



**Report Identification Number: NY-19-109**

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

**Issue Date: Feb 13, 2020**

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:** New York  
**Gender:** Male

**Date of Death:** 09/18/2019  
**Initial Date OCFS Notified:** 09/19/2019

## Presenting Information

The 9/19/19 report alleged on 9/8/19 around 8:00 PM, the SF and SM put the SC to sleep with them in their queen size bed. The bed was positioned against the wall. A body pillow was on the bed against the wall. The SC was placed between the body pillow and the SM. The SC was placed on his right side facing the body pillow. A blanket was placed between the SC's head and headboard. Around 9:00 PM, the SM awoke and found the SC limp and unresponsive. The parents called 911 a few minutes after 9:00 PM. The SC was transported to the hospital. The SC was intubated and put on life support until 9/18/19.

On 9/18/19, the SC was disconnected from life support and subsequently died. It was alleged the cause of death was brain injury due to lack of oxygen. The brain injury was caused by the SC suffocating as a result of his unsafe sleeping arrangements.

## Executive Summary

The 1-month-old male child (SC) died on 9/18/19. The autopsy listed the cause of death as undetermined and the manner of death as undetermined (bed sharing with parents).

At the time of the SC's death, the family had an open CPS investigation that began on 9/9/19. On 9/19/19, ACS was in the process of conducting the investigation when the SCR registered a report that included the allegations of DOA/Fatality, II, and IG of the SC by the SF and SM. ACS had the primary role and the Nassau County LDSS assumed a secondary role for the case.

ACS found that the SM, SC, and 6-year-old SS resided outside of NYC in the home of the MGM. On 9/8/19, the SM, SC and 6-yo SS visited the SF in his home. The parents did not have a crib in the SF's home. During the visit, the SM fed the SC at about 7:30 PM, and then placed the SC to sleep on the parent's queen size bed. The SC was swaddled, and the parents placed pillows against the wall, so the SC did not touch the wall or hit himself with the wall. The parents fell asleep at about 8:20 PM. At about 9:00 PM, the SM awoke to feed the SC. According to the SF and SM, on 9/8/19, the SC was bleeding from the mouth and nose while in the queen size bed. The SC was still swaddled at this time, but the SC was not warm. The SM called 911 and was instructed by the operator to perform CPR. EMS arrived and transported the SC to the hospital. The SC was in critical condition, he was placed on a ventilator from 9/8/19 to 9/18/19, and declared dead on 9/18/19.

The 6-yo SS was in the care of the MGM at the time the SC was pronounced dead. The SC had an 11-yo female SS who resided with her mother.

On 9/20/19, the ME reported the preliminary findings showed there were no suspicions of abuse. The final autopsy was pending the results of additional tests. The SC had fractured ribs but the ME was not concerned with the fractured ribs, as the fractures seemed to be "fresh" and they could have been from the CPR.

On 9/20/19, ACS opened a preventive services case and offered the family bereavement and support services.

On 9/23/19, ACS held a conference and discussed findings that showed SM and SF co-slept with the SC although the SM and SF were aware of safe sleep practices. The parents said there was no crib or bassinet for the SC in the SF's home.



Nassau County LDSS conducted a safety assessment of the 6-yo SS and noted there were no safety factors that placed the SS in danger. ACS determined a petition would not be filed in Family Court. ACS recommended the family continue to engage in bereavement counseling.

The SM reported she continued to engage in therapy. The two SSs received bereavement through a school support group.

ACS had not yet completed the 9/19/19 investigation at the time of issuance of this fatality report.

## 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? 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? 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

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:

The case remained open at the time of issuance of this fatality report.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	Although the 9/20/19 safety assessment was completed timely, it was inadequate. The selected safety factor and comment focused on the SC, not the SS.
<b>Legal Reference:</b>	SSL 424(6); 18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency 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.

<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	The documentation did not reflect the SS's physician was interviewed.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	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:** 09/18/2019

**Time of Death:** 05:00 PM

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

09/08/2019

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

09:00 PM

**County where fatality incident occurred:**

New York

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

Yes

**Time of Call:**

Unknown

**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	Aunt/Uncle	No Role	Male	33 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	71 Year(s)



# Child Fatality Report

Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Other Adult - maternal great grandmother	No Role	Female	75 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	34 Year(s)
Other Household 2	Sibling	No Role	Female	11 Year(s)

## LDSS Response

On 9/19/19, ACS contacted the Nassau County Sheriff's Department (NCSD) and requested a well check for the 6-yo SS. Later, the NCSD reported the SS and MGM were observed to be doing well and there were no concerns.

On 9/19/19, hospital personnel informed ACS the SC was removed from life support on 9/18/19 and died a few minutes later. There was no official cause of death.

