



Report Identification Number: NY-17-120

Prepared by: New York City Regional Office

Issue Date: Apr 24, 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: 8 day(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 10/01/2014
Initial Date OCFS Notified: 10/23/2017

Presenting Information

The 10/3/14 SCR Additional Information report stated that the infant was born in September 2014. The report also stated BM and infant were released from the hospital on 9/26/14 and some hours later, the infant developed breathing problems and was taken to the hospital where he received medical treatment. The infant died on 10/1/14 while in the care of hospital personnel.

Executive Summary

This male newborn infant died on 10/1/14. The infant was in the hospital at the time of death and was pronounced dead by the attending physician. ACS staff interviewed the attending physician and ME and verified the infant's death was due to natural causes. As of 4/4/18, NYCRO had not yet received the ME report.

The family had an open service case beginning 8/27/14. ACS had opened the case due to an 8/19/14 investigation that revealed the BM and infant's BF engaged in a DV incident in the presence of the male half-sibling. The infant had one male half-sibling and one female half-sibling. ACS filed an Article Ten Neglect petition in the Kings County Family Court (KCFC) on behalf of the half-siblings and the judge released the half-siblings to the BM with ACS supervision.

ACS obtained relevant information from collateral contacts and verified that the BM gave birth to the infant in the hospital in September 2014. The BM and infant were discharged from the hospital on 9/26/14. The BM was at home when she fed the infant and then observed he fell asleep and had difficulty with breathing on 9/26/14. The BM burped the infant and observed he appeared relieved; however, she contacted 911 for assistance. EMS responded to the home at approximately 11:20 PM and transported the infant to the hospital. The infant arrived at the hospital at approximately 11:45 PM on 9/26/14. Upon arrival, the attending physician diagnosed the infant had a serious pre-existing medical condition. The infant was admitted to the neo-natal intensive care unit (NICU) for monitoring and treatment. During the period of hospitalization, the infant's condition was stable until 9/30/14 when his health deteriorated. The medical staff placed the infant on life support, his condition did not improve and he was pronounced dead on 10/1/14.

ACS Specialist interviewed the attending physician on 10/2/14. ACS learned there was no suspicion regarding the infant's death as the infant was well nourished and BM and infant had good bonding. The physician noted there were no concerns regarding BM's ability to parent her children.

On 10/3/14, the 8/19/14 investigation was in progress when the SCR recorded the information about the infant's death in an Additional Information document. There was no suspicion of abuse/maltreatment based on information provided to the SCR by the reporting source. Subsequently, 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.

ACS found the half-siblings were not in the home at the time of the infant's death. The BM had arranged for the female half-sibling to reside with her father and the male half-sibling was in the care of maternal relatives out of New York state. The BM had made the arrangements to facilitate the infant's birth. ACS engaged the female half-sibling in school on 10/2/14. Following the infant's death, ACS contacted child welfare officials, requested a courtesy home visit and obtained safety assessment of the male half-sibling on 10/9/14. The male half-sibling returned to the BM's home in November 2014, and thereafter, ACS and Graham Windham agency made the required ongoing safety and risk assessments.



The family received COS with ACS supervision and PPRS with the Graham Windham agency. ACS and Graham Windham staff maintained adequate contact with the family, monitored the home conditions, involved the BM in the service plan implementation and followed up with Family Court directives. COS ended in October 2015 and ACS closed the service case on 11/8/15.

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:

N/A

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 notes a consultation took place, but no details noted.

Explain:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/01/2014

Time of Death: 08:35 AM

County where fatality incident occurred:

Kings



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: Hospitalized

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	8 Day(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Other Household 1	Father	No Role	Male	22 Year(s)

LDSS Response

ACS Specialist visited the hospital and reviewed the infant's hospital discharge summary on 10/2/14. Per the medical records, the infant was a well newborn who was delivered at 38-week gestation and discharged to the BM on 9/26/14. Following newborn discharge, the infant was brought to the hospital on 9/26/14 after the BM observed his breathing was noisy and he appeared to experience some difficulty while breathing. The medical records showed there was no change to the infant's face color, no eye rolling, the infant had good urine output as per mother and no diarrhea, cough or fever at home. The infant was admitted for monitoring on 9/27/14 at 3:56 AM.

The Specialist interviewed the attending physician and learned that from 9/27/14 through 9/30/14, the infant was administered a series of tests and received prescribed medication. He was placed on life support as his condition deteriorated on 9/30/14. The infant was pronounced dead on 9/1/14 and the death was referred to the ME as required. The hospital offered the family bereavement counseling.

