



**Report Identification Number: NY-21-069**

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

**Issue Date: Dec 06, 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:** 1 year(s)

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

**Date of Death:** 06/17/2021  
**Initial Date OCFS Notified:** 06/17/2021

## Presenting Information

According to the reports registered by the SCR regarding the death of the one-year-old child, on 6/17/21 at approximately 4:09AM the one-year-old child was in the care of the father when he choked on his vomit and as a result died from cardiac arrest. The child had no known preexisting medical condition and no visible injuries. The family resided in a shelter and at the time of the child's death he was in the care of the father; therefore the father is listed as an alleged subject. The role of the mother was unknown because she was not present in the home at the time.

## Executive Summary

This fatality report concerns the death of the 1-year-old male subject child that occurred on 6/17/21. The autopsy report had not yet been finalized; however, the ME preliminarily stated the cause of death was ingestion of cocaine and fentanyl. The manner of death was pending.

Four reports were made to the SCR on that same date, with allegations of DOA/Fatality, Poisoning, Noxious Substances, and Inadequate Guardianship of the child by the father. The Administration for Children's Services (ACS) received the reports and investigated the child's death. Later ACS added allegation of Inadequate Guardianship of the subject child and the newborn by the mother.

At the time of the child's death, he was in the sole care of his father as his mother was in the hospital; she had given birth to the surviving sibling the day before the subject child's death.

The investigation revealed on 6/16/21, the parents and the 1-year-old child went to the hospital together. When the child became really tired and "lethargic" the father decided to leave before the infant (surviving sibling) was born. There was a court order stating the child was not to be left with the father. ACS and the mother had been planning for the birth of the newborn infant and was in the process of completing database checks for maternal relatives who would provide care for the 1-year-old child when the mother gave birth. Despite knowing this information, the mother allowed the father to take the 1-year-old child with him. At 10:13PM the father went to the pharmacy and took the bus home at 10:34PM. At approximately 11:30PM on 6/16/21, the father placed the 1-year-old child to sleep with him in the bed. The father woke up on 6/17/21, at approximately 4:00AM and saw a picture of the newborn on his phone that the mother had sent him. The father went to show the picture to the 1-year-old child and noticed the child was not breathing. The father carried the child downstairs to the shelter staff who called 911. When EMS arrived the father was performing CPR on the child. EMS took over and began resuscitation. The child's pulse was weakening and then stopped altogether. The child was rushed to the hospital where he was pronounced dead at 5:05AM. Upon further investigation, it was determined by medical personnel and confirmed by the ME that the child had ingested cocaine and fentanyl. Traces of the drugs were found in the child's bottle.

Law enforcement indicated the case was being investigated as a homicide.

When interviewed, shelter staff reported at 4:03AM the father came to the front desk of the shelter carrying the child in his arms. The father said the child had vomited and was not breathing. Shelter staff called for EMS and both the child and father were taken to the hospital.

ACS sought and was granted a remand for the surviving sibling, based on the circumstances of the subject child's death



coupled with the ongoing concerns of the parents' drug use. The child was placed in non-kinship care.

On 8/13/21, ACS substantiated the allegations of DOA/Fatality, Poison, Noxious Substances, and Inadequate Guardianship of the 1-year-old child by the father based on the existence of some credible evidence. ACS documented the father was left alone with the child and traces of cocaine and fentanyl, drugs that the father admitting to using regularly, were found in the child's bottle. As a result of the child ingesting the drugs the child died.

ACS also substantiated the allegation of Inadequate Guardianship of the 1-year-old child and the surviving sibling by the mother. ACS documented the mother had agreed to not leave the child with the father as per court order, but did so. While in the care of the father, the subject child died. ACS did not provide a narrative to support the determination made regarding the surviving sibling.

On 11/10/21, the child's death was deemed a homicide. The ME indicated the the child died of acute intoxication. No arrests have been made.

## 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 the determination for all allegations including those on the intake report as well as any identified in the course of the investigation.

**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 level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion, was commensurate with the case circumstances. There was evidence of supervisory involvement.

