



**Report Identification Number: NY-21-008**

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

**Issue Date: Jul 21, 2021**

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

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

**Date of Death:** 01/24/2021  
**Initial Date OCFS Notified:** 01/24/2021

## Presenting Information

The 1/24/21 fatality report alleged that the SC and SS were in the care of the SM and SF. At about 12:04 PM, one or both of the parents noticed that the SC was not breathing. The SC was in a pack n play, with a one-piece sleeper on, laying on his back. There were two bottles, a blanket, and something that looked like a pillow under the blanket in the pack n play. The SM left the unit to find help. While on the way back to the unit, with another adult, the SM called 911. In the unit, the SF sat on the side of the bed opposite from the pack n play and the SS sat next to him. The SC was cold, turning blue and appeared stiff. The SM started to administer CPR as instructed by 911 staff. While doing so, the SM kept stopping and looked at the SF. After about five minutes, emergency personnel arrived and took over. The SC was transported to the hospital and was pronounced dead. The SC was an otherwise healthy CH and the SM and SF had no explanation for his death.

## Executive Summary

The 2-month-old male child subject child died on 1/24/21. As of the issuance of this report, NYCRO had not received the autopsy report. The allegations of the report were DOA/Fatality, Fractures, and Inadequate Guardianship of the subject child by the parents, Internal Injuries by the mother and Inadequate Guardianship of the one-year-old surviving sibling by the parents.

At the time of his death, the subject child resided in the home with his parents and a one-year-old female surviving sibling.

Throughout the investigation with law enforcement ACS learned that on 1/24/21 between 2:00AM and 4:00AM the SC was in his Pack-n-Play; the SC was crying. Neighbors had reported hearing the SC's continuous crying during the night. Out of frustration at the SC's crying, the SM picked up the SC and struck the SC's head against the metal railing of the Pack-n-Play about three times. The SM told law enforcement personnel that she "clocked" the SC and the last time "was the worst...it hit the worst." The mother then called 911 and the operator instructed her on how to perform CPR. First responders arrived and took over CPR. The SC was pronounced dead at the hospital.

The ME reported the SC sustained multiple fractures on back of the skull at the impact site as well as other radiating fractures. The injuries were consistent with the SM's statement.

ACS conducted an emergency removal of the SS on 1/25/21. A remand was granted by the Family Court on 1/26/21 and it was upheld on 1/29/21. On 1/27/21, the SS was placed into kinship foster care. ACS scheduled an appointment at the CAC for the SS as there were several subsequent reports of the SS being hit in the head or handled in a rough manner. ACS also assisted the family with funeral arrangements and referred the father for services including fatherhood and parenting skills. The SM was arrested and remained incarcerated.

On 4/2/21, ACS substantiated all the allegations of fatality reports registered on 1/24/21, 1/25/21, 1/26/21, and 1/27/21 on the basis of some credible evidence. ACS documented the SC sustained a fatal injury on 1/24/21 while in the care of the parents and the mother admitted to striking the SC's head against the metal railing of the Pack-n-Play multiple times as the SC would not stop crying. To support the decision ACS documented the ME reported the SC had sustained multiple fractures on the back of the skull, at the impact site and radiating fractures. As per the ME, this was consistent with the SM's disclosure. The autopsy revealed evidence of prior head injury indicating this was not the first time the parents



failed to protect the SC. ACS documented the SF was present in the home during the incident and failed to protect the SC as he took a nap in the bed alongside the Pack-n-Play.

A report was also registered by the SCR on 1/26/21 with allegations of IG and XCP of the SS by the SF, and on 4/4/21, ACS indicated the 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?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

### Determination:

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

### Explain:

Sufficient information was gathered to make a determination for all allegations including those on the intake report.

**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 1/25/21, an emergency removal of the SS was conducted. A remand was granted on 1/26/21. The SS was placed with the godmother.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of Documentation of Safety Assessments
<b>Summary:</b>	There were comments on the 1/25/21 safety assessment form that did not support the selected safety factor.
<b>Legal Reference:</b>	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(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.
<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	There were notes that were not entered contemporaneously. Additionally, ACS utilized the acronym "SS" for shelter staff and shift supervisor. It is confusing to utilize one acronym for two different identifiers.
<b>Legal Reference:</b>	18 NYCRR 428.5
<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:** 01/24/2021

**Time of Death:** 12:52 PM

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

12:00 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: crying

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

**At time of incident was supervisor impaired? Not impaired.**

**At time of incident supervisor was:**

Distracted

Absent

Asleep

Other: **awake**

**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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)

### LDSS Response

On 1/24/21, the ME's investigator and LE reported the parents said the SC was placed down for a nap at about 10:00 AM. About two hours later, SM checked the SC and found him unresponsive. The SM went to the shelter staff for assistance. EMS was contacted and SC was transported to the hospital. There were no findings of trauma or injuries. No arrest was made as there was no suspicion of abuse, and no criminality was found. However, as the investigation progressed it was learned the mother hit the SC's head against the railing of the Pack-n-Play.

