



## Report Identification Number: NY-21-125

Prepared by: New York City Regional Office

Issue Date: May 24, 2022

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:** 19 day(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 11/20/2021  
**Initial Date OCFS Notified:** 11/22/2021

## Presenting Information

According to the information received via the OCFS Form 7065, On 11/1/21 the subject child was born 25 weeks premature. The mother was unaware she was pregnant as she found out at 16 weeks and scheduled an abortion for 11/2/21. At birth the child had a number of medical issues and arrived at the hospital in a very fragile state. Hospital staff attempted a number of life saving procedures and the child remained hospitalized from 11/1/21 until 11/20/21 when he died.

## Executive Summary

This fatality report concerns the death of a 3-week-old male child that occurred on 11/20/21. The death of the child was reported via the OCFS -7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006. As of the writing of this report, the autopsy report had not yet been received.

The Administration for Children's Services (ACS) received the information during an open investigation and explored the cause and circumstances related to the death of the child. The open investigation stemmed from allegations that the mother was failing to properly feed her 3-year-old child. As a result, the child weighed 31 pounds, was extremely underweight, and was at risk of harm. ACS later unfounded the report due to a lack of credible evidence.

The investigation revealed that the mother found out she was pregnant and made a decision to terminate the pregnancy. She scheduled an appointment for 11/2/21; however, on 11/1/21 the mother went into premature labor at 25 weeks gestation and gave birth to the child who was born with a number of serious medical conditions. The child remained on life support in the hospital until his death on 11/20/21.

ACS explored the information received and contacted medical and other collaterals. No one had any concerns about the mother's interaction with the newborn as the child had been hospitalized since birth. The hospital provided details regarding the steps taken to assist the child, and added that if the child was alive he would always be in need of extensive services. ACS contacted the family and assessed the other children were doing well in the care of their parents.

The family was already linked with services; therefore, ACS added grief and bereavement referrals for the family, and play therapy for the children to deal with the loss of the child.

ACS continued to make contact with the family to assess the safety and well-being of the surviving children. No safety concerns were noted and the family reported they were doing well.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:



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

**Determination:**

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

**Explain:**

There were no allegations pertaining to the death of the child.

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 time of the child's death was commensurate with the case circumstances.

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities**

**Incident Information**

Date of Death: 11/20/2021

Time of Death: Unknown

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

11/01/2021

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

Unknown

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Unknown

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Child was hospitalized.



**Did child have supervision at time of incident leading to death?** Yes  
**How long before incident was the child last seen by caretaker?** 10 Minutes  
**At time of incident was supervisor impaired?** Unknown if they were impaired.  
**At time of incident supervisor was:**

- Distracted                       Absent  
 Asleep                               Other: **Not Applicable**

**Total number of deaths at incident event:**  
**Children ages 0-18:** 1  
**Adults:** 0

**Household Composition at time of Fatality**

| Household                  | Relationship   | Role    | Gender | Age        |
|----------------------------|----------------|---------|--------|------------|
| Deceased Child's Household | Deceased Child | No Role | Male   | 19 Day(s)  |
| Deceased Child's Household | Mother         | No Role | Female | 26 Year(s) |
| Deceased Child's Household | Sibling        | No Role | Male   | 3 Year(s)  |
| Deceased Child's Household | Sibling        | No Role | Male   | 2 Year(s)  |
| Deceased Child's Household | Sibling        | No Role | Female | 7 Month(s) |
| Other Household 1          | Father         | No Role | Male   | 30 Year(s) |
| Other Household 2          | Sibling        | No Role | Female | 8 Year(s)  |
| Other Household 2          | Sibling        | No Role | Female | 7 Year(s)  |

**LDSS Response**

ACS began their investigation upon receipt of the information on 11/20/21. They interviewed the mother and father as well as the source of the information and medical providers. The medical collateral contacts expressed no concerns for the mother's care of the child and noted the mother was present at the hospital at the time of the child's death.

