



Report Identification Number: NY-17-140

Prepared by: New York City Regional Office

Issue Date: May 02, 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: 3 month(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 06/30/2015
Initial Date OCFS Notified: 11/30/2017

Presenting Information

The OCFS 7065 showed that the BM gave birth to twin infants (male and female) in March 2015. Following their birth, the twins remained in the neonatal intensive care unit (NICU) at the hospital. On 6/30/15, the male infant died due to medical complications of her premature birth. There was no suspicion of child abuse/maltreatment surrounding the infant's death.

Executive Summary

The medically fragile male infant was approximately three months old when he died on 6/30/15. He was in New York Presbyterian-Morgan Stanley Children's Hospital at the time of death. He was pronounced dead by an attending physician. ACS verified the male infant died due to complications of pre-existing medical conditions.

The family had an open service case effective 5/13/11. The case was opened after ACS found the BM's marijuana use had a negative impact on the care she provided the surviving male half-sibling, the family had unresolved DV concerns, and there were observable health hazards throughout the home. Following an Article Ten Neglect petition that ACS filed in the Kings County Family Court (KCFC), the family received recurrent foster care and COS. The male half-sibling was adopted in February 2015 and female half-sibling was in her PGM's care. In March 2015, the BM gave birth to male and female twin infants who were not added to the Article Ten Neglect petition because they had remained hospitalized until the time of their respective deaths. The twin female sibling died on 3/23/15. NYCRO issued Fatality Report Number NY-17-0760 in regard to the female sibling's death. On 7/1/15, the hospital staff informed ACS of the male infant's death.

Per the ACS case record, the infant was born at 24-week gestation and admitted to Methodist Hospital neonatal intensive care unit (NICU) where he remained until he was transferred to New York Presbyterian Hospital-Morgan Stanley Children's Hospital on 6/25/15. The medical staff diagnosed the infant had severe medical conditions. Between 6/26/15 and 6/30/15, the infant received full medical support, his condition did not improve and he was not expected to survive. Following attempts to obtain information from ME, ACS sought legal consultation on 7/16/15. ACS noted Family Court Legal Services attorney was unable to intervene as the infant was not part of the Article Ten Neglect petition.

ACS did not observe the surviving half-sibling within seven days of notification of the infant's death. Between 7/1/15 and 7/8/15, there was no contact with the family. The Specialist contacted the BM by telephone on 7/6/15. The BM refused a referral for services, she did not address plans to reunify with the female half-sibling and she was non-compliant with foster care services. The ACS case record showed the BM relocated out of New York state.

The PGM filed for guardianship of the female half-sibling on 1/28/16 and the BM consented. ACS provided supportive services to the PGM and female half-sibling, monitored the service plan and made adequate casework contact to meet the program requirements. ACS found that the PGM provided appropriate care of the female half-sibling. KCFC issued a final order of guardianship of the female half-sibling to the MGM on 6/15/16. ACS closed the case on 7/7/16.

ACS submitted to NYCRO 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.



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 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:	Requirement to Report Death of a Child receiving CPS or Preventive Services
Summary:	ACS was notified of the infant's death on 7/1/15; however, the agency did not submit the required OCFS-Form 7065 to NYCRO within the required timeframe.
Legal Reference:	06-OCFS-LCM-13
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: 06/30/2015

Time of Death: Unknown



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: CH 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	3 Month(s)
Deceased Child's Household	Mother	No Role	Female	34 Year(s)
Other Household 1	Grandparent	No Role	Female	58 Year(s)
Other Household 1	Sibling	No Role	Female	2 Year(s)

LDSS Response

On 7/2/15, ACS obtained information from the hospital regarding the male infant's death. ACS learned that the attending Dr. involved the BM with decision making surrounding the male infant's critical medical condition. The infant had not been expected to survive. Hospital staff and BM discussed removal from the ventilator, and the infant was taken off the ventilator and pronounced dead on 6/30/15. The infant had severe chronic illnesses and his death was due to medical complications. There was no suspicion of abuse/maltreatment pertaining to the infant's death.

ACS did not attempt to contact the family members within 24 hours of notification of the male infant's death. The ACS Specialist held a telephone interview with the BM on 7/6/15. During the interview with ACS staff, the BM said she did not need financial assistance for burial and she refused bereavement counseling. She said the infant's funeral occurred on 7/4/15. The BM said she did not want face-to-face contact with ACS; however, she agreed to drug/alcohol screening.