On 1/25/21, the ADA told ACS the SM would be arrested as she disclosed picking up the SC and hitting his head 3-4 times against the railing of the Pack-n-Play due to the SC's crying. The autopsy revealed multiple cranial fractures on his head. According to the ADA, the SM used a force level of 9.5 on a scale of 1-10 when striking the SC against the railing.

On 1/25/21, the SF said he was asleep throughout the incident and stated multiple times he wished he was up. He said he saw the SC sleeping on his back in the Pack-n-Play. He saw the SC breathing and moving his head. SF took a nap between 8:30AM-9:00AM and woke up "out of a dead" sleep at about 12:00 PM to the SM screaming the SC was dead and he was not breathing. He said the SM's yelling woke the SS who cried and attempted to go towards the SC. He picked her up and prevented her from reaching the Pack-n-Play, as he did not want the SS to observe the SC. He described how they attempted to perform CPR. He was shocked about the SC dying and learning the SM inflicted the injury. The SF denied substance abuse and said the SM smoked cigarettes. He did not know whether the SM used marijuana as he did not know what she did when she went out. He did not hear anything at all when taking the nap and was "knocked out" with the SS on him. He said that on 1/24/21, the SM went downstairs to get one of the workers and was on the phone with EMS.

On 1/25/21, ACS conducted an emergency removal of the SS. ACS transported the SS to a service provider agency. The documentation reflected that due to reports of the SS being hit in the head by the SF she was seen at the CAC for a skeletal survey. ACS observed a mark on the right side of the SS's forehead that seemed like a slightly raised red line which was about 1cm or less in length. The SS was seen by the nurse who reported the findings were normal.

On 1/27/21, ACS interviewed the PA who reported she received a call from the SM informing her of the SC's death. According to the PA the SM reported she checked the SC at 10:00 AM and 11:00 AM and by 12:40 PM, he was dead.

On 2/16/21, the SF's case manager stated the agency was in the process of referring the SF to a transitional living facility as he kept up with the rules and was willing to participate in therapy.

On 3/26/21, ACS received information from the ADA regarding the SM's statements to LE. According to the documents, SM disclosed striking the SC head against the pack n play railing three or four times due to frustration as the SC would not stop crying.

On 4/2/21, ACS substantiated the allegations stemming from fatality reports registered on 1/24/21, 1/25/21, 1/26/21 and 1/27/21 against the parents. A report was also registered with the SCR and ACS on 1/26/21 with allegations of IG and XCP of the SS by the SF. On 4/4/21, ACS indicated the report. ACS documented the SC sustained a fatal injury on 1/24/21 while in the care of the parents.



## Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**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
057420 - Deceased Child, Male, 2 Mons	057421 - Mother, Female, 24 Year(s)	Internal Injuries	Substantiated
057420 - Deceased Child, Male, 2 Mons	057422 - Father, Male, 23 Year(s)	DOA / Fatality	Substantiated
057420 - Deceased Child, Male, 2 Mons	057422 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
057420 - Deceased Child, Male, 2 Mons	057421 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated
057420 - Deceased Child, Male, 2 Mons	057421 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
057420 - Deceased Child, Male, 2 Mons	057422 - Father, Male, 23 Year(s)	Fractures	Substantiated
057420 - Deceased Child, Male, 2 Mons	057421 - Mother, Female, 24 Year(s)	Fractures	Substantiated
057423 - Sibling, Female, 1 Year(s)	057422 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
057423 - Sibling, Female, 1 Year(s)	057421 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input 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"/>



**Explain:**

On 1/25/21, an emergency removal of the SS was conducted. A remand was granted by the Family Court on 1/26/21 and it was upheld on 1/29/21. On 1/27/21, the SS was placed into kinship foster care. Sufficient information was gathered to assess risk to the SS.

**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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

On 1/25/21, an emergency removal of the SS was conducted. A remand was granted by the Family Court on 1/26/21 and it was upheld on 1/29/21. On 1/27/21, the SS was placed into kinship foster care.

**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:
01/29/2021	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	057421 Mother Female 24 Year(s)	
<b>Comments:</b>	On 1/25/21, an emergency removal of the SS was conducted. A remand was granted by the Family Court on 1/26/21 and it was upheld on 1/29/21. On 1/27/21, the SS was placed into kinship foster care.	