Through interviews with the mother and the hospital, it was learned that the mother had an appointment scheduled to terminate the pregnancy; however, the child was born a day prior to the appointment. The hospital indicated the child had a number of medical conditions that were linked to the extreme prematurity. After a number of days on life support with the child's condition worsening a decision was made to remove infant from the support and he was pronounced dead. Hospital personnel reported that neither the mother's actions or inactions caused the death of the child. As of the writing of this report, the autopsy report had not yet been received.

ACS held a Child Safety Conference and determined the family would benefit from additional services and the family was referred.

**Official Manner and Cause of Death**

**Official Manner:** Unknown  
**Primary Cause of Death:** From a medical cause  
**Person Declaring Official Manner and Cause of Death:** Medical Examiner

**Multidisciplinary Investigation/Review**



**Was the fatality referred to an OCFS approved Child Fatality Review Team? No**

**Comments:** There is no OCFS approved Child fatality review team in the NYC region.

### 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 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"/> |
| <b>Was a death-scene investigation performed?</b>                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Coordination of investigation with law enforcement?</b>                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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"/> |

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

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

**Explain:**  
 During the course of the investigation sufficient information was gathered to assess risk to all surviving children in the household. The family was already in receipt of services to which bereavement counseling was added.

### Placement Activities in Response to the Fatality Investigation

|   | Yes                      | No                                  | N/A                      | Unable to Determine      |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Explain as necessary:**  
 No removal was necessary.

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

| Services               | Provided After Death                | Offered, but Refused     | Offered, Unknown if Used            | Not Offered              | Needed but Unavailable   | N/A                                 | CDR Lead to Referral     |
|------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Economic support       | <input 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 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"/> |



|   |                          |                          |                          |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Health care</b>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Legal services</b>                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family planning</b>                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Homemaking Services</b>                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Parenting Skills</b>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Domestic Violence Services</b>           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Early Intervention</b>                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Alcohol/Substance abuse</b>              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Child Care</b>                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Intensive case management</b>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family or others as safety resources</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional information, if necessary:**  
 The family was receiving services prior to the death of the child.

**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 siblings were referred for grief counseling and play therapy.

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

**Explain:**  
 Grief counseling was added to the services for the parents.

## 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 fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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

| Date of SCR Report | Alleged Victim(s)            | Alleged Perpetrator(s)   | Allegation(s)                        | Allegation Outcome | Compliance Issue(s) |
|--------------------|------------------------------|--------------------------|--------------------------------------|--------------------|---------------------|
| 10/25/2021         | Sibling, Male, 3 Years       | Mother, Female, 26 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated    | No                  |
|                    | Deceased Child, Male, 4 Days | Mother, Female, 26 Years | Inadequate Guardianship              | Unsubstantiated    |                     |
|                    | Deceased Child, Male, 4 Days | Mother, Female, 26 Years | Parents Drug / Alcohol Misuse        | Unsubstantiated    |                     |

**Report Summary:**

The SCR report alleged the mother was failing to properly feed her 3-year-old child. As a result, the child weighed 31 pounds, was extremely underweight, and was at risk of harm. The report also alleged the 2-year-old sibling and the father had unknown roles. A subsequent report was received with the allegations of Parent's Alcohol/Drug Misuse and Inadequate Guardianship of the subject child. ACS consolidated the reports and continued the investigation.

**Report Determination:** Unfounded

**Date of Determination:** 11/30/2021

**Basis for Determination:**

ACS documented the allegations of the report were unsubstantiated on the basis of no credible evidence. The family was in receipt of services and was engaged.

**OCFS Review Results:**

The report was initiated in a timely manner and the appropriate notices were provided the subject of the report and other adults over 18 in the home. There was evidence of supervisory input and contact with the appropriate collaterals. ACS staff followed up on information in a timely manner. It was during this time that the child in the fatality report died. ACS also learned the mother had scheduled a termination of her pregnancy for 11/2/21 and the child was born premature on 11/1/21. ACS staff explored the information received and learned the child's death was the result of his extreme prematurity.

