



## Report Identification Number: NY-18-001

**Prepared by: New York City Regional Office**

**Issue Date: Jul 03, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** Kings  
**Gender:** Male

**Date of Death:** 01/03/2018  
**Initial Date OCFS Notified:** 01/03/2018

## Presenting Information

The 1/3/18 SCR report alleged on 1/2/18, the SF put SC in the crib to sleep. On 1/3/18, the SF discovered the SC in his crib and unresponsive. The SC was found lying on his stomach with vomit in the crib. The SF could not provide an adequate explanation for the death of the SC. The SC had no preexisting medical conditions and was considered an otherwise healthy child.

## Executive Summary

This 2-month-old SC died on 1/3/18. According to the ME, there were no signs of abuse or maltreatment observed and the autopsy report was pending further studies. As of 7/3/18, NYCRO had not yet received the autopsy report.

The allegations of the 1/3/18 report were DOA/Fatality and IG of the SC by the SF.

At the time of the SC's death, the BM had an open foster care service case regarding the half-SS since 10/31/12. The half-SS remained in the kinship foster care placement at the time of the SC's death. The BM also had an open CPS investigation that began on 11/5/17. ACS was in the process of investigating the 11/5/17 report when the agency received information about the SC's death. ACS conducted the investigations of the 11/5/17 and 1/3/18 reports simultaneously.

ACS interviewed LE regarding the circumstances surrounding the SC's death. According to LE, the SF was initially interviewed at the hospital. The SF stated, on 1/2/17, he took the SC to the LDSS office to a supervised visit with the BM, as per the court. Around 12:00 AM on 1/3/18, the SF placed the SC in the crib on his stomach. The SF woke up at approximately 7:15 AM and realized the SC was not awake. The BF stated he observed the SC in the crib unresponsive. The SF called the shelter security desk to inform them of the SC's condition. The 911 operator was called and first responders were dispatched. EMS arrived at the scene first, followed by the FD and lastly LE. The first responders provided the SC resuscitative measures on scene. Via ambulance, the SF and SC were transported to the hospital. Shortly thereafter, the SC was pronounced dead.

LE informed ACS that the shelter unit was deemed a crime scene. According to the shelter staff, the SF resided in a one-room family shelter. There were no hazardous conditions in the unit. There was a crib, safe sleep material and emergency contact information permanently affixed on a wall in the unit. The staff would not disclose any further information to ACS about the case without consent of the Shelter Administrator.

During the investigation, ACS made diligent efforts on 1/3/18, 1/4/18, 1/8/18, and 2/1/18; respectively, to contact the SF and BM at their last known telephone numbers and addresses to offer services; to no avail. The results of interviews with relatives revealed the whereabouts of the SF and BM were unknown. On 1/9/18, ACS offered the family services. The SM accepted funeral/burial assistance. The foster care agency (FCA) provided bereavement and housing services. ACS gathered pertinent information about the SC's death and made collateral contacts. The investigation revealed the SF had no prior CPS, domestic violence, mental health or substance abuse history. The SF and BM did not have children in their care during the fatality investigation.

As of 7/3/18 ACS had not yet completed the investigation.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Unable to Determine
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? Unable to Determine

### Explain:

ACS had yet to complete the investigation.

Was the decision to close the case appropriate? Unknown

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Unable to Determine

Was there sufficient documentation of supervisory consultation? Yes, the case record notes a consultation took place, but no details noted.

### Explain:

ACS had yet to complete the investigation.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The SCR report was dated 1/3/18. The 24-Hour safety assessment was approved on 1/5/18; not within the required timeframe.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.



<b>Summary:</b>	The SCR report was dated 1/3/18. The 24-Hour Fatality Report was approved on 1/5/18; not within the required timeframe.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-1
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The SCR report was dated 1/3/18. The 30-Day Fatality Report was approved on 2/13/18; not within the required timeframe.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 01/03/2018

**Time of Death:** 08:25 AM

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

Unknown

**County where fatality incident occurred:**

Queens

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

07:45 AM

**Did EMS respond to the scene?**

Yes

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

N/A

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**Is the caretaker listed in the Household Composition? Yes - Caregiver 1**

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:



**Total number of deaths at incident event:**

**Children ages 0-18: 1**

**Adults: 0**

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	54 Year(s)
Other Household 1	Mother	No Role	Female	24 Year(s)

**LDSS Response**

On 1/3/18, the family shelter staff stated that the SF returned to the shelter with the SC on 1/2/18 around 4:15 PM and remained in the shelter until the SC was reported unresponsive. The staff stated the SF called the lobby around 7:00 AM reporting the SC was unresponsive. The staff called EMS and upon EMS arrival, the SC remained unresponsive. EMS transported the SC to Jamaica Hospital. The staff stated the SC was found in the crib. There were no items observed in the crib. ACS was informed that the SF would not be allowed to return to the family shelter to reside as he no longer had a child in his care.

