



Report Identification Number: NY-18-021

Prepared by: New York City Regional Office

Issue Date: Aug 28, 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: 1 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 02/27/2018
Initial Date OCFS Notified: 02/28/2018

Presenting Information

The 2/28/18 SCR report stated, on 2/22/18 the SM left the SC in the care of the SF. At approximately 6:00 PM, the SF called the SM multiple times to inform her that the SC was having difficulties breathing. The SM advised the SF to administer CPR. The SM did not return to the home until 10:00 PM at which time the SM and SF took the SC to the hospital. The SC arrived at the hospital in an altered mental state. The SC had diffuse cerebral edema. The SC had no known pre-existing conditions and was an otherwise healthy child. The injuries and condition of the SC were suspicious. Since 2/22/18, the SC was maintained on a respiratory machine until the SC was pronounced dead on 2/27/18 at 7:50 PM.

Executive Summary

This 1-month-old infant female SC died on 2/27/18. According to the ME's preliminary findings, the SC showed signs of respiratory distress that was indicative of Shaken Baby Syndrome (SBS) coupled with the retinal hemorrhaging. The autopsy was pending further studies.

The allegations of the 2/28/18 SCR report were DOA/Fatality, II and IG of the SC by the SM and SF.

At the time of the of the SC's death, the family had an open CPS investigation that began on 2/23/18. ACS simultaneously investigated the allegations of the 2/23/18 and 2/28/18 reports.

ACS interviewed the SF regarding the circumstances surrounding the death of the SC. According to the SF, on 2/22/18 the SC's behavior was usual throughout the day. Around 6:15 PM the SF fed the SC. The SF found it unusual that the SC drank 1 1/2 ounces of formula when the SC usually drank 3 ounces. He stated that SC cried uncontrollably. He sent the SM a video of the SC showing the SC's unusual breathing pattern. The SF burped the SC as the SM instructed him to. Once asleep, the SF placed the SC face down in the portable crib and covered her with a blanket. At approximately 9:15 PM, the SF observed the SC and found her unresponsive. The SF observed the SC's body was limp, her breaths were shallow and her complexion was not the same. The SF did not seek medical attention, instead the SF called the SM to alert her of the SC's condition.

ACS learned that at approximately 9:30 PM, the SM, MA and maternal cousin (MC) arrived at the case address in a cab. The SM and MC observed the SC was not breathing well and was dull in color. The MC immediately began CPR. The parents escorted the SC to the hospital as the MC continued CPR in cab. At approximately 9:40 PM the parents arrived at the ER with the SC, the medical staff immediately began emergency resuscitative and diagnostic measures. The SC's exam revealed severe brain damage with diffuse cerebral edema. Due to the SC's condition, she was transferred to Mt. Sinai Hospital on 2/23/18. While at the hospital, the SC underwent diagnostic testing and continued life sustaining measures were implemented. The SC was maintained on mechanical ventilation and further testing results of the SC's brain activity were pending. Upon receiving those results, the SC was pronounced dead on 2/28/18.

The SF rented a room in a four-bedroom apartment at the case address. The SM, SC and SS were out of New York State (NYS) residents and had been visiting the SF in the apartment since 2/10/18. ACS observed a full-sized bed in the room. The SC's portable crib contained a fitted sheet, pack of diapers, wipes, a bib and a blanket. The room was adequately furnished and ventilated with two windows and a cooling unit. ACS observed a sufficient supply of clothing and formula for the SC.



Due to safety concerns identified during the 2/23/18 investigation, ACS contacted the Department of Children and Families (DCYF) in the family's permanent resident state. This DCYF confirmed the SS resided with the MGM at the permanent residence. This DCYF assessed the SS' basic needs were met and his immunizations were up to date. On 2/27/18, ACS opened a services case; however, on 4/19/18 it was closed as there were no SS or other children in the SM and SF's care who resided in NYS. During the investigation, ACS maintained contact with the SM and MGM. The DCYF supervised the SS in the home of the MGM to ensure there was no threat of harm for the SS.

The 2/28/18 report had not yet been determined at the time this Fatality report was issued.

