



Report Identification Number: NY-19-043

Prepared by: New York City Regional Office

Issue Date: Oct 10, 2019

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: Richmond
Gender: Male

Date of Death: 05/04/2019
Initial Date OCFS Notified: 05/05/2019

Presenting Information

The 5/4/19 report alleged that at 8:00 AM on 5/4/19, the SM went to sleep alongside the SC in the SM's bed. The SM awoke at 11:00 AM and left the SC asleep in bed while she did chores in the home. The SM went into the bedroom at 3:00 PM to check the SC. The SC was on his right side and the SM moved him onto his back to check him. At that time, the SM observed the SC was not conscious and was not breathing. The SM called 911 and EMS responded to the home. Upon arrival, EMS found the SC in the SM's bed, face up, and there was a comforter on the bed with the SC. There were no visible injuries or signs of trauma to the SC's body. At approximately 3:30 PM, EMS determined the SC had already expired and did not attempt to revive him. At the time, there was no explanation for how the SC died.

Executive Summary

The 6-month-old male child (SC) died on 5/4/19. The autopsy listed the cause of death as positional asphyxia and the manner of death was accident (found prone in soft bedding with head covered by bedding in shared adult bed).

The allegations of the 5/4/19 report were DOA/Fatality and IG of the SC by the SM.

At the time of the SC's death, the family had an open preventive services case. The family received court ordered supervision with ACS.

ACS learned that on 5/4/19, the family went to sleep at 2:00 AM. Between 6:00 AM and 7:00 AM the SC and SS awoke. The SM picked up the SC, patted him on the back and placed him on her bed to sleep (the SC was previously in a pack and play). The SM slept alongside the SC and SS in the bed, and they returned to sleep until about 11:00 AM when the SS awoke. The SM awoke and made a meal for the SS. The SM cleaned the home and prepared for a friend's visit. At 3:00 PM, the SM became concerned as the SC remained asleep. She went to the bedroom, observed his stomach, but did not see any movement. The SM checked his wrists and felt he was cold. At this time, she began chest compressions. After several compressions, the SM called 911.

ACS received the SC and 1-yo SS's discharge summary from the hospital. The medical records showed the SC and SS went to the hospital on 4/30/19. The SC was hospitalized as he had difficulty breathing. The SC was not diagnosed with a medical condition when he was hospitalized. The SC was prescribed medication and required to follow up with his physician. The SS was also prescribed medication and referred to a medical specialist. The SC was discharged on 5/1/19 and the SS was discharged on 5/2/19. According to the SM, the BF was not involved with the SC and SS.

ACS received the SM's drug screen which she submitted on 5/9/19; it was negative for all illegal substances.

On 5/14/19, a conference occurred. The meeting concluded with the decision to execute a CPS emergency removal of the SS due to the SM's documented history of missing medical appointments for the SC and SS. On 5/15/19, ACS filed an Article Ten Neglect petition in New York County Family Court (NYCFC) naming the SM as the respondent. The judge ordered the remand of the SS to ACS.

ACS and the SM discussed referrals for parenting skills, DV assessment, and a clinical health evaluation. The SM agreed to accept the services. The PGM and SM were informed that ACS would make a referral for the Early Intervention (EI) evaluation for the SS.



On 5/24/19, a Transition Conference occurred and Children’s Aid Society (CAS) foster care agency was present along with the SM and PGM. The participants discussed parenting, clinical health evaluation, and grief/therapy counseling, and visitation with the SS for the SM.

On 7/16/19, a conference occurred and the participants discussed the SM's schedule to engage in services. The participants noted the SS was thriving in the PGM kinship foster care. Due to an incident which occurred in the PGM’s home involving the SM, an alternate placement for the SS was sought. The SM provided a resource.

On 9/26/19, Sub the allegations of DOA/Fatality and IG of the SC by the SM. ACS added and Sub the allegation of LMC of the SC by the SM. ACS explained that the SM said the SC was recently discharged from the hospital. The SM did not follow the discharge orders that included scheduling a follow-up appointment for the SC. The SM left the SC in the bed for several hours without checking him.

ACS added and Sub the allegations of LMC and IG of the 1-yo SS by the SM. The SS was in the hospital and diagnosed with medical conditions and treated for complications. Upon discharge it was ordered for the SM to follow up with the physician and medical specialist. The SM failed to adhere to the required discharge orders.

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?** No

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

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 has detail of the consultation.

Explain:

On 5/15/19, ACS filed an Article Ten Neglect petition in NYCFC and obtained a remand of the SS.



Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	The 5/5/19 safety assessment document was inadequate as it included associated comments that did not support the selected safety factors.
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 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:	Timely/Adequate Seven Day Assessment
Summary:	The Seven Day safety assessment document was inadequate as ACS did not clarify whether the BF's mental health condition had a negative impact on his ability to care for the SS
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 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:	Contact/Information From Reporting/Collateral Source
Summary:	ACS documentation did not reflect ACS asked the SM for information about her friend who was planned to visit the home on 5/4/19. ACS did not attempt to interview the SM's friend.
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:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	The 9/26/19 safety assessment document was inadequate it included comments that did not support the selected safety factors. ACS did not clarify whether the SM's mental health condition had a negative impact on her ability to provide care of the SS.
Legal Reference:	18 NYCRR 432.2 (b)(3)(iii)(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.