According to LE, the 911 call was received at 7:45 AM, and LE and EMS arrived to the scene around 7:53 AM while the FD arrived at 7:58 AM. LE, EMS and FD left the scene at 8:09 AM. LE reported the SC was in the crib and there were no signs of foul play and the SC did not appear to be malnourished. The ME arrived at the address around 8:45 AM. LE spoke with the BF in the hospital about 10:00 AM. After the BM arrived at the hospital, LE took the SF and the BM to the precinct for a formal interview. The BM's statement was consistent with the SF's account.

On 1/3/18, the SC arrived at the ER at 8:23 AM by EMS, and the attending Dr. pronounced the SC dead at 8:25 AM. According to the Dr., the SC was in cardiac arrest and his body was cold in temperature when EMS arrived at the location. EMS attempted to resuscitate the SC en route to the hospital. The SC was dead upon arrival at the hospital.

On 1/4/18, ME informed ACS the autopsy was performed. There was no trauma found to the SC and the report was pending further studies.

On 1/9/18, ACS observed the BM at a relative's address. ACS attempted to offer the BM services; however, she declined and refused to disclose her address or the SF's whereabouts. The relative provided ACS the SC's funeral arrangement information.

On 1/10/18, the FCA CP was unaware of the SC's death. The CP stated the BM's last visit to the FCA was on 1/2/18. The BM had weekly supervised FCA visits with the half-SS. The BM had not consistently complied with court mandated services, and continued placement of the half-SS was necessary as the BM had not changed her behavior regarding managing conflict, controlling aggressive and violent behaviors, or addressed drug use in treatment.

On 1/10/18, ACS visited the kinship foster home of the half-SS. The half-SS did not have observable marks or bruises. There were sufficient provisions observed. The half-SS appeared well cared for and the home contained no hazardous conditions.

On 1/16/18, ACS provided burial and funeral assistance services to the family.



On 2/6/18, the Dr. stated the SC was last seen on 11/24/17 for a follow-up discharge appointment after his birth. The medical record showed there were concerns regarding the SC's weight gain. The SC had gained a mere 5 grams from the discharge day on 11/20/17. The Dr. educated the SF on proper feeding regimen and prescribed multivitamins for the SC. There was a one week follow-up appointment that the SF had not kept.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

**Multidisciplinary Investigation/Review**

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

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

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the New York City region.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
043461 - Deceased Child, Male, 2 Mons	043462 - Father, Male, 54 Year(s)	Inadequate Guardianship	Pending
043461 - Deceased Child, Male, 2 Mons	043462 - Father, Male, 54 Year(s)	DOA / Fatality	Pending

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Explain:**  
 The SCR report was dated 1/3/18. ACS had not made an adequate assessment of the half-SS in the kinship foster home within the specified timeframe.

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 During the investigation, ACS made diligent efforts to contact the SF and BM at their last known telephone numbers and addresses to offer services; to no avail. The BM was receiving services from the FCA. The SF refused contact with ACS. The BM accepted funeral/burial assistance. Additional services to the family were provided by the FCA.



### Placement Activities in Response to the Fatality Investigation

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

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 diligently attempted to offer the SF and BM bereavement, funeral and burial arrangements. The SF refused contact with ACS. The BM accepted funeral and burial arrangements.

The half-SS remained in kinship placement with HeartShare St. Vincent's Services FCA.

**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:**

There were no siblings or other children in the SF or BM's care. All identified services for the half-SS were provided by the FCA.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

- Drug exposed
- With 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)	Allegation Outcome	Compliance Issue(s)
11/05/2017	Deceased Child, Male, 2 Days	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Substantiated	Yes

**Report Summary:**

The 11/5/17 SCR report alleged that in November 2017, the BM gave birth to SC. Both the BM and SC tested positive for marijuana at the time of delivery. The BM had no known prescription for medical marijuana. The BM admitted she used marijuana during her pregnancy. The SF did not reside with the BM at the time of the SC's birth. The BM had a



history of DV, substance and alcohol use and hospitalization for a mental health diagnosis for which she was not engaged in treatment.

**Report Determination:** Indicated

**Date of Determination:** 01/22/2018

**Basis for Determination:**

ACS found credible evidence to support the allegations as the SM used marijuana during her pregnancy and at the time of the SC's birth both SM and SC tested positive for marijuana.

