/5/17, ACS filed an Article Ten Neglect petition in the Bronx County Family Court (BxCFC) on behalf of the siblings naming the BM and BF as the respondents. The BxCFC released the siblings to the BM and BF with conditions that the family comply with ACS visits, BM to be supervised at all times when caring for the siblings, and referral for homemaking services, mental health evaluation and Credentialed Alcoholism and Substance Abuse Counselor (CASAC).



The ACS case record showed that the BF arranged for relatives to supervise the BM and siblings when he was at work. On 1/24/18, ACS noted the BM missed CASAC appointments and would be scheduled for evaluations, substance abuse counseling and homemaking services. The BM received counseling and case management services to address the siblings' health, education and developmental needs. As of 2/20/18, the case remained open for PPRS.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

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

Explain:

There were no allegations and no SCR report involving the death of the infant.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? No

Explain:

The ACS case record did not include details of supervisory consultation and did not reflect whether ACS made diligent efforts to observe siblings.

Required Actions Related to the Fatality

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

Issue:	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
Summary:	Following the infant's death, ACS did not attempt to make face-to-face contact with the surviving children or BF and did not assess the home conditions.
Legal Reference:	18 NYCRR 432.1 (b)(3)(ii)(a)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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: 02/13/2016

Time of Death: 08:20 PM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: The infant was in the hospital.

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

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	2 Month(s)
Deceased Child's Household	Father	No Role	Male	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Other Household 1	Mother	No Role	Female	32 Year(s)

LDSS Response

On 2/16/16, ACS learned of the infant's death when the BM contacted the agency and stated the infant passed away in the hospital. ACS Specialist contacted Harlem Hospital staff who confirmed the infant died. The staff was unable to provide additional details.

On the same day, the Specialist interviewed the BF by telephone. The Specialist offered empathy and asked the BF about the infant's death. The BF said he had attempted to visit the infant in the hospital on 2/13/16 and at that time hospital staff told him the infant passed away. Per the BF's account, the hospital was unable to discuss the cause of death pending results of an autopsy. The BF informed ACS that he obtained an attorney to plan for legal action about the infant's death. The BF said he no longer wanted any contact with ACS. The Specialist informed BF that the agency was available to offer support.

ACS Specialist made follow up contact with Harlem Hospital social work staff and attending physician and was informed that the hospital was unable to discuss the infant's death. The social work staff informed ACS that the hospital would offer services to the family. On 3/1/16, ACS attempted to interview hospital staff who said there was no new information about



the infant's death.

ACS sent (by mail) to the BF a list of places where the family would be able to obtain bereavement. ACS did not make further attempts to observe the siblings, BM, BF, school staff or family members.

NYCRO's review showed that on 7/5/17, the SCR registered a report that included the allegations of IG and LMC of the youngest female sibling, who was then approximately ten months old, by the BM and BF. ACS investigated the report and on 8/27/17, the agency substantiated all the allegations of the report on the basis that the BM and BF failed to take the youngest sibling for follow up medical visits.

According to the ACS case record the family began to receive counseling and case management services on 9/6/17. The BM signed an agreement to receive PPRS with the New Alternatives for Children (NAC) agency and NAC was in the process of developing a plan of treatment for the family. The BF declined referrals as he said he did not have services needs. As of 2/20/18 the case remained open for PPRS.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

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

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information:

ACS did not observe the half-siblings and siblings following the infant's death. The BM's whereabouts were unknown. ACS did not make diligent efforts to obtain information from relevant collateral contacts.

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
The BF and BM did not make themselves available and ACS did not make diligent efforts to observe the siblings.

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 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"/>
Explain as necessary: There were no identified safety factors in the case.				

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

ACS referred the family for community based services although the BM and BF requested that ACS cease contact with the family.

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:

The BF refused PPRS and ACS referred the family to community based services.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The BM and BF did not make themselves available for services.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input checked="" type="checkbox"/> Used illicit drugs |
| <input type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record | |

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/12/2016	Deceased Child, Male, 2 Months	Mother, Female, 32 Years	Inadequate Guardianship	Unfounded	Yes

Report Summary:

The 2/12/16 SCR report alleged that the 2-month-old male infant was born prematurely and was still in the hospital. The



report also alleged the infant was ready for discharge on 2/15/16 or 2/16/16. The BM had no provisions for the infant and no set residence. The BM had four other children who were not in her care. There was no individual to care for the infant.

Determination: Unfounded

Date of Determination: 03/10/2016

Basis for Determination:

ACS unsubstantiated the allegation of IG of the infant by the BM on the basis that on 1/22/16, the BM and BF went to Family Court where the BF filed for custody of the infant. The BM and BF agreed that the BF would have custody of the infant. The BF had provisions such as bassinet and clothing for the infant.

OCFS Review Results:

ACS staff interviewed hospital staff, discussed release of the infant to the BF, observed the infant in the hospital and found he received medical care. ACS contacted the BM by telephone as the BM had traveled out of New York state to locate housing. The BM said she wanted the BF to have custody of the infant. On 2/16/16, the BM informed ACS of the infant's death and she asked ACS to stop contacting her. ACS verified the infant died in the hospital on 2/13/16. The BF informed ACS that he no longer wanted contact with the agency.

ACS did not make diligent efforts to observe the siblings and obtain information from family members, school, Dr., and relevant collateral contacts.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

ACS did not complete a thorough investigation of the 2/12/16 report. ACS did not observe the siblings and home conditions, identify family strengths, review family history and verify household composition.

Legal Reference:

SSL 424(6); 18 NYCRR 432.2(b)(3)

Action:

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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:

Required data and official documents

Summary:

ACS did not obtain official documents to verify the time of death and the official who pronounced the infant dead.

