



Report Identification Number: NY-18-002

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

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

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

Jurisdiction: Bronx
Gender: Male

Date of Death: 01/02/2018
Initial Date OCFS Notified: 01/03/2018

Presenting Information

The 1/3/18 report alleged that on 12/25/17, at 2:00 AM, the SM awoke, put the SC on her chest for a while and then laid him down between herself and the SF. At 5:00 AM, when the SM and SF awoke, they observed the SC was unresponsive. The SM and SF performed CPR and called 911. The SC was taken to a hospital near his home and then transferred to another hospital. The SC was placed on a ventilator until 1/2/18 when he was removed from the ventilator and pronounced dead. The SM and SF were named as alleged subjects since the SC's death occurred due to their actions and not as the result of a pre-existing medical condition. The PGM, other adult family members and an 11-year-old child had unknown roles.

Executive Summary

This 6-month-old male SC died on 1/2/18. As of 7/3/18, NYCRO had not yet received an autopsy report from the ME.

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

At the time of the SC's death the family had an open investigation that began on 12/25/17. ACS was in the process of investigating the 12/25/17 report when the agency received information regarding the SC's death.

ACS gathered pertinent information from LE, medical professionals, PGM and SF about the circumstances surrounding the death of the SC. Per the ACS case record, since the SC's birth, the SM and SF had been sleeping alongside the SC in a twin-sized bed. On 12/25/17, the SM and SF slept in the twin-sized bed with the SC. The SM and SF awoke and found the SC was not breathing. The SF performed CPR until the ambulance arrived and the SC was transported to the local hospital. The medical professionals found that the SC was in cardiac arrest upon arrival at the local hospital. The SC was intubated and transferred to another hospital. The SC was placed on life support. On 01/02/18, the SC was removed from life support and died.

The SF reported that the SC had a crib and a bassinet in the home; however, the SM and SF did not use these items because they were infested with insects. The ACS Specialist learned that the SF was aware of safe sleep practices from watching videos about safe sleep and Sudden Infant Death Syndrome. The SM refused to be interviewed during the 1/3/18 investigation; therefore, it was unknown whether the SM received safe sleep information or had knowledge of safe sleep practices. The SF attempted CPR on the SC; however, he was unsuccessful in his resuscitation attempts.

The SC's body was released to the parents on 01/07/18. LE reported that their investigation was pending the results of the final ME report. The SM and SF had no surviving child in their care.

ACS verified that an 11-year-old female child (SC's cousin) resided at the case address. The ACS Specialist interviewed this cousin. The Specialist observed the cousin and noted she did not have suspicious marks or bruises and her basic needs were met. ACS determined the home environment was adequate and presented with no safety concerns. ACS utilized the HOP (Heightened Oversight Process) to provide ongoing assessment of the family. The Specialist obtained the cousin's medical and school reports. The school and medical records revealed the cousin received services in school and performed at a satisfactory academic grade level.

On 3/4/18, ACS substantiated the allegations of DOA/Fatality and IG of the SC by the SM and SF on the basis that the



BM and BF admitted they co-slept with the SC in a twin-sized bed. ACS explained that the family had a crib and bassinet in the home and the SM and SF were aware of safe sleep practices. ACS substantiated the allegation of DOA Fatality although the agency did not obtain the ME's final report to determine the cause and manner of the SC's death.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? No, sufficient information was gathered to determine some allegations only.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

ACS substantiated the allegation of DOA/Fatality of the SC by the SM and SF although the agency did not obtain the results of the final autopsy report.

Was the decision to close the case appropriate? Yes

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

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:
ACS determined the investigation on 3/4/18. The investigation included detailed supervisor consultations and casework activity that included contact with the family and parental resources.

Required Actions Related to the Fatality

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

Issue:	Appropriateness of allegation determination
Summary:	ACS substantiated the allegation of DOA/Fatality of the SC by the SM and SF although the agency did not obtain the ME's final autopsy report to determine the cause and manner of the SC's death.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(c)



Action: ACS must submit a PIP within 45 days that identifies the action the agency 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: 01/02/2018

Time of Death: 04:55 PM

Date of fatal incident, if different than date of death:

12/25/2017

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

05:00 AM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

05:15 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 2

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	Aunt/Uncle	No Role	Female	45 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	6 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	48 Year(s)



Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Other Adult - Cousin	No Role	Male	20 Year(s)
Deceased Child's Household	Other Adult - Cousin	No Role	Male	20 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Female	11 Year(s)

LDSS Response

Between 12/25/17 and 1/3/18, the ACS Emergency Children's Services (ECS) made adequate visits to the case address. The SM and SF were not available for an interview. ACS observed an 11-year-old female child in the home. ACS noted that there were two children residing in the home at the time of SC's demise; however, there was no information to determine there was more than one surviving child in the household. ACS made collateral contacts with several neighbors. A neighbor reported she had no concerns regarding the family.

On 1/03/18, ACS met with medical staff at the local hospital. ACS verified that at approximately 11:00 A.M. on 12/25/17, the SC was transported to the New York Presbyterian Hospital from the Lincoln Hospital. The SC was unresponsive to stimuli. The medical staff reported that the SC had no pre-existing medical condition and there were no signs of trauma or bruising to the SC's body. The SC was pronounced deceased on 1/2/18 at 4:55 PM.