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

| Date of SCR Report | Alleged Victim(s)        | Alleged Perpetrator(s)   | Allegation(s)           | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 09/08/2020         | Sibling, Female, 7 Years | Mother, Female, 25 Years | Inadequate Guardianship | Unsubstantiated    | No                  |
|                    | Sibling, Female, 6 Years | Mother, Female, 25 Years | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Male, 2 Years   | Mother, Female, 25 Years | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Male, 11 Months | Mother, Female, 25 Years | Inadequate Guardianship | Unsubstantiated    |                     |

**Report Summary:**

The SCR report alleged the mother left her 7, 5, 2-year old ,and 11 month old children with another caregiver for over a week and failed to return at the agreed time. The mother did not make contact with the caregiver during the time she was gone and did not make any adequate plans. The report further alleged the mother was not willing to care for the younger children and would not take them back into her home.

**Report Determination:** Unfounded

**Date of Determination:** 11/05/2020

**Basis for Determination:**

ACS unsubstantiated the allegations of Inadequate Guardianship of the children by the mother on the basis that the mother had made proper arrangements for the children to remain with paternal relatives who had agreed to care for them during her absence. The children were not in immediate danger of serious harm.

**OCFS Review Results:**

The investigation of the report was initiated in a timely manner. There was evidence of contact with the subject of the report and other family members. ACS also made contact with service providers who had no concerns regarding the care of the children. There was evidence of supervisory involvement throughout.

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

| Date of SCR Report | Alleged Victim(s)        | Alleged Perpetrator(s)   | Allegation(s)                        | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|--------------------------|--------------------------------------|--------------------|---------------------|
| 11/14/2019         | Sibling, Female, 6 Years | Mother, Female, 24 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated    | No                  |
|                    | Sibling, Female, 5 Years | Mother, Female, 24 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated    |                     |
|                    | Sibling, Male, 1 Years   | Mother, Female, 24 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated    |                     |
|                    | Sibling, Male, 1 Months  | Mother, Female, 24 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated    |                     |
|                    | Sibling, Female, 5 Years | Mother, Female, 24 Years | Inadequate Guardianship              | Unsubstantiated    |                     |
|                    | Sibling, Male, 1 Years   | Mother, Female, 24 Years | Inadequate Guardianship              | Substantiated      |                     |
|                    | Sibling, Male, 1 Months  | Mother, Female, 24 Years | Inadequate Guardianship              | Substantiated      |                     |
|                    | Sibling, Female, 6 Years | Mother, Female, 24 Years | Inadequate Guardianship              | Unsubstantiated    |                     |

**Report Summary:**

The SCR report alleged the mother had a history of untreated clinical illness, which was negatively impacting her ability to care for her 6-year-old, 5-year-old, 1-year-old, and 1-month-old children who were removed from her care along with another child for whom her rights were terminated, due to maltreatment or neglect. The mother was unable to provide adequate provisions for the children and they were all residing in the same bedroom. The mother, and the older children slept in the same bed and the infant previously slept in a car seat. Additionally the infant was born prematurely and required a higher level of care, which the mother could not provide.

**Report Determination:** Indicated

**Date of Determination:** 01/14/2020

**Basis for Determination:**

ACS substantiated the allegation of Inadequate Guardianship of the 1 year old and 11 month old children on the basis that the mother failed to keep medical appointments for the 1-year-old child and continued the same pattern for the 11-month old child who was born premature. ACS unsubstantiated the allegation of inadequate Guardianship of the 6-year-old and 5-year-old children as the children's needs were being met by the MGM with whom the children were staying.

**OCFS Review Results:**

The report was initiated timely. There was evidence of a review of the prior history of the family. There was also the evidence of supervisory involvement and the adults were provided the appropriate notices.