On 9/19/19, LE said the preliminary findings of the autopsy included an indication that the SC had three ribs fractured which the ME noted could be consistent with CPR. There were no other bruises and no signs of abuse. LE said the physician noted a skeletal survey was not performed. There was a small hemorrhage of the eye, which could have been due to a lack of oxygen to the brain or CPR. The SF and SM were interviewed, and their accounts seemed appropriate. LE stated the pillows and covers were taken into evidence.

On 9/19/19, the SF discussed the case circumstances with ACS. According to the parents, the medical staff found that as a result of 9/19/19 incident, the SC sustained serious brain damage, and would not have had a normal quality of life. The parents agreed to continue their participation in bereavement counseling. The SF denied substance abuse.

On 10/18/19, Nassau County LDSS visited the home of the MGM to assess the SS. The SS and MGM were observed. The SS had appropriate sleeping arrangements. The SS seemed healthy and did not express any concerns. The MGM and SS said the SS visit his father every two weeks. The MGM was not sure whether the SS received therapy.

On 11/7/19, ACS visited the 6-yo SS's school and observed and interviewed the SS. Per the SS's account, there were no concerns at school or home. ACS obtained and reviewed the SS's attendance record.

## Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical 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 there was 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



# Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052361 - Deceased Child, Male, 1 Mons	052365 - Father, Male, 34 Year(s)	Inadequate Guardianship	Pending
052361 - Deceased Child, Male, 1 Mons	052365 - Father, Male, 34 Year(s)	Internal Injuries	Pending
052361 - Deceased Child, Male, 1 Mons	052362 - Mother, Female, 27 Year(s)	DOA / Fatality	Pending
052361 - Deceased Child, Male, 1 Mons	052362 - Mother, Female, 27 Year(s)	Internal Injuries	Pending
052361 - Deceased Child, Male, 1 Mons	052365 - Father, Male, 34 Year(s)	DOA / Fatality	Pending
052361 - Deceased Child, Male, 1 Mons	052362 - Mother, Female, 27 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<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:**

The documentation did not reflect the child's physician was interviewed.

### 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"/>



<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
There was no removal regarding the surviving children.

### Legal Activity Related to the Fatality



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

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 type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The parents received bereavement services due to the loss of other family members. The 6-yo and 11-yo SS's schools would support the SS with a grieving support group. The SS participated in a religious program which helped them express their feelings.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

**Explain:**

The 6-yo and 11-yo SS's schools planned to support the CHN with a grieving support group. In addition, the CHN participated in a religious program which helped them express their feelings.

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

**Explain:**

The ACS documentation reflected on 10/17/19, the SM informed ACS she received therapy with a medical professional.

The 9/9/19 investigation reflected the SM and SF received therapeutic services.

## 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
- 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)
09/09/2019	Deceased Child, Male, 22 Days	Father, Male, 34 Years	Inadequate Guardianship	Pending	Yes
	Deceased Child, Male, 22 Days	Father, Male, 34 Years	Internal Injuries	Pending	
	Deceased Child, Male, 22 Days	Mother, Female, 27 Years	Inadequate Guardianship	Pending	
	Deceased Child, Male, 22 Days	Mother, Female, 27 Years	Internal Injuries	Pending	

**Report Summary:**

The 9/9/19 report alleged on 9/8/19, the SC was found, non-responsive with a significant amount of blood to his nose, in his mouth and on the floor. The SC was placed on a ventilator. The SM and SF had no explanation for the SC's injuries, making it suspicious in nature.

**Report Determination:** Undetermined

**OCFS Review Results:**

The SM and SC resided outside of NYC and were visiting the SF. The SM stated she placed the SC on the bed around 7:45 PM. The SM fell asleep on the bed next to the SC. The SC, when visiting the SF's home, usually slept in the bed alongside the SM and SF, with the SC closest to the wall, a pillow between the SC and the wall, and another pillow was between the SC and the SM and SF. The SM awoke at about 9:05 PM, checked the SC, and saw blood in his nose and



mouth. The SM picked him up, saw he was lifeless and cold, woke the SF, and called 911. The SF began CPR on the SC. The SC died on 9/18/19. LDSS Nassau County was assigned a secondary role in the case.

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

**Issue:**

Failure to provide notice of report

**Summary:**

ACS did not provide the Notice of Existence for the 9/9/19 investigation to the BM of the 11-yo SS and the BF of the 6-yo SS.

**Legal Reference:**

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

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency 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:**

The documentation did not reflect ACS interviewed the SC's physician.

**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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/24/2017	Sibling, Male, 4 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	Yes

**Report Summary:**

The 9/24/17 report alleged on 9/24/17 at approximately 6:50 PM, the father of the SS became angry with the SM and assaulted her by grabbing her neck and punching her in the face repeatedly. He then pushed the 4-yo SS off the bed. This SS was not injured.