Legal Reference:

428.3(b)(2)(i)

Action:

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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 Case Recording/Progress Notes

Summary:

On 3/1/16, ACS completed a RAP and listed the BF as the Primary Caretaker; however, ACS did not add the siblings to the household composition.

Legal Reference:

18 NYCRR 428.5(a) and (c)

Action:



ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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)
12/10/2015	Deceased Child, Male, 6 Days	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	No

Report Summary:

The 12/10/15 SCR report alleged that the BM gave birth to a male infant in December 2015. The report also alleged that the BM had previous children who were removed from her care and never returned.

Determination: Unfounded**Date of Determination:** 02/05/2016**Basis for Determination:**

ACS unsubstantiated the allegation of IG of the infant by the BM on the basis of lack of evidence to substantiate the allegation. ACS explained that the infant had negative test results for all substances. There was no contributing factor that caused the infant to be born premature. The infant was in the hospital for medical care and not ready to be discharged.

OCFS Review Results:

ACS observed the infant in the hospital and found he was born at 27 weeks gestation, tested negative for all substances and received the medical care. The BM had a history of substance misuse and did not make herself available for testing or services. During an Initial Child Safety Conference (ICSC) on 1/17/16, ACS and BF discussed safety planning for the infant.

ACS engaged the siblings in the BF's home. CPS Newburgh, NY staff made a courtesy visit to the PGA's home, engaged the PGA (who was the legal custodial caregiver) and engaged the half-siblings. The ACS case record showed there were no safety hazards in the BF's and PGA's homes. The BF filed for legal custody of the infant.

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)
06/20/2015	Sibling, Female, 3 Years	Father, Male, 33 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 6 Years	Father, Male, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 6 Years	Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 3 Years	Mother, Female, 31 Years	Inadequate Guardianship	Indicated	

Report Summary:

The 6/20/15 SCR report alleged that the two siblings lived with the BM and BF. The report also alleged that on 6/20/15 the BF punched the BM in the face, giving her a black eye. The BF was the aggressor of the incident. The siblings witnessed the entire incident. Following the incident, the BF left the residence with the siblings. The current location of the BF and siblings were unknown. The siblings were not harmed. The BM had an unknown role.

Determination: Indicated**Date of Determination:** 08/19/2015**Basis for Determination:**

ACS added the allegation of IG of the BM to the 6/20/15. ACS substantiated the allegation of IG of the siblings by the BM on the basis of information obtained from collateral contacts who said the BM had a "pattern of drinking" and she often broke curfew at the shelter residence. The family had relocated to different shelters due to the BM's inadequate behavior. ACS noted LE investigated the DV incident and no arrest was made.



ACS unsubstantiated the allegation of IG of the siblings by the BF on the basis that "the BM did not make herself available." ACS interviewed the BF and siblings, and collateral contacts who reported positive feedback about the BF and his parental capacity.

OCFS Review Results:

ACS learned that the BM contacted shelter staff by telephone and said she sustained a black eye when the BF punched her in her face on 6/20/15. The shelter staff did not meet with the BM whose whereabouts were unknown. The staff said the BF was a dedicated parent. ACS observed LE's report that showed on 6/19/15 the BM entered the shelter after curfew and BM was intoxicated. The BM did not have an observable black eye. ACS interviewed the BF and siblings in their new shelter and observed the siblings received a minimum degree of care. The BF refused ACS offer for PPRS.

ACS did not provide Notice of Indication to the BM and BF who were subjects of the 6/20/15 report.

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

Issue:

Failure to Provide Notice of Indication

Summary:

ACS did not provide Notice of Indication to the BM and BF who were listed as subjects of the 6/20/15 report.

Legal Reference:

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

Action:

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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:

ACS did not provide Notice of Existence of a report to the father of the half-siblings who was a non-subject parent.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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.

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

The family was known to the SCR and ACS in six reports dated 11/4/07, 3/11/09, 3/19/08, 8/14/09, 8/28/09, and 5/13/12. The allegations of the six reports were a combination of IF/C/S, IG, PD/AM, LMC and Other concerning one sibling and two half-siblings.

The BM was listed as a subject in four of the six reports and in the other two report she was listed as having "No Role." ACS indicated the reports dated 11/4/07, 3/19/08, 8/14/09, 8/28/09 and 5/13/12. ACS unfounded the 3/11/09 report. The family received COS and foster care services to address the BM's drug misuse and the sibling and half-siblings' health and well-being needs.

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: 01/07/2016

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: 01/07/2016

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)



Child Fatality Report

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

Closing

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

Additional information, if necessary:
 The BM and BF refused ACS offer for PPRS. Following the infant's birth, ACS had attempted to file an Article Ten Neglect petition naming the BM as a respondent and to request COS. The attempt was unsuccessful as ACS did not have an address for the BM. ACS referred the family to community based services.

Preventive Services History

The family received preventive services from 10/8/09 through 6/10/11. ACS assigned case planning responsibility to the Harlem Children Zone Family Support Center agency. The Family Services Progress Notes showed the BM did not have stable housing and was unable to support the two half-siblings and oldest sibling. The BM made a family arrangement to have the respective BFs take care of the half-siblings and sibling. The family received Early Intervention and case management services to address child care, child development, housing, medical, education and the BM's history of drug misuse. The BM had little or no visitation with the sibling and half-siblings. ACS closed the case after the agency found that the BF and relatives were able to provide the half-siblings' and sibling's basic needs.

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

Foster Care Placement History

ACS placed a sibling (who was then a newborn infant) in a foster care home under an Article Ten Neglect petition that was



filed in Kings County Family Court on 5/25/12. The sibling was discharged from foster care and returned to the BF on 3/19/13.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No