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



# Child Fatality Report

| Date of SCR Report | Alleged Victim(s)       | Alleged Perpetrator(s)        | Allegation(s)                        | Status/Outcome | Compliance Issue(s) |
|--------------------|-------------------------|-------------------------------|--------------------------------------|----------------|---------------------|
| 11/06/2019         | Sibling, Male, 1 Months | Mother, Female, 24 Years      | Inadequate Food / Clothing / Shelter | Far-Closed     | No                  |
|                    | Sibling, Male, 1 Months | Mother, Female, 24 Years      | Inadequate Guardianship              | Far-Closed     |                     |
|                    | Sibling, Male, 1 Months | Grandparent, Female, 45 Years | Inadequate Food / Clothing / Shelter | Far-Closed     |                     |
|                    | Sibling, Male, 1 Months | Grandparent, Female, 45 Years | Inadequate Guardianship              | Far-Closed     |                     |

**Report Summary:**

The SCR report alleged the 1-month-old child was residing with his mother and grandmother and the mother did not have proper sleeping arrangements for the child who was sleeping in a car seat. The report alleged the mother made different excuses for the lack of the appropriate sleeping arrangements and refused to allow service providers in the home. There were concerns that there were no diapers, bottles or other provisions for the child.

**OCFS Review Results:**

The case documentation reflected CPS reviewed the prior history and determined there was a pattern of inadequate Guardianship along with other concerns including foster care placement. ACS made contact with the family, completed an assessment, provided a Pack n' Play for the child, and determined the FAR should be re-tracked to an investigation.

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

| Date of SCR Report | Alleged Victim(s)        | Alleged Perpetrator(s)   | Allegation(s)           | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 04/15/2019         | Sibling, Female, 5 Years | Mother, Female, 23 Years | Inadequate Guardianship | Substantiated      | No                  |
|                    | Sibling, Female, 4 Years | Mother, Female, 23 Years | Inadequate Guardianship | Substantiated      |                     |
|                    | Sibling, Male, 1 Years   | Mother, Female, 23 Years | Inadequate Guardianship | Substantiated      |                     |

**Report Summary:**

The SCR report alleged the mother had undiagnosed clinical health issues which impaired her ability to care for her children. Additionally, the mother had another child who was placed in foster care and that the mother was resistant to service providers' visits. The report also alleged that a week before the SCR report was registered the mother took the children to school but returned 30 minutes later, picked up the children and left. The children were not seen since that time. The report further alleged based on the mother's clinical health issues, her history of domestic violence and violating orders of protection, she was not able to ensure the safety of the children in her care.

**Report Determination:** Indicated **Date of Determination:** 06/14/2019

**Basis for Determination:**

ACS indicated the report on the basis of some credible evidence to substantiate the allegation of Inadequate Guardianship of the children. ACS documented the mother's failure to plan for the child in care, the children in her care, and also the mother's non-compliance with clinical health services. ACS also cited the fact that the children were not attending school as required.

**OCFS Review Results:**

ACS initiated the investigation and documented the family's prior history which reflected a patter of unstable housing and lack of supervision. There was evidence of contact with previous and current service providers and other collaterals. The Specialist made diligent effort to locate and interview the members of the family. Additionally, ACS linked the family with additional services before closing the investigation.

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



| Date of SCR Report | Alleged Victim(s)        | Alleged Perpetrator(s)     | Allegation(s)           | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|----------------------------|-------------------------|--------------------|---------------------|
| 01/30/2018         | Sibling, Female, 4 Years | Aunt/Uncle, Male, 18 Years | Inadequate Guardianship | Unsubstantiated    | No                  |
|                    | Sibling, Female, 4 Years | Aunt/Uncle, Male, 18 Years | Lack of Supervision     | Substantiated      |                     |
|                    | Sibling, Female, 3 Years | Aunