



Report Identification Number: NY-18-039

Prepared by: New York City Regional Office

Issue Date: Jul 23, 2018

(Report was reissued on: Jul 24, 2018)

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 2 day(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 07/27/2014
Initial Date OCFS Notified: 02/12/2018

Presenting Information

The ACS case record showed the infant was admitted to the hospital at the time of birth in July 2014. The infant remained in the hospital until the time he was pronounced dead on 7/27/14. He was never released to the BM's care.

Executive Summary

This 2-day old male infant died on 7/27/14. The infant was born prematurely, at approximately six months gestation. The infant was never released to the BM's care. At the time of his birth he was admitted to the hospital where he remained until he was pronounced dead. He was pronounced dead by the attending physician. The case was not referred to the ME. ACS obtained the Certificate of Death and Certificate of Cremation in April 2018.

At the time of the infant's death, the family had an open PPRS case that began on 5/3/13. The case was opened to monitor the BM's history of marijuana use and to address the family's medical, mental health and education needs. The Kingsbridge Heights Community Center (KHCC) agency had case planning responsibility. The ACS and the KHCC agencies became aware of the BM's pregnancy in April 2014.

The BM informed the CP that due to a medical emergency her pregnancy ended in July 2014. The KHCC case record showed that the agency did not attempt to verify the circumstances of the infant's death. The KHCC agency noted the BM gave birth to a stillborn infant.

Per the KHCC progress notes, the BM did not allow the CP to visit the home within 24 hours of notification of the infant's death. The CP assessed the safety of the three SSs in their respective educational settings on 7/31/14. In September 2014, ACS transferred the case to the Leake and Watts agency.

Between October 2014 and October 2015, the Leake and Watts agency maintained contact with the family through home and school visits and telephone communication. The BM received drug treatment, mental health and housing services, and the SSs received monitoring of their education, mental health and therapeutic needs. The BM did not comply with drug screening requirements.

Prior to closing the PPRS case, the CP noted the BM had a "stillbirth" in July 2014. The BM reportedly said it was difficult for her to speak about the infant. The Leake and Watts agency closed the case in October 2015, citing that the BM's marijuana use did not have an impact on her ability to provide care of the three SSs. The Leake and Watts agency did not enter the progress notes contemporaneously, including events that occurred in December 2014 that were not entered until July 2015.

On 2/12/18, ACS registered a report regarding the three SSs. The BM and BF were the subjects of the report. During the 2/12/18 investigation, ACS added the infant to the household composition and listed his date of death as 7/27/14; however, the agency did not obtain information from relevant collateral contacts to verify the circumstances of the infant's death.

As of 7/23/18, ACS had not yet submitted the OCFS Form-7065 agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

N/A

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

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:

N/A

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	ACS did not obtain information from relevant collateral contacts, including the hospital, to verify circumstances of the infant's death.
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 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:	Requirement to Report Death of a Child receiving CPS or Preventive Services
Summary:	ACS did not notify OCFS of the fatality involving the infant in an open CPS or Preventive/CPS services case in a timely manner. ACS did not complete the required OCFS Form-7065 for the infant who died on 7/27/14.
Legal Reference:	06-OCFS-LCM-13
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this



fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/27/2014

Time of Death: Unknown

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

Unknown

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

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Hospitalized

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

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	2 Day(s)
Deceased Child's Household	Father	No Role	Male	30 Year(s)
Deceased Child's Household	Mother	No Role	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)

LDSS Response

The CP interviewed the BM by telephone on 07/28/14. The BM said she "miscarried" the infant, left the hospital on 7/27/14 and was at home with the SSs and BF. The CP expressed empathy and explained that the agency was available to provide extra support services to the family. The BM canceled the home visits that were scheduled for 7/28/14 and



7/30/14. The BF informed the CP that the BM did not want anyone to visit the home.

On 7/31/14, the CP met with one of the SS at his (the SS) educational programs. The CP learned that this SS was aware of the infant's death. The CP observed this SS was appropriately dressed and well groomed. The CP interviewed the day care staff who said there were no concerns about either SS: neither SS had spoken about the infant and there was no change in their behavior. The CP noted the SSs did not have observable marks or bruises.

The KHCC agency discussed the concerns about the BM's reluctance to allow the CP to visit the home as there were no home visits between 6/25/14 and 8/15/14. The KHCC agency was uncertain whether the BM had been providing a minimum degree of care to the SSs.

On 8/15/14, the SCR registered a report that alleged the BM did not keep appointments to address concerns with her substance abuse and mental health, which placed the SSs at risk. ACS staff visited the home and observed the BM, BF and three SSs. The BM informed ACS staff that she needed private time due to the loss of the infant. The BM acknowledged she needed bereavement services. ACS transferred the case to the Leake and Watts agency for continuing PPRS. ACS did not make any collateral contact to obtain details about the infant's death and did not provide a referral for bereavement services. The ACS case record did not include pertinent information about the circumstances of the infant's death.