Fatality-Related Information and Investigative Activities

Incident Information



Child Fatality Report

Date of Death: 05/04/2019

Time of Death: 03:30 PM

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

03:00 PM

County where fatality incident occurred:

Richmond

Was 911 or local emergency number called?

Yes

Time of Call:

03:22 PM

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

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	Male	6 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Other Household 1	Father	No Role	Male	20 Year(s)

LDSS Response

On 5/4/19, LE said the SM was not arrested. EMS did not perform CPR as Rigor Mortis set in. The SC was found on the queen size bed. The home was a crime scene and was sealed. Later, LE said EMS noted the SC's body showed signs of being dead since 7:00 AM to 8:00 AM. A sheet and comforter covering the SC were observed. The findings showed the family went to bed at about 2:00 AM and the SC and SS awoke between 7:00 AM and 8:00 AM. The SM placed the SC on her bed on his stomach to sleep. The SS awoke at about 11:00 AM and SM left the SC asleep. The SM checked the SC at about 3:00 PM and found him unresponsive, attempted compressions and then called 911. LE said that on 4/30/19 the SC and SS were in the hospital where they received medication. LE observed medication which was reportedly prescribed separately for the SC and SS.

On 5/4/19, the SM said at about 1:30 AM, she fed the SC and gave him his prescribed medication. According to the SM's account, she placed the SC and SS to sleep in their separate pack and play. She laid the SC on his stomach to sleep. At about 6:30 AM, the SC and SS awoke. She patted the SC back to sleep and returned to sleep alongside the SC and SS in her bed until about 11:00 AM, when the SS awoke. When she awoke, she prepared the SS's meal leaving the SC asleep on the bed. She completed chores in the home while the SC continued to sleep. At about 3:00 PM, she checked the SC, pulled the covers off, touched the SC, and found him cold with no pulse. She turned him on his back and started compressions,



called for help and then contacted 911. When she turned him on his back his arms remained in an upward bent position with his fists closed.

The SM said both the SC and SS received treatment for illness in the hospital beginning 4/30/19. The SC and SS were prescribed medication to be administered every four hours. She was told to follow-up with a medical specialist for the SS and a visit was planned for 5/6/19; however, the SC died on 5/5/19. Later, the SM said the SC and SS went to sleep at 2:00 AM and were asleep while she did household chores. The SC was in his pack and play and the SS was in bed with her. The SM explained that at about 7:00 AM, she picked up the SC and placed him in the bed with her and the SS. The SM said she slept alongside the SC and SS in the bed. She denied any current substance use.

On 5/5/19, ACS visited the home of the MGM to conduct a home assessment and to follow-up with the SS. ACS observed the SS. The SS did not have any suspicious marks or bruises.

On 5/24/19, a Transition Conference occurred, and CAS foster care agency, and the SM and PGM attended. The participants discussed the service plan that included: clinical health evaluation, and bereavement counseling. The SM had a visitation arrangement for the SS. The ACS documentation reflected the BF's last known address on file was the PGM's. ACS spoke with the PGM who said she had no contact information for the BF. ACS noted that the SC's medical records showed the physician had counseled the SM about safe sleep practices.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

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 case documentation did not reflect a MDT response.

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.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051221 - Deceased Child, Male, 6 Mons	051222 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Pending
051221 - Deceased Child, Male, 6 Mons	051222 - Mother, Female, 20 Year(s)	DOA / Fatality	Substantiated
051221 - Deceased Child, Male, 6 Mons	051222 - Mother, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
051221 - Deceased Child, Male, 6 Mons	051222 - Mother, Female, 20 Year(s)	Lack of Medical Care	Substantiated
051223 - Sibling, Female, 1 Year(s)	051222 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated



051223 - Sibling, Female, 1 Year(s)	051222 - Mother, Female, 20 Year(s)	Lack of Medical Care	Substantiated
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" 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 documentation did not reflect ACS asked the SM for information about a friend who reportedly visited the home on 5/4/19. ACS did not attempt to interview the SM's friend.

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: On 5/15/19, ACS filed an Article Ten Neglect petition in NYCFC and obtained a remand of the SS.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
05/15/2019	There was not a fact finding	There was not a disposition
Respondent:	051222 Mother Female 20 Year(s)	



Comments: On 5/15/19, ACS filed an Article Ten Neglect petition in NYCFC, on behalf of the SS, naming the SM as the respondent. The SM's attorney requested a 1027 hearing. The SM testified and the judge ordered a remand of the SS to ACS.

Have any Orders of Protection been issued? No

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 type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
The family received foster care 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? Yes

Explain:

The SS was placed in kinship foster care.