ACS made diligent efforts to assess safety of the half-siblings within the required timeframes. During a visit to the case address that occurred on 10/2/14, the Specialist observed there was a bassinet, formula, clothing and other provisions for the infant in the home. The BM and half-siblings were not in the home at the time of the visit. ACS observed/engaged the BM and female half-sibling in the home on 10/6/14. During the visit, the BM provided detailed accounts of the case circumstances and the timeline of events. Per the BM's account on 9/26/14 during the time the infant was in her care, she fed him and placed him on his back to rest. The BM provided additional details and her account was consistent with information ACS had previously received from hospital staff, EMS, ME and other collateral contacts.



The BM signed the agreement to receive PPRS beginning 10/30/14. The Graham Windham agency was assigned case planning responsibility. ACS and Graham Windham staff maintained adequate contact with the family through home visits, agency events, school visits and telephone conversations. The BM complied with the service plan requirements. She received bereavement, DV, anger management, education on child development and parenting techniques and mental health and therapeutic services. The half-siblings received case management, monitoring of medical and developmental needs and child care services. The BF did not make himself available for services.

ACS made diligent efforts to obtain information from the ME. The documentation showed that the ME finalized the infant's autopsy and listed the cause of death as medical conditions and the manner as natural. ACS did not state whether the agency received the ME report.

The BM completed PPRS with Graham Windham in August 2015 and COS expired on 10/19/15. Prior to closing the service case, ACS visited the home, engaged the BM, and observed the half-siblings and noted they did not have suspicious marks/bruises on 10/21/15. ACS made follow up casework contacts with the BM's therapist and half-siblings' Dr. and found there were no reported concerns regarding the half- sibling's care. ACS verified that a community based organization would continue to work with the BM for risk reducing service intervention.

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: Medical Examiner

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 the NYC region.

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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

There was no law enforcement involvement concerning the infant's death.



Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

N/A

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The family received PPRS. The BF did not make himself available for substance abuse and case management services.

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

Explain:

The half-siblings received child care and case management services.



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

Explain:

The BM received casework counseling, DV, health and case management services.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/19/2014	Sibling, Male, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Female, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 2 Years	Father, Male, 22 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 2 Years	Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 2 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 3 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unfounded	

Report Summary:

The 8/19/14 SCR report alleged the BM frequently became angry and screamed at the half-siblings and threw objects, including a hammer, around the home while she was angry. The half-siblings had not sustained any injuries as a result. On 8/18/14, the BM threw bleach at another adult visiting the home in the presence of the half-siblings. The BM often refused to feed the half-siblings and as a result the children were hungry.

Determination: Indicated

Date of Determination: 10/18/2014

Basis for Determination:

ACS substantiated the allegations of the IG of the two half-siblings by the BM, and IG and PD/AM of the male half-sibling by the infant's BF on the basis that the BM became violent with the BF and used a wrench as a weapon which resulted in the BF sustaining an injury. The BM and BF confirmed they had a "physical dispute" while the male half-sibling was in the home. ACS noted the BF's marijuana use impeded his ability to handle conflicts and as a result, the BF responded violently to the BM.

ACS unsubstantiated the allegation of IF/C/S of the half-siblings by the BM on the basis of lack of credible evidence to support the allegations.

OCFS Review Results:

ACS initiated the investigation within 24 hours of receipt of the 8/19/14 report. During interviews with ACS, the BM and BF acknowledged the DV incident occurred in the presence of the male half-sibling on 8/19/14. ACS observed the sleeping arrangements and other physical home conditions were satisfactory. The BM discussed her pregnancy and obtained an OP against the BF.

The ACS Specialist engaged the male-half sibling and found he had an appropriate relationship with the BM. The BM said the female half-sibling was in the temporary care of her father; however, ACS did not make diligent efforts to observe the female half-sibling within 24 hours of receipt of the SCR report.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

ACS initiated the 8/19/14 investigation and learned that the female half-sibling was in her father's home; however, the agency did not attempt to observe the female half-sibling and the her father's home within 24 hours of receipt of the 8/19/14 report.