Between October 2014 and September 2015, the Leake and Watts agency addressed housing, mental health, medical, and educational and developmental needs. The CP provided "supportive counseling around grief" on 10/16/14. The BM completed substance testing on 1/26/15 and the result was positive for synthetic marijuana associated with K2. The CP addressed the results with the BM on 2/27/15 and the BM became very angry and subsequently, she refused further testing.

In September 2015, the Leake and Watts agency assessed that the BM had continued to experience difficulty in accepting the loss of the infant. The BM said it was difficult to speak about the infant. The CP observed the home was clean and organized, the family had a sufficient supply of food, and the SSs did not have observable marks/bruises. The CP verified the SS attended their educational programs as required and the SSs were in good health condition.

ACS closed the PPRS case on 10/15/15. There was no further child welfare involvement with the family until 2/12/18 when the SCR registered a report concerning the BM, BF and three SSs. ACS initiated the investigation and then opened a preventive service case for the family on 2/22/18. ACS addressed the infant's death with the parents and verified the BM gave birth to a live infant in July 2014. Following his birth, the infant had remained in the hospital where he received medical care for illness. The infant was pronounced dead in the hospital. The BM said she did not receive bereavement counseling and she explained that the family no longer needed the service. ACS obtained copies of the Certificate of Death and Certificate of Cremation for the infant.

ACS substantiated the allegations of IF/C/S, IG, and PD/AM of the three SSs by the BM and BF. ACS unsubstantiated the allegation of LMC of the 8-year-old and 12-year-old SS by the BM and BF. On 4/17/18, ACS closed the investigation. As of 7/23/18, the case remained open for preventive services.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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



Comments: There is no OCFS approved Child Fatality Review Team in NYC.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The Leake and Watts agency did not enter progress notes contemporaneously, including events that occurred in November and December 2014 but were entered in July 2015.

The infant's death was not referred to the ME.

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

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

The CP scheduled a home visit to assess safety of the SS within 24 hours of notification of the infant's death. The BM cancelled the visit.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input checked="" 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 family received PPRS. The risk assessment was inadequate because the agency did not obtain relevant information to assess the BF who was the Secondary Caretaker for the three SSs.

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:

There was no removal regarding the SSs.

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



Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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:

The family received PPRS.

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

Explain:

The children received case management, mental health, day care, child care and casework counseling services.

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

Explain:

The BM received drug counseling/treatment, mental health, casework counseling and case management services. The CP did not make diligent efforts to involve the BF in the implementation of the service plan.

History Prior to the Fatality

Child Information

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



Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/11/2014	Sibling, Male, 4 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 4 Years	Mother, Female, 28 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 28 Years	Excessive Corporal Punishment	Unsubstantiated	

Report Summary:

The 4/11/14 SCR report alleged the BM used excessive force when she disciplined the 4-year-old SS with a belt. As a result, the SS sustained one new bruise and had two older marks on his back. The marks were four to five inches long. The roles of the Bf and two other SS were unknown.

Report Determination: Unfounded

Date of Determination: 06/10/2014

Basis for Determination:

ACS unsubstantiated the allegations of XCP, IG and L/B/W of the SS by the BM on the basis of no credible evidence. ACS added that the BM admittedly used marijuana and she had completed an intake for a substance abuse program. The SSs attended school as required and the family appeared to be functioning appropriately.

OCFS Review Results:

ACS attempted to visit the family within 24 hours of receipt of the SCR report. ACS was unable to observe the BM and three SSs until 4/14/14. ACS found that one of the SS sustained scratches on his back when he was attacked by a pet, and the pet was no longer in the home. The home conditions were satisfactory and there was no safety factor that placed the SSs in danger. The BM informed ACS about her pregnancy with her fourth child and her scheduled prenatal care appointments. The BM said she was overwhelmed.

The BF supported the family but he did not reside in the home. ACS obtained MH consultation, discussed the family needs and monitored the family. The family received PPRS.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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03/06/2013	Sibling, Male, 1 Years	Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 8 Years	Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 27 Years	Lack of Medical Care	Substantiated	
	Sibling, Male, 3 Years	Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The 3/6/13 SCR report alleged that an on-going basis, BM and BF engaged in physical DV incidents in the presence of the three SS. The report also alleged walls, lamps, and items in the residence were destroyed due to the violence. The BF sold marijuana and other unknown drugs out of the residence. The home was a safety hazard with broken walls and items and black grime in the bathtub and walls. The three SS were dirty and they wore the same clothes everyday.