The Specialist observed the surviving female half-sibling and interviewed daycare staff on 7/9/15. The half-sibling did not have observable marks/bruises, she seemed healthy and appeared to have received appropriate care. The day care staff noted the half-sibling's academic performance was satisfactory.

ACS made diligent efforts to discuss the male infant's death with the ME; however, the agency was unable to obtain information as the ME did not respond.



ACS reviewed the CHN's medical records and addressed the issue of long term planning, permanency goal, and visitation with BM for the female half-sibling. The KCFC ordered supervised visits only for the BM. The BM maintained contact with the PGM and female half-sibling by telephone. The BM allegedly said she was too busy to visit the half-sibling. In June 2016, ACS learned that the BM's youngest CH was in the hospital for medical care in New Jersey. Prior to closing the case, on 6/13/16, ACS staff observed the female half-sibling in the PGM's home. ACS noted the female half-sibling did not have observable marks or bruises, she received adequate care and the home conditions were satisfactory.

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 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"/>

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"/>



Child Fatality Report

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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Explain:
 There was no safety assessment of the surviving half-sibling within the 24-hour and 7-day timeframes. ACS received notification of the male infant's death on 7/1/15; however, ACS staff did not assess safety of the surviving half-sibling until 7/9/15.

Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 The female half-sibling resided with the PGM under an existing Article Ten Neglect petition.

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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 The BM was not compliant with the service plan. The surviving female half-sibling and PGM received case management services.

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

Explain:
 The BM did not comply with the service plan requirements.

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:

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

Infant was born:

- Drug exposed With fetal alcohol effects or syndrome
- 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)
03/10/2015	Deceased Child, Male, 13 Days	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Female, 13 Days	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	

Report Summary:

The 3/10/15 SCR report alleged that the BM gave birth to twin CHN in March 2015. The report also alleged the BM had other CHN in foster care at the time she gave birth in March 2015. Further details were unknown.

Determination: Indicated **Date of Determination:** 05/08/2015

Basis for Determination:

ACS substantiated the allegation of the report on the basis that the BM failed to plan for the two half-siblings who were in foster care. ACS explained that one of the half-siblings was adopted and the other remained in the care of her PGM. The BM failed to show ACS and KCFC that she was capable of caring and providing for her CHN. The BM did not have a stable residence in the event the male sibling was ready for discharge from the hospital.

OCFS Review Results:

ACS found that the BM received prenatal care. The twin CHN were born at 24 weeks gestation and were admitted for medical care in the Methodist Hospital. The BM had a negative toxicology for all drugs. The female twin died on 3/21/15 and the male twin was expected to be released in July 2015. The concerns included BM's history of drug misuse, non-compliance with treatment plans, lack of support from BF's, and unstable housing. The male half-sibling was adopted and the female half-sibling was in her PGM's care with ACS supervision. ACS completed the required safety assessment and RAP. ACS did not provide Notice of Indication to the BM who was a subject of the 3/10/15 report.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:



ACS did not enter Investigation Progress Notes contemporaneously. ACS entered some of the March 2015 Investigation Progress Notes in May 2015.

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.

Issue:

Failure to Provide Notice of Indication

Summary:

ACS did not provide Notice of Indication to the BM who was the subject of the 3/10/15 SCR 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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/03/2014	Sibling, Female, 2 Years	Grandparent, Female, 57 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 2 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 2 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 2 Years	Aunt/Uncle, Male, 23 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 2 Years	Aunt/Uncle, Male, 23 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

The 6/3/14 SCR report alleged that on a daily basis the father and uncle used marijuana to the point of impairment. The father and uncle used the drug in the direct presence of the female half-sibling subjecting her to harmful effects of the drugs. The PGM was aware of the drug use but failed to intervene in protecting the half-sibling. The BM's role was unknown.

Determination: Unfounded

Date of Determination: 08/04/2014

Basis for Determination:

ACS unsubstantiated the allegations of the 6/3/14 report. ACS explained that the father and uncle did not provide care of the female half-sibling and there was no evidence to show the father and uncle resided in the home. The PGM was the primary caretaker for the half-sibling. The PGM submitted to a random drug test and the result was negative.

OCFS Review Results:

ACS staff observed the female half-sibling within 24 hours of the report. This half-sibling was in the PGM's care with ACS supervision. ACS staff engaged the PGM and found she provided the half-sibling with a minimum degree of care. The BM was not allowed unsupervised visits with the half sibling until after 30-days of testing negative for



drugs/substances. The BM was not compliant with the service plan, and she refused to provide her address to ACS. The documentation did not indicate ACS made diligent efforts to contact the half-sibling's father and uncle who were alleged subjects of the 6/3/14 report.