Between 1/4/18 and 1/5/18, ACS staff met with the medical and investigative consultants to review the family's history through the HOP. ACS interviewed the PGM and learned she was a supportive resource for the subject parents. ACS offered the PGM bereavement counseling; however, she refused service. ACS interviewed the local hospital social work staff and learned that the SM and SF were traumatized by the death of the SC and had relocated out of New York State. The Specialist interviewed the SM and SF over the phone and learned that SM and SF were in the home during the incident. The SM refused to be interviewed and reported that she was grieving and the SF refused the interview with the Specialist.

On 1/9/18, ACS interviewed LE regarding the incident. ACS learned that there was no indication of criminality against the SM and SF.

On 1/11/18, ACS contacted the funeral director and learned that the SC was released to the SM and SF on 1/7/18. The SC was cremated on 01/15/18. The SM requested funeral assistance; however, ACS was unable to provide the family with funeral assistance because the agency did not cover cremation expenses.

Between 1/16/18 and 1/19/18, ACS received and reviewed the medical records that were provided by the 11-year-old and SC's physician. The records showed the physician did not have any concerns with the care the SM and SF provided the SC. ACS interviewed the 11-year-old child's teacher, assessed this child at school and found there were no concerns. ACS attempted to interview and re-engage the SM; however, she refused to give information and accept services.

ACS staff reviewed progress notes that were recorded on 12/26/17. ACS had noted that, during the 12/25/17 investigation, the Specialist had interviewed the SF who reported that he and the SM co-slept with the SC in a twin-size bed. The SF reported that on 12/25/17, he was instructed to perform CPR while on the phone with the 911 operator. ACS did not document the location of the 11-year-old child on 12/25/17 at the time of the SC's medical emergency. The SF said he was aware of safe sleep practices. The SF denied mental health, domestic violence and substance abuse.

Between 2/12/18 and 3/03/18, ACS attempted to obtain the ME's report; however, the reports were pending results of additional tests. The SM and SF relocated to New Jersey and refused to speak with ACS about the incident.

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)?No

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
046241 - Deceased Child, Male, 6 Mons	046242 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
046241 - Deceased Child, Male, 6 Mons	046243 - Father, Male, 20 Year(s)	DOA / Fatality	Substantiated
046241 - Deceased Child, Male, 6 Mons	046243 - Father, Male, 20 Year(s)	Inadequate Guardianship	Substantiated
046241 - Deceased Child, Male, 6 Mons	046242 - Mother, Female, 22 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

Additional information:

ACS made collateral contact with medical personnel, LE, and other household members.

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

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

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



Child Fatality Report

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:
The SC had a surviving cousin (other child) in household, no removal was required regarding the surviving child.

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 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 offered the SM and SF bereavement services and burial assistance; however, the SM refused services.

Were services provided to siblings or other children in the household to address any immediate needs and support



their well-being in response to the fatality? No

Explain:
ACS documented that the PGM refused bereavement counseling for the family; therefore, the surviving child did not engage in any immediate services to support her well being in response to the fatality. The SC had no surviving sibling and there were no surviving children in the SM and SF's care.

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

Explain:
ACS documented that the SM and SF refused bereavement counseling and services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- 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)	Allegation Outcome	Compliance Issue(s)
12/25/2017	Deceased Child, Male, 6 Months	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 6 Months	Father, Male, 20 Years	Inadequate Guardianship	Substantiated	

Report Summary:

On 12/25/17, the SM awoke and observed the 6-month-old SC did not wake up and was not breathing. The SM slept with the SC on her chest when they fell asleep around 2:00 AM. The SM and SF had placed the SC to sleep in the bed with



them since he was born. The MGM called 911 while the SM and SF performed CPR. The SC was transported to the hospital and was on a breathing machine. This SC was otherwise healthy with no known medical conditions so the circumstances were suspicious. The other household members' roles were unknown.

Report Determination: Indicated

Date of Determination: 02/03/2018

Basis for Determination:

ACS substantiated the allegation of IG of the SC by the SM and SF on the basis that the SM and SF admitted to co-sleeping with the six-month-old SC in a twin-size bed since the SC's birth. During the investigation, the SM and SF admitted that the hospital discussed safe sleep practices with them and provided literature about safe sleep before the SC was discharged from the hospital. ACS observed the home was equipped with a crib and a bassinet for the SC but the parents chose to have the SC sleep with them.

OCFS Review Results:

OCFS NYCRO's review revealed that ACS entered timely progress notes. ACS made a thorough assessment of the family's needs and assessed the safety of other child (age 11), through obtaining information from collateral contacts, including school staff and physician. ACS obtained relevant information from the medical and investigative consultants.

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

Issue:

Pre-Determination/Supervisor Review

Summary:

The ACS supervisor and manager did not follow-up with the Specialist to ensure that all directives were completed prior to the closure of the investigation.

Legal Reference:

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

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 the SM and SF with a Notice of Indication for the 12/25/17 investigation.

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 SM and SF were not named as subjects in an SCR report more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.



Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

There were no additional Local district comments.

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