Legal Reference:

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(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)
11/13/2012	Sibling, Female, 2 Years	Mother, Female, 21 Years	Inadequate Guardianship	Indicated	Yes

Report Summary:

The 11/13/12 SCR report alleged the BM was rough with the female half-sibling during a meeting. The BM became frustrated and grabbed the female half-sibling by the shoulders. At one point she grabbed the half-sibling by the hair, yanking her head so that the child's head hit the booth. It was unknown if the half-sibling sustained any visible injury. The police were called. The male half-sibling had no role.



Determination: Indicated **Date of Determination:** 01/04/2013

Basis for Determination:
ACS substantiated the allegation of IG of the female half-sibling on the basis that the BM used inappropriate measures to discipline the child. ACS explained that the half-sibling was very young and unable to understand BM's instructions. The BM became frustrated and handled the half-sibling roughly. The BM used poor judgment to discipline the half sibling, as a result the BM was arrested and an OP was issued on behalf of the half-sibling. The stay away OP was then modified to a limited order.

OCFS Review Results:
ACS obtained information from LE, staff who observed the BM use inappropriate measures to discipline the half-sibling, half-siblings Dr., and resource relatives. ACS found the BM was in a public office when she slammed the female half-sibling violently on her lap resulting in the half-sibling hitting her head on the cubicle wall. The half-sibling did not sustain visible physical injuries. The safety plan included temporary OP against the BM dated 11/13/12, use of MGGM to provide care of half-siblings and Family Preservation services. The male half-sibling father's whereabouts were unknown. ACS did not include the MGGM and female half-sibling's father in the risk assessment.

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

Issue:
Adequacy of Risk Assessment Profile (RAP)

Summary:
ACS did not include information about the MGGM in the household composition and the RAP although the MGGM provided care of the half-siblings during the 11/13/12 investigation.

Legal Reference:
18 NYCRR 432.2(d)

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 Indication

Summary:
During the 11/13/12 investigation, the BM who was listed as a subject, and MGGM and female half-sibling's father were the other persons identified; however, they were not notified of the determination.

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.



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

The BM was not known as a subject more than three years prior to the fatality.

The BM was in foster care within three years prior to the fatality. She received foster care services following an Article Ten Neglect petition that was filed in the Queens County Family Court on 2/13/09. The BM was discharged from the foster care program and released to her "own responsibility" on 2/5/13.

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: 08/27/2014

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: 08/27/2014

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

Additional information, if necessary:
The family received PPRS.

Preventive Services History

ACS opened the service case on 1/10/13 after the agency found the BM used aggressive and inappropriate measures to discipline the female half-sibling. The BM admitted she was anxious, frustrated and overwhelmed with caring for the half-siblings. The Boys Town New York, Inc. agency provided PPRS to the family. The BM received anger management training, counseling to learn different ways to cope with anxiety, monitoring of day care needs and support services. PPRS ended on 1/23/14.

As a result of an Article Ten Neglect petition that was filed in the KCFC on 8/29/14, the family received COS beginning 8/29/14. The family received PPRS with the Graham Windham agency beginning 10/31/14. The BM received DV counseling for anger management and monitoring of the siblings' developmental, medical and dental needs, and an OP that stipulated no violence in the presence of the siblings. The BM enrolled in a community based organization (CBO) program for bereavement and mental health services. The BF did not make himself available for services.

ACS and provider agencies completed the required number of casework contacts to meet the program requirements and conducted ongoing safety and risk assessments. COS expired on 10/16/15 and ACS ended involvement with the family as the agency noted the CBO would continue to address the BM's mental health 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:
08/29/2014	There was not a fact finding	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	045082 Mother Female 23 Year(s)	
Comments:	ACS filed an Article Ten Neglect petition in KCFC on behalf of the two half-siblings naming the BM and BF of the infant as the respondents. The judge released the half-siblings to the BM with ACS supervision. The BF was excluded from the home as there was a temporary OP against him. On 5/20/15 the case was adjourned in contemplation of dismissal with six months of ACS supervision. In August 2015, ACS noted that the BF's whereabouts remained unknown. COS expired in October 2015. ACS found there was no legal basis to request an extension of COS.	

Have any Orders of Protection been issued? Yes

From: 08/19/2014 **To:** Unknown

Explain:
The KCFC issued a full stay away OP on behalf of the two half-siblings against the infant's BF and a limited temporary OP stipulating no family offences on behalf of the BM. The BF was excluded from the home. The BF had tested positive for marijuana on 9/2/14. He admitted he had untreated mental health conditions and ACS noted that his marijuana use had a negative impact on his response to stress. The documentation showed that the BF violated the OP and as of 8/29/15 his whereabouts remained unknown.

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