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

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

ACS did not make diligent efforts to contact the female half-sibling's father and uncle who were subjects of the 6/3/14 report.

Legal Reference:

18 NYCRR 432.2(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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/13/2013	Sibling, Male, 2 Years	Mother, Female, 21 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Male, 2 Years	Mother, Female, 21 Years	Lacerations / Bruises / Welts	Indicated	
	Sibling, Female, 11 Months	Mother, Female, 21 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 11 Months	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 2 Years	Mother, Female, 21 Years	Excessive Corporal Punishment	Indicated	
	Sibling, Male, 2 Years	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

The 3/13/13 SCR report alleged the BM had a history of hitting the half-sibling, who was then two years old, with excessive force as a form of discipline. This CH sustained scratches on his arm and marks about his body. The BM made excuses that the CH fell to explain the bruises. The BM got frustrated with the CH and yanked his arm and smacked him across the face when he threw tantrums. The BM smoked marijuana and drank alcohol to the point of impairment while in the presence of the CHN. The CHN were out with the BM while she was intoxicated until 3:00 AM. As a result, the CHN became sick from being out in the cold weather. The fathers had unknown roles.

Determination: Indicated

Date of Determination: 05/09/2013

Basis for Determination:

ACS substantiated all the allegations of the 3/13/13 report on the basis that the male half-sibling said the BM pushed him. The male half-sibling had a laceration on his chin and received medical treatment. His account remained consistent, and the incident occurred in the presence of the female half-sibling. The BM tested positive twice for marijuana. She did not submit other drug tests and was not enrolled in a treatment plan.

OCFS Review Results:

ACS observed the family within 24 hours of receipt of the 3/13/13 report. The BM denied drug use. She said the male



half-sibling tripped on the stairs, fell, and sustained injury to his chin. This CH was brought to hospital where he received medical treatment. He acknowledged he fell and he explained that the BM pushed him.

The family resided in a shelter and the staff found evidence of the BM's marijuana misuse and lack of compliance with shelter rules. ACS observed the home was dirty and disorganized and the staff counseled the BM about maintaining clean and healthy home conditions. The BM had a crib for the half-sibling (who was then an infant). The father's whereabouts were unknown.

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

Issue:

Failure to Provide Notice of Indication

Summary:

ACS did not provide a Notice of Indication to the BM who was the subject of the 3/13/13 SCR 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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/04/2012	Sibling, Male, 2 Years	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Indicated	Yes
	Sibling, Female, 6 Months	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Indicated	

Report Summary:

The 12/4/12 SCR report alleged the BM's apartment was deplorable, dirty and filthy. The report also alleged there were dirty diapers, open food, and garbage throughout the home. The BM failed to provide a safe and sanitary living environment for the half-siblings, who were then two years old and six months old.

Determination: Indicated

Date of Determination: 01/31/2013

Basis for Determination:

ACS substantiated the allegation of IF/C/S on the basis that the agency found there were unsanitary living conditions in the home. Prior to 12/04/12, the BM was advised of the need to clean the home; however, during the 12/04/12 investigation, ACS observed there were health hazards in the home on several occasions. The home was dirty and the infant's crib was filled with items. The BM stated the living conditions were the result of the shelter actions although she was responsible for organizing, cleaning, and removing garbage in the home.

OCFS Review Results:

ACS found the BM and CHN resided in a shelter. The BM said the half-siblings' fathers were not involved with the family. The BM had violations due to lack of compliance with shelter rules and she was likely to be discharged from the shelter. The BM denied the allegation of the report, and she said her living condition was the result of residing in the shelter system. The BM refused to comply with drug screening needs. She informed ACS that she was unable to provide care of the male half-sibling and she requested foster care placement for him; however, ACS did not explore expedited plans to address the CHN's service needs. The fathers were not notified of the 12/04/12 report.

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

Issue:

Adequacy of case planning

**Summary:**

The BM refused to comply with drug screening requirements and shelter rules. She said she was unable to provide care of the male half-sibling and she requested foster care placement for the CH. On 1/29/13, an ACS manager directed the staff to contact ACS attorney concerning BM's lack of participation in services; however, there was no follow up investigation activity to address service needs.