**OCFS Review Results:**

The results of this review showed ACS obtained information from hospital staff, medical, relatives and other significant collateral contacts. ACS invited parents, relatives and the FCA CP to the ICSC held at the LDSS office. ACS discussed the safety concerns with the parent and the need to seek court action. ACS made diligent efforts to make face-to-face with SC and SF in shelter residence.

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

**Issue:**

Failure to provide notice of report

**Summary:**

The progress notes did not reflect that ACS provided the non-respondent BF a NOE, despite having face-to-face contacts with the BF during the investigation.

**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 will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Failure to offer services

**Summary:**

On 11/20/17, the SC was discharged to the care of the BF with COS. ACS was aware the BF was employed, his work schedule, shelter rules and the PGM's home was unfit for the SC. ACS failed to discuss childcare, complete home visit of identified family resources and offer the SF a service referral for daycare in a reasonable timeframe.

**Legal Reference:**

SSL §424(10);18 NYCRR 432.3(p)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP did not include accurate responses to reflect the BM's mismanagement of financial resources and the SF's ability to prioritize the SC needs above his own. The BM utilized her public assistance to purchase marijuana and the SF reported not having suitable child care arrangement for the SC while he was working.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**



ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The selected safety decision on the 7-Day Safety Assessment was incorrect as the half-SS was in a kinship foster care placement at the time of the 11/3/17 SCR report.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

The SCR report was dated 11/3/17. ACS had not documented the face-to-face contact with the half-SS in the kinship foster home. ACS observed the SC five times since discharged to the BF's care. On 11/20/17, 12/18/17 and 1/2/18; ACS did not document an adequate assessment of the SC's growth, development or overall well-being in the care of the BF while under COS.

**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 will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Pre-Determination/Supervisor Review

**Summary:**

The ACS supervisory review did not reflect that specific guidance was provided to the Specialist to assess the SC's health, well-being and level of care the BF provided the SC. The documentation did not reflect there was an adequate assessment of the SC in the care of the BF.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(v)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

ACS did not enter progress notes contemporaneously. The progress notes dated 12/7/17, 12/8/17, 12/11/17, 12/13/17, 12/14/17 and 12/16/17 were entered on 1/19/18.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

During the investigation, ACS had information regarding the SC's physician. On 12/18/17, ACS did not observe the SC's immunization record for growth and development. On 12/20/18, ACS documented the SC's attendance to appointments; the SC's overall health and wellbeing was not confirmed by medical staff.

**Legal Reference:**

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

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

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

The SF had no CPS history in NYS as a subject three years prior the fatality.

The BM was named as a subject in reports dated 10/17/12 and 10/26/12. The allegations of these reports were LS, IFCS, IG and PD/AM of the half-SS by the BM. ACS consolidated the investigations and on 11/20/12, the agency substantiated the allegations of PD/AM, LS, IFCS and IG of the half-SS by the BM on the basis the BM admitted she smoked marijuana and had four active OPs against her for different people. ACS filed an Article Ten Neglect petition against the BM, COS was granted and the BM was ordered to re-enter foster care with the half-SS.

The BM was the subject of a report dated 10/21/13. The allegations of the report were IG and PD/AM of the half-SS by the BM. On 11/27/13, ACS substantiated the allegations of PD/AM and IG of the half-SS by the BM.

**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: 10/31/2012**

**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: 10/31/2012**

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

	Yes	No	N/A	Unable to Determine
--	-----	----	-----	---------------------



# Child Fatality Report

<b>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?</b>	<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
<b>Was the most recent FASP approved on time?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

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

### Provider

	Yes	No	N/A	Unable to Determine
<b>Were Services provided by a provider other than the Local Department of Social Services?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The half-SS was placed into foster care with Heartshare-St.Vincent's

### Foster Care Placement History

As a result of the 10/21/13 investigation, an Article Ten Neglect petition was filed and the half-SS was remanded to a non-kinship foster care placement. On 10/31/13, ACS opened the services case. The HeartShare St. Vincent's Services agency had case planning responsibility. The half-SS was subsequently replaced in the kinship home of the MA. The half-SS' PPG was changed to adoption. A TPR hearing for the half-SS was scheduled for 12/19/17.

On 5/7/18, the FCA had no concerns regarding the living environment or the care the MA provided the half-SS. On 5/8/18, the BM missed the scheduled FCA supervised visit with the half-SS.

### 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		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
11/08/2017	There was not a fact finding	Withdrawn
<b>Respondent:</b>	043468 Mother Female 24 Year(s)	
<b>Comments:</b>	On 11/20/17, the Kings County Family Court released the SC to the SF with COS.	

### 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