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? N/A
- 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? N/A

Explain:

ACS had not yet made a determination of the investigation at the time the Fatality report was issued.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

The 2/28/18 SCR report had not yet been determined at the time this Fatality report was issued.

Required Actions Related to the Fatality

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



Issue:	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.
Summary:	The SCR report was dated 2/28/18. The 24-Hour Fatality Summary Report approval exceeded the required timeframe as it was approved on 3/29/18.
Legal Reference:	CPS Program Manual, Chapter 6, K-1
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 SCR report was dated 2/28/18. The 7-Day Safety Assessment approval exceeded the required timeframe as it was approved on 3/29/18. The selected safety factors and comments did support the Safety Decision that stated the SS was in danger of harm.
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:	Timely/Adequate 24 Hour Assessment
Summary:	The SCR report was dated 2/28/18. The 24-Hour Safety Assessment was approved on 3/2/18. The selected safety factors and comments did not support the selected Safety Decision that stated the SS was in danger of harm.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
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.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/27/2018

Time of Death: 07:50 PM

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

02/22/2018

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

10:00 PM

County where fatality incident occurred:

Bronx

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
- Playing
- Other: crying

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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: 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	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	27 Year(s)

LDSS Response

On 2/28/18, LE stated both parents were interviewed. The SF re-enacted events that had occurred in the home the night of the incident. The SF stated he was frustrated by the SC unrelenting crying and threw her inside of her crib with force; where she may have hit her head. LE stated no arrest was made and the criminal investigation was pending.

On 2/28/18, the physician said the SC was a patient since she was 6 days old. The SC was seen on 2/6/18 as the SM complained that the SC was not tolerating the formula. The physician prescribed a formula change. According to the physician's account, the SC received a follow-up medical examination on 2/8/18, the SC was healthy with no medical concerns. The SC was not prescribed any medication.

On 2/28/18, ER physician stated there was no bruising and no evidence of trauma observed on the SC.

On 2/28/18, the MC stated that on 2/22/18 she was at a salon with the SM and the MA. Via phone, the SM and SF communicated throughout the day. Around 7:00 PM, the SF called and sent the SM a video of the SC who appeared healthy. At approximately 9:00 PM, they left the salon when the SF informed the SM that the SC was unresponsive. The MC learned CPR as a teenager.

On 2/28/18, the MA stated she met the SF for the first time on 2/4/18. The SF requested to spend time with the SC and SS. The SM prepared for the visit and brought the SC's portable crib with them. The MA stayed in the rented room with the SM, SF and SC. The MA stated she had no concerns regarding the care the SF and SM provided the children. The MA stated a relative had escorted the SS home earlier in the day and the SS was not in NYC at the time of the incident. The MA said they immediately left the salon and traveled by cab. When they arrived at the address, the MA waited in the cab as the MC and SM went upstairs. Shortly thereafter, the parents exited the building with the MC holding the SC. They instructed the cab to go to the hospital.

On 2/28/18, the MGM stated the SC and SM resided with her out of New York state. The MGM had not met the SF prior



to the incident. The SC appeared well before the SM left on 2/10/18 with the SC and SS to visit SF in NYC. The SM was expected to return home on 2/24/18. She stated the SC and SS were born healthy, developing well and thriving with no medical issues. The MGM cared for the children while the SM worked. The MGM stated the SM took care of and provided for the SC and SS.

On 2/28/18, the paternal relatives stated they met the SM and SC for the first time six days prior to the incident. The PA stated she observed the SC was alert, slept well, appeared healthy and had no issues with feedings. She said she observed the SF interacted well with both children. The PA and PGF described the SF as a mild person. The PGM stated the SF would not intentionally cause harm to the SC. The PGM was unaware of DV between the parents.

On 3/2/18, ME determined the results of the SC's early testing at the ER was consistent with SBS. The ME stated the autopsy was pending the results of additional testing. The ME unofficially determined the SC's death was highly suspicious of SBS.

On 3/6/18, ACS held a Multi-Disciplinary Treatment (MDT) case conference at the LDDS office. ACS offered services. The SM declined bereavement and accepted funeral/burial assistance. There were no children who resided in NYS.