**Report Determination:** Indicated

**Date of Determination:** 10/25/2017

**Basis for Determination:**

On 9/24/17, the father of the SS visited the SM and SS. During the visit, the father punched the SM in the face and choked her. The father said he pushed the SM after she pushed him. The SS was present during the altercation but was not injured. The SS was free of suspicious marks and bruises. The father was arrested and charged with robbery in the third degree, obstruction of breathing, assault "3RD sub 1" and endangering the welfare of a CH. There was a full stay away OP against the father. The SS did not have contact with him since 9/24/17.

**OCFS Review Results:**

Nassau County LDSS (NCDSS) interviewed LE and found the father slapped and punched the SM. He also bit her on the left shoulder which resulted in the SM receiving a mark. The SS was not injured. NCDSS interviewed the SM, SS, and father on 9/25/17, 10/16/17 and 10/24/17, respectively. The SM said the father visited the home and harassed her to gain access to her phone. When she refused the access, he punched her on her left jaw and grabbed her by the neck. A male cousin intervened. The SS was present during the incident.



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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

During the SM's interview, she stated a male cousin intervened when the incident occurred. However, NCDSS documentation did not reflect the male cousin was interviewed regarding the incident.

**Legal Reference:**

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

**Action:**

NCDSS will adhere to the following regulation: CPS must obtain information from reporting sources and other collateral contacts which may include, but are not limited to hospitals, family medical providers, schools, LE, social service agencies and other agencies providing services to the family, relatives, extended family members, neighbors and other persons who may have relevant information.

**Issue:**

Failure to Conduct a Face-to-Face Interview (Subject/Family)

**Summary:**

According to the SM, the father had two CHN in two other relationships. However, during the interview with the father, who was the subject of the 9/24/17 report, NCDSS did not ask the father for additional details about the two other CHN.

**Legal Reference:**

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

**Action:**

NCDSS will adhere to the following regulation: the full child protective investigation must include face-to-face interviews with the subjects of the report and family members of such subjects, including children named in the report.

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

The NCDSS investigation was inadequate. The SM said she resided in the home with the MGM, MU, MA, and MGGM; however, the documentation reflected NCDSS did not interview these household members. The relevant school staff, and physician were not interviewed. The investigation was closed prematurely.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

NCDSS will adhere to the following regulation: CPS must obtain information from reporting sources and other collateral contacts which may include, but are not limited to hospitals, family medical providers, schools, LE, social service agencies and other agencies providing services to the family, relatives, extended family members, neighbors and other persons who may have relevant information.

**Issue:**

Failure to provide notice of report

**Summary:**

The SM's family members resided in the home were not provided with the Notice of Existence.

**Legal Reference:**

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

**Action:**

NCDSS will adhere to the following regulation: CPS after seeing that the CH or CHN named in the report are safe, notify the subjects and other persons named in the report, except children under the age of 18 years, in writing, no later than seven days after receipt of the oral report, of the existence of the report and the subject's rights.

**Issue:**

Failure to Provide Notice of Indication

**Summary:**

The NCDSS documentation reflected the SM's family members residing in the home were not provided with the Notice of Indication.

**Legal Reference:**

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

**Action:**

NCDSS will adhere to the following regulation: CPS determines, within 60 days, whether a report assigned to the investigative track is "indicated" or "unfounded" and, if "indicated," delivers or mails to the subject(s) and other persons named in the report, except children under the age of 18 years, a written notification, within seven days of the determination.

**Issue:**

Adequacy of Progress Notes

**Summary:**

The NCDSS documentation was inadequate. On 10/24/17, a supervisor review occurred and the note reflected the case was discussed with the supervisor. The note did not reflect any elaboration on what was said or supervisory assessment/directive.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

NCDSS will adhere to the following regulation: The documentation of caseworker/supervisor conferences, which includes a description of the nature of the discussions and any required follow-up activities.

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

The parents of the SC were not known to the SCR or ACS more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There was no known CPS History outside of NYS.

**Legal History Within Three Years Prior to the Fatality**

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

Family Court

Criminal Court

Order of Protection

**Family Court Petition Type:** Other Family Court (Including Article 6 Custody/Guardianship)

Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	There was not a disposition



<b>Respondent:</b>	None
<b>Comments:</b>	ACS opened a Family service Stage on 4/24/17 regarding a court ordered investigation (COI). The case was opened to address the New York County Family Court request for a home study on the SF (Petitioner) and mother of the SS (Respondent) regarding the 11-yo female SS.

<b>Have any Orders of Protection been issued? Yes</b>	
<b>From:</b> 01/24/2019	<b>To:</b> 01/23/2021
<b>Explain:</b> The OP involved the SM and 6-yo SS regarding the BF. The OP was against the BF on behalf of the SM and SS. The OP permitted the BF visitation with the SS.	

### 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