Legal Reference:

18 NYCRR 432.2 (b)(2)

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:

ACS did not provide a Notice of Indication to the BM who was a subject of the 12/4/12 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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/11/2012	Sibling, Female, 15 Days	Mother, Female, 21 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Male, 2 Years	Mother, Female, 21 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 2 Years	Mother, Female, 21 Years	Burns / Scalding	Unfounded	

Report Summary:

The 6/11/12 SCR report alleged the male half-sibling spent the weekend with his BM. He returned with a burn on his leg: unknown which leg. The BM said the CH was scratched. The explanation was inconsistent with the injury.

The 6/25/12 SCR report alleged the BM gave birth to the female half-sibling in June 2012. The report stated the BM male half-sibling was in foster care. The aunt and minor cousin had unknown roles.

Determination: Indicated

Date of Determination: 07/11/2012

Basis for Determination:

ACS substantiated the allegation of IG of the two half-siblings by the BM citing that the male half-sibling was in the care and custody of the Commissioner of ACS. The half-sibling visited the BM and she returned him to the foster care home with an empty vodka bottle. The BM had a history of substance misuse.

ACS unsubstantiated the allegation of B/S on the basis that the male half-sibling received a medical clearance upon return to foster care home. ACS explained that there were no observable signs that the CH sustained a burn.

OCFS Review Results:

ACS observed the male half-sibling in his FC home on 6/13/12. This CH had a mark on his left foot and minor scratches on his head in the healing stage. The medical records reflected the mark was the result of an insect bite. ACS found that this CH sustained minor scratches while playing. There was an empty vodka bottle in the CH's bag, and BM suggested her cousin placed it in the bag.



ACS consolidated the 6/11/12 and 6/25/12 investigations and added the female half-sibling to the Article Ten Neglect petition due to derivative neglect. The judge released the female half-sibling to the BM. ACS visited the home on 7/3/12 and observed the CH was healthy. ACS did not assess BF's roles.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

The 6/11/12 investigation was incomplete as ACS did not obtain key information about the half-sibling fathers' involvement although an Investigation Progress Note dated 7/9/12 discussed visitation for the male half-sibling and his father. ACS did not clarify information about an aunt and her minor child (who were named in the 6/25/12 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.

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

The parents were known as subjects in two reports dated 2/9/11 and 5/5/11. The two reports were concerning the male half-sibling, who was then an infant. The 2/9/11 report was unfounded and the 5/5/11 report was indicated.

The allegation of the 2/9/11 report was IG of the half-sibling by the male half-sibling's father and BM. On 4/1/11, ACS unsubstantiated the allegation of the report.

The 5/5/11 report included the allegations of IG and PD/AM of the half-sibling. ACS opened the family services case on 5/13/11. ACS filed an Article Ten Neglect petition in the KCFC on 5/15/11 after the agency found the parents did not address concerns of child supervision and the BM's marijuana misuse. On 6/3/11, ACS substantiated the allegations of the 5/5/11 report.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS prior to the fatality.

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: 05/13/2011

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: 05/13/2011

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

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

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"/>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The most recent FASP was due on 6/12/16 and it was approved on 6/17/16.				
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 SCO Family of Services agency was assigned case planning responsibility.				

Required Action(s)

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

Yes No

Issue:	Timeliness of completion of FASP
Summary:	ACS did not approve the FASP that was due on 6/12/16 FASP within the required timeframe. ACS completed the FASP on 6/17/16.
Legal Reference:	18 NYCRR428.3(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.

Preventive Services History



The family received COS to address the BM's substance misuse, history of being aggressive with the male half-sibling, feelings of being overwhelmed, inadequate supervision, inappropriate discipline of CHN in the home, and housing needs.

The judge issued a final order of guardianship of the female half-sibling to the PGM on 6/15/16. The Article Ten Neglect petition was withdrawn. ACS closed the case on 7/7/16.

Foster Care Placement History

The male half-sibling received foster care services under an Article Ten Neglect petition that was filed in KCFC. The BM voluntarily placed the male half-sibling in foster care on 10/18/13 and signed application for judicial surrender on 11/22/13. The male half-sibling was adopted on 2/26/15.

The female half-sibling received foster care services from 3/22/13 through 4/4/13 and 10/6/14 through 3/31/15. She was discharged from foster care and released to her PGM with ACS supervision on 3/31/15.

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:
Unknown	Adjudicated Neglected	Permanent Guardianship
Respondent:	045466 Mother Female 34 Year(s)	
Comments:	During the 6/15/16 permanency/guardianship hearing, the KCFC presiding judge interviewed the BM by telephone. The BM consented to the PGM having guardianship of the female half-sibling. The judge issued a final order of guardianship to the PGM.	

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