On 3/14/18, DCYF took court action for the SS due to the suspicious death of the SC. The SS was placed in the care and custody of the MGM. A safety plan stipulated all contact between SM and SS were to be supervised by the MGM and MA pending the ACS investigation decision.

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
044722 - Deceased Child, Female, 1 Mons	047296 - Father, Male, 27 Year(s)	Inadequate Guardianship	Pending
044722 - Deceased Child, Female, 1 Mons	047294 - Mother, Female, 23 Year(s)	Internal Injuries	Pending
044722 - Deceased Child, Female, 1 Mons	047296 - Father, Male, 27 Year(s)	Internal Injuries	Pending
044722 - Deceased Child, Female, 1 Mons	047294 - Mother, Female, 23 Year(s)	DOA / Fatality	Pending



Child Fatality Report

044722 - Deceased Child, Female, 1 Mons	047294 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Pending
044722 - Deceased Child, Female, 1 Mons	047296 - Father, Male, 27 Year(s)	DOA / Fatality	Pending

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"/>

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input 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"/>
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Explain:
 The SS did not reside in NYS and was not in the household at the time of the incident. ACS reported safety concerns for the SS to the DCYF in the county in which the SS resided. ACS had not received the DCYF confirmation that the SS resided with the MGM and SM out of NYS within 24 hours of notification of the fatality. Subsequently, the DCYF assessed the SS' basic needs were met. During the investigation, ACS maintained contact with the DCYF to ensure there was no threat of harm for the SS.

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"/>

Explain:
 The parents were offered funeral/burial arrangement and bereavement services. The parents accepted funeral/burial arrangement and refused bereavement services.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
 The SS resided with the SM in the home of the MGM out of NYS. The SS was not in NYS at the time of the fatality. Prior to the incident, the SM arranged for the SS to be escorted out of NYS and cared for by the MGM.

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 SS and SM did not reside in NYS. The family was referred to the DCYF in the county in which the SS and SM resided.

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

Explain:

On 2/23/18, ACS contacted DCYF and discussed the concerns regarding the SS. On 2/24/18, DCYF confirmed the SS resided with the MGM in the county. The DCYF reported the SS' basic needs were met. There was no threat of harm for the SS nor were there concerns observed.

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

Explain:

During the initial investigation, the hospital staff offered the parents services and the services were declined.

ACS offered services to the parents. The parents declined bereavement and accepted funeral/burial assistance.



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? No
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections 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)	Allegation Outcome	Compliance Issue(s)
02/23/2018	Deceased Child, Female, 1 Months	Mother, Female, 23 Years	Internal Injuries	Pending	Yes
	Deceased Child, Female, 1 Months	Mother, Female, 23 Years	Inadequate Guardianship	Pending	
	Deceased Child, Female, 1 Months	Mother, Female, 23 Years	Lack of Medical Care	Pending	
	Deceased Child, Female, 1 Months	Father, Male, 27 Years	Inadequate Guardianship	Pending	
	Deceased Child, Female, 1 Months	Father, Male, 27 Years	Internal Injuries	Pending	
	Deceased Child, Female, 1 Months	Father, Male, 27 Years	Lack of Medical Care	Pending	

Report Summary:

On 2/22/18, the SC sustained significant retinal hemorrhaging and swelling to the brain while in the care of the SM and SF. The explanation was not consistent with the SC's injuries; therefore, both adults were named as alleged subjects. The parents were aware the SC required immediate medical attention but failed to act promptly and call emergency responders. The parents took a taxi to the hospital with no sense of urgency. As a result, the SC was in serious condition and was not expected to survive. The SS had an unknown role.



Report Determination: Undetermined

OCFS Review Results:

The results of this review revealed ACS entered timely progress notes, made diligent efforts to engage the parents, documented contacts with the relatives and obtained information from medical and other significant collateral contacts. During the review, ACS made sufficient telephone contact with SM, MGM and DCYF regarding the well-being of the SS.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The SCR report was dated 2/23/18. The Seven Day Safety Assessment approval exceeded the required timeframe as it was approved on 3/3/18. The selected safety factors and comments did not adequately support the Safety Decision that stated the SS was placed in immediate or impending danger of serious harm.

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 citation identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

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

The family had no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

The family had 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

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