<b>Required Actions Related to the Fatality</b>
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Are there Required Actions related to the compliance issue(s)?  Yes  No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	There were case notes that were not entered in a timely manner.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue

<b>Fatality-Related Information and Investigative Activities</b>
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<b>Incident Information</b>
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**Date of Death:** 06/17/2021

**Time of Death:** 05:05 AM

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

04:09 AM

**County where fatality incident occurred:**

New York

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

Yes

**Time of Call:**

04:03 AM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

Yes

**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?** Unable to determine

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

<b>Household Composition at time of Fatality</b>
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Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	51 Year(s)



Deceased Child's Household	Mother	Alleged Perpetrator	Female	39 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Day(s)

### LDSS Response

On 6/17/21, ACS received the SCR report regarding the death of the child, which occurred on that same date. ACS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. ACS learned there was one surviving sibling in the home. ACS also contacted law enforcement, the shelter where the incident took place, and service providers.

On 6/17, 6/18, and 6/22/21, the Specialist contacted law enforcement and learned the father had been taken to the shelter apartment to reenact his actions from the night of the incident. Law enforcement reported the father was interrogated; however, his statement remained consistent.

On 6/18/21, the Specialist contacted the MGF who reported the family was shocked at the death of the child. The MGF said he had recently arrived in NY from out of state and would provide the parents with any support they would need.

On 6/18/21, the Specialist contacted the EMS technicians who had responded to the shelter at the time of the incident. According to the technicians, upon arrival they noted the child was laying on a bench in a supine position. The child had vomit on his face and on the bench and there was no evidence of chest movements to indicate breathing. Additionally, the child's heartbeats were declining. The technicians began resuscitative efforts and transported the child to the hospital.

On 6/21 and 6/22/21, ACS contacted law enforcement and learned that based on the preliminary results of the autopsy, the child's urine was positive for cocaine and fentanyl. The child's bottles were collected for further testing. Law enforcement reported the apartment was clean and no drug paraphernalia was found. However, a half empty can of beer was found next to the bed. Law enforcement indicated the parents and the 1-year-old child shared a sofa bed.

On 6/22/21, ACS filed for an emergency removal of the surviving sibling. The sibling remained in the hospital until 7/7/21 when he was placed in non-kinship foster care.

On 7/16/21, ACS held a transitional meeting with the foster care agency and provided background information regarding the reason for the placement of the child and the services in which the mother was participating. The agency was also informed of the father's failure to participate in services.

On 7/19 and 7/20/21, ACS contacted the ME who confirmed the 1-year-old child's bloodwork was positive for the illicit drugs and indicated the child had recently ingested the substances. The ME indicated additional tests were being done before the results could be finalized. The ME further indicated the manner of death would be determined at that time.

On 7/20/21, the Specialist contacted the ADA who expressed concerns regarding the mother's drug use. The ADA explained that information obtained during the course of law enforcement's investigation suggested the mother was still using drugs in May 2021 while pregnant. The case documentation reflected the Specialist conferred with the supervisor and the ACS FCLS regarding a possible amendment of the Petition of Neglect to include the information regarding the drug use by the mother.

On 8/11/21, the Specialist interviewed the parents. The mother reported she was continuing her methadone treatment and was receiving therapy to address previous clinical health concerns and the loss of the child. The father refused to answer any questions. The Specialist provided the parents with community-based resources.



On 8/13/21, ACS indicated the report.

### 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 the NYC Region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059024 - Deceased Child, Male, 1 Yrs	059025 - Mother, Female, 39 Year(s)	Inadequate Guardianship	Substantiated
059024 - Deceased Child, Male, 1 Yrs	059026 - Father, Male, 51 Year(s)	DOA / Fatality	Substantiated
059024 - Deceased Child, Male, 1 Yrs	059026 - Father, Male, 51 Year(s)	Poisoning / Noxious Substances	Substantiated
059027 - Sibling, Male, 1 Day(s)	059026 - Father, Male, 51 Year(s)	Inadequate Guardianship	Substantiated
059027 - Sibling, Male, 1 Day(s)	059025 - Mother, Female, 39 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"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Additional information:**

The surviving sibling was a few days old. The sibling was assessed in the hospital and prior to placement.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or 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 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 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
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

There was an adequate assessment of the family's need for services.

**Placement Activities in Response to the Fatality Investigation**





	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input 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"/>
<b>Explain as necessary:</b> There was an adequate assessment of impending or immediate danger to the surviving child named in the report. ACS documented there were one or more safety factors that placed the newborn surviving sibling in immediate or impending danger of serious harm and sought a remand for the sibling.				

### 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:
06/22/2021	There was not a fact finding	Care/Custody to Local Social Services District
<b>Respondent:</b>	059025 Mother Female 39 Year(s)	
<b>Comments:</b>	The newborn was placed in care following the death of the 1-year-old child. Newborn tested positive for drugs.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
06/22/2021	There was not a fact finding	Care/Custody to Local Social Services District
<b>Respondent:</b>	059026 Father Male 51 Year(s)	
<b>Comments:</b>	Newborn placed in foster care.	

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



Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 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"/>

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:**  
At the time of the incident, the newborn surviving sibling remained in the hospital. The sibling was then placed in non-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 mother was referred for grief counseling. The father refused to engage in 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? No

### CPS - Investigative History Three Years Prior to the Fatality



# Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/16/2019	Deceased Child, Male, 2 Days	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 2 Days	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Male, 2 Days	Father, Male, 49 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 2 Days	Father, Male, 49 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

The mother gave birth to a male child on 8/14/19. Both the mother and child tested positive for methadone and marijuana upon delivery. The child experienced symptoms of withdrawal. The mother was also diagnosed with anxiety, depression, PTSD, and panic attacks. The role of the father was unknown.

**Report Determination:** Indicated**Date of Determination:** 10/10/2019**Basis for Determination:**

ACS substantiated the allegations of PD/AM and IG of the child by the parents on the basis that some credible evidence existed to reflect the parents failed to meet the basic minimum standard of care for child.

**OCFS Review Results:**

ACS initiated the investigation in a timely manner and made the appropriate collateral contacts. ACS provided the parents with the notices of existence and indication of the report. ACS sought the intervention of the court through a petition filed on 8/21/19. As of 6/4/21, the court case remained active.

**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**

ACS confirmed the mother had CPS history out of state. Beyond the confirmation of the history, no additional details were provided.

**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:** 08/12/2020

**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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:**  
PPRS services were being provided through a contracted agency.

**Preventive Services History**

On 08/12/20, the family accepted preventive services in a Family Treatment and Rehabilitation Program. The case was opened to address the parents drug and alcohol use. Case notes reflected the case planner made visits twice per month in compliance with the terms of the COS.



Supervision ended for the mother on 12/7/20; however, there were ongoing concerns about the father’s substance use and participation in services.

On 5/16/21, the Specialist, PPRS CP, and the shelter social worker discussed the arrival of the new baby. Plans were made to move the family to a larger room. The Specialist and the CP agreed to provide needed items for the child.

On 5/28/21, the father had been discharged from his substance abuse counseling for failure to attend.

Case documentation reflected efforts to involve the father in services. The services case remains open.

### Foster Care Placement History

The SC was remanded to the custody of the Commissioner of ACS on 8/21/19, and was placed in kinship care on 9/25/19. On 3/14/20, the SC was released to the parents; however, the Court ordered that the child was not to be left with the father due to ongoing substance misuse, clinical health concerns, coupled with his unwillingness to engage in any services.

### 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:
08/21/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	059025 Mother Female 39 Year(s)	
<b>Comments:</b>	The petition was filed on the grounds that the mother failed to provide the child with proper supervision or guardianship by misusing a drug or drugs and was not voluntarily and/or regularly participating in a rehabilitative program.	

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

Date Filed:	Fact Finding Description:	Disposition Description:
08/21/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	059026 Father Male 51 Year(s)	
<b>Comments:</b>	The petition was filed on the grounds that the mother failed to provide the child with proper supervision or guardianship by misusing a drug or drugs and was not voluntarily and/or regularly participating in a rehabilitative program.	

### 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