**Family Court Petition Type: FCA Article 10 - CPS**

Date Filed:	Fact Finding Description:	Disposition Description:
01/29/2021	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	057422 Father Male 23 Year(s)	
<b>Comments:</b>	On 1/25/21, an emergency removal of the SS was conducted. A remand was granted by the Family Court on 1/26/21 and it was upheld on 1/29/21. On 1/27/21, the SS was placed into Kinship foster care.	

**Criminal Charge:** Assault    **Degree:** 1



# Child Fatality Report

<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
01/25/2021	Mother	Unknown	Unknown
<b>Comments:</b>	The SM was charged with one count Felony Assault with intent to cause serious physical injury, one count Child endangerment, one count Assault to cause injuries to a child, and one count of Assault with intent serious injuries - weapons.		

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

Other, specify: anger management class

**Additional information, if necessary:**

The documentation reflected the SS was referred for an Early Intervention evaluation.

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:**

On 2/3/21, ACS completed a referral with service provider agency for the SF for clinical health services.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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? No

### 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)
05/11/2020	Sibling, Female, 5 Months	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 5 Months	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Months	Unrelated Home Member, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Months	Mother, Female, 24 Years	Swelling / Dislocations / Sprains	Unsubstantiated	
	Sibling, Female, 5 Months	Father, Male, 23 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

**Report Summary:**

The 5/11/20 report alleged the SM and SF had allowed the SS to cry continuously for nearly two days. It was unknown



why the SS was in continuous distress. The adults were not making adequate efforts to provide care and address the SS's needs.

**Report Determination:** Unfounded

**Date of Determination:** 07/09/2020

**Basis for Determination:**

During the investigation, ACS made contact with collaterals including the pediatrician who stated they did not have any concerns for the SS. ACS spoke with the SM and SF who said they did not leave the SS unattended or home alone at any time. ACS conducted weekly visits to the home and assessed there to be no safety hazards. ACS conducted weekly checks for marks and bruises on the SS. The SS was observed without any marks or bruises. The SS was always observed to be in the care of her parents during the weekly visits. ACS verified with the SM that she did not feel in danger with any of her former paramours and if she did she would call 911. Safe sleep was discussed with the SM and SF.

**OCFS Review Results:**

The SM denied the allegations . She never left the SS crying for two days. The SS liked to be held and when they put her down she cried and cried loudly so it was possible someone could have heard from the outside. Regarding the allegations, the MA said it was a lie and the SS was never left unattended especially for two days. There was no drug use in the home. Safe sleep was discussed with SM, SF and MA. The MA stated she helped the SM with the SS. The SF said the allegations were not true and the SS was never left unattended. On 5/18/20, a service provider said she believed the MA was incapable of caring for anyone currently. On 7/9/20, ACS opened a service case.

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

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

There was no CPS investigative history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

The Family Service Progress Notes (FSPN) reflected that on 1/11/21, ACS attempted to request a courtesy visit to the family's new residence out of state. The Child Line was contacted, and a staff member said the request would be sent to the County.

**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:** 07/09/2020

**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:** 07/09/2020

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

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



<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Casework Contacts

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

### Services Provided

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<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
<b>Was the most recent FASP approved on time?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

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

### Provider

	Yes	No	N/A	Unable to Determine
<b>Were Services provided by a provider other than the Local Department of Social Services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

During the 5/11/20 investigation, ACS opened a Family Service Stage (FSS) on 7/9/20. The family was referred for PPRS.

**Required Action(s)****Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

<b>Issue:</b>	Adequacy of case recording in FASP
<b>Summary:</b>	The 10/7/20 FASP was inadequate. The RAP was completed incorrectly. The notes reflected the SM had a clinical health diagnosis in the past; however, the RAP reflected that she did not have a clinical health illness.
<b>Legal Reference:</b>	18 NYCRR 428.6(a)
<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.

**Preventive Services History**

During the 5/11/20 investigation, ACS opened a service case on 7/9/20 due to concerns that the 1-yo SS was heard outside crying continuously for two days with no one attending her. There was no substantial evidence the SS was left home unattended. The Initial FASP reflected that the service plan was case management services for the SS. On 1/7/21, ACS confirmed with the shelter staff the family relocated. On 1/19/21, the SM informed PPRS the family would be returning to a shelter in NYC from out of state. On 1/20/21, the SM told PPRS they were accepted in a shelter in NYC and wanted to continue PPRS preferably with a program that meets less.

**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