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

**Explain:**

The SM received services to address parenting, mental health, and bereavement needs.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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)
11/14/2017	Sibling, Female, 24 Days	Father, Male, 19 Years	Inadequate Guardianship	Substantiated	Yes

Report Summary:

The 11/14/17 SCR report alleged on 11/10/17, the SM was holding the SS in her arms when she became involved in an argument with the BF. The verbal dispute turned violent and the BF assaulted the SM while the SM was holding the SS.

Report Determination: Indicated **Date of Determination:** 01/09/2018

Basis for Determination:

ACS substantiated the allegation of IG of the SS by the BF on the basis the BF hit the SM while the SM was holding the SS in her arms.

OCFS Review Results:

On 11/15/17, ACS interviewed the SM regarding the allegations of the report. The SM said the BF struck her with an open hand while she held the SS. Regarding drug misuse in the home, the SM said she misused marijuana on 11/10/19. The PGM said she understood ACS was involved due to the DV incident involving the BF. The PGM was aware the BF misused marijuana. On 11/17/17, ACS filed an Article Ten Neglect petition on behalf of the SS in Family Court, naming the BF as the respondent. An OP was issued for the BF. The Court released the SS to the SM with ACS supervision.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 11/20/17 Seven Day safety assessment document was inadequate. In the document, ACS included an associated comment regarding the SM and BF's marijuana misuse. However, the ACS did not explain whether the SM and BF's marijuana misuse had a negative impact on the care they provided the SS.

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 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:

Required data and official documents

Summary:

The Investigation Progress Notes reflected the SM and SS resided at an address that was not included in the CPS Investigation Summary.

Legal Reference:

428.3(b)(2)(i)

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:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

The 1/9/18 safety assessment document was inadequate. In the document, ACS included an associated comment regarding the SM and BF's marijuana misuse. However, the agency did not clarify whether the SM and BF's marijuana misuse had a negative impact on the care they provided the SS.

Legal Reference:

18 NYCRR 432.2 (b)(3)(iii)(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:

Adequacy of Progress Notes

Summary:

The documentation reflected that on 11/15/17 ACS interviewed the PGM who was inaccurately referenced as a subject of the report. ACS must clarify that the PGM was not a subject of the 11/14/17 report.

Legal Reference:

18 NYCRR 428.5

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 was not known to the SCR or ACS as a subject.

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: 11/16/2017

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: 11/16/2017

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The FASP was completed on 3/18/19 although the due date was 12/14/18.				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: ACS opened a preventive services case for the family on 11/16/17.				

Required Action(s)

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

Yes No

Issue:	Timeliness of completion of FASP
Summary:	The FASP of 12/14/18 was not completed until 3/18/19 although it was due on 12/14/18.
Legal Reference:	18 NYCRR428.3(f)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	ACS did not enter progress notes contemporaneously as there was an event that occurred on 5/4/18, but was not entered until 6/8/18. Also, a note with an event date of 9/11/18, was not completed when it was entered on 9/22/18.
Legal Reference:	18 NYCRR 428.5



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:	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
Summary:	The documentation of the Family Service Progress Notes (FSPN) reflected that between 5/25/18 and 7/30/18 there was no successful home visit although there were two attempted home visits in that timeframe.
Legal Reference:	432.1 (o)
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:	Adequacy of case recording in FASP
Summary:	The 12/14/18 FASP reflected the SM had unstable housing; however, ACS did not update the RAP to reflect the housing circumstances.
Legal Reference:	18 NYCRR 428.6(a)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Preventive Services History

During the 11/14/17 investigation, ACS opened a preventive services case for the family on 11/16/17. ACS noted the BF assaulted the SM in the presence of the SS. The Initial FASP reflected there was an active OP against the BF due to the incident. The Court mandated the SM to complete parenting classes, drug treatment, therapy, clinical health evaluation, and FPP. The Court granted agency supervised visits for the BF. A finding of neglect was entered by the Family Court regarding the BF. The disposition was 12 months of ACS supervision. The BF was required to complete batterers accountability or anger management, a clinical health evaluation and all recommended referrals, and a full stay away OP except for agency supervised visits. The 6/14/18 FASP reflected the SM did not have stable housing. She was referred for services and was non-compliant with the referral. ACS encouraged the SM to engage in PPRS. The 12/14/18 FASP reflected ACS did not have information regarding the BF's location.

ACS planned to add the SC to the petition. The Catholic Charities case record did not clarify the reason the service plan was not implemented. The last visit to the home by ACS was on 4/29/19. ACS engaged the SM, SC and SS. The family had adequate provisions in the home.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
11/17/2017	Adjudicated Neglected	Order of Supervision
Respondent:	051301 Other	
Comments:	On 11/17/17, ACS filed an Article Ten Neglect petition in NYCFC naming the BF as a respondent. The SS was released to the SM's care with supervision.	

Have any Orders of Protection been issued? Yes	
From: 01/26/2018	To: Unknown
Explain:	On 1/26/18, an OP was issued on behalf of the SM and 1-yo SS against the BF.

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