Report Determination: Indicated

Date of Determination: 05/05/2013

Basis for Determination:

ACS substantiated the allegation of IG of the three SS by the BM and BF and LMC of the 8-year-old SS by the BM on the basis that the BM and BF did not provide an adequate level of care for one of the SS. This SS had observed the BF use marijuana and alcohol in the home. The BM did not provide the 8-year-old SS with prescribed medication.

ACS unsubstantiated the allegation of IF/C/S on the basis that there was no evidence to support the allegation.

OCFS Review Results:

ACS findings showed the BM, BF and other individuals smoked marijuana in the presence of the siblings. The BM and BF refused to take random test to rule out drug/alcohol misuse. Following ACS involvement, the BM agreed to accept PPRS for her family. The BM scheduled an appointment for the 8-year-old SS to receive therapeutic services. ACS noted that there was no safety factor that placed the SSs in immediate danger. ACS completed the RAP and assigned a Final Risk Rating of "Moderate," to the case, and the assessment reflected the case circumstances.

ACS did not provide the Notice of Indication to the BM and BF who were the subjects of the 3/6/13 report.

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

**Issue:**

Failure to Provide Notice of Indication

Summary:

ACS did not provide the Notice of Indication to the BM and BF who were the subjects of the 3/6/13 report.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/10/2012	Sibling, Male, 10 Months	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 10 Months	Mother, Female, 26 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 10 Months	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Months	Father, Male, 27 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 7 Years	Father, Male, 27 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 26 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 26 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 7 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Father, Male, 27 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 4 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The 4/10/12 SCR report alleged that the 7-year-old SS was disruptive. It was highly recommended that the SS attend counseling. The BM and BF did not follow through. As a result, the SS's behavior deteriorated. The family had minimal food to feed the SS. An infant SS had a medical condition. It was recommended that the BM and BF seek medical attention for the SS. The BM and BF failed to follow through. The 2-year-old SS was supposed to receive therapeutic services. The BM refused to accept the therapeutic services; therefore, the SS's development was negatively impacted.

Report Determination: Unfounded

Date of Determination: 05/18/2012

Basis for Determination:

ACS unsubstantiated the allegations of IG and LMC of the three SSs on the basis that the BM had continued her efforts to obtain services for the SSs. ACS explained that the BM and BF provided age appropriate care and supervision for the three SSs.

OCFS Review Results:

ACS initiated the investigation within 24 hours of receipt of the 4/10/12 report. The ACS Specialist attempted to visit the home on 4/10/12 and 4/11/12; however, the family did not respond to requests for contact. ACS observed the infant SS at the Child Advocacy Center on 4/13/12. It was determined that this SS was age, weight and height appropriate, and did not need immediate medical treatment. ACS observed the BM, BF and SSs in the home and addressed the allegations of the report. The SSs did not have marks/bruises. The family had adequate food, supplies and sleeping arrangements. ACS obtained relevant information from agencies and school staff.

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



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

The family was known to the SCR and ACS in a report dated 1/14/11. The allegations of the report were XCP, IG, LMC and S/D/S of the oldest SS by the BM and LCM by the BF. ACS investigated the report and substantiated the allegation of LMC of the SS by the BM and BF. ACS unsubstantiated the allegations of XCP, IG and S/D/S on the basis of no credible evidence. ACS opened a service case for the family on 3/8/11.

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: 05/03/2013

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 05/03/2013

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

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Provider

	Yes	No	N/A	Unable to Determine



Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information, if necessary:
 The family received PPRS through the KHCC and Leake and Watts agencies, respectively.

Required Action(s)

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

Yes No

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	The Leake and Watts agency did not enter Family Services Progress Notes contemporaneously. Some of the events that occurred on 10/6/14, 10/16/14, 10/23/14 and 11/17/14 were not entered until 1/22/15, 3/18/15, 4/9/15 and 7/17/15, respectively.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	The Leake and Watts agency 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. The agency must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Preventive Services History

The family received preventive services from 3/8/11 through 7/31/12. The BM received counseling, parenting training, individual counseling, and housing support, and the SSs received monitoring of health and education needs, Early Intervention and therapeutic services. The services addressed the BM's use of corporal punishment and her inability to meet her children's basic needs. ACS closed the case after the agency determined there was no safety factor that placed the children in danger of harm.

ACS opened a service case for the family on 5/3/13. The BM received drug treatment/counseling, mental health services, day care, child care, casework counseling and parent training. The ACS staff and CP became aware of the BM's pregnancy in April 2014. The CP provided support to the BM and verified the BM received pre-natal care.

According to the case record, the BM was not compliant with the service plan requirements and the BF did not make himself available for services. In September 2014, ACS intervened and provided a brief period of monitoring. The family continued to receive PPRS through the Leake and Watts agency. On 10/28/15, the agency closed the PPRS case after the BM and BF became active in caring for the SSs and provided the SS' basic needs. The agency did not enter the progress notes contemporaneously, including a 10/23/14 event that was entered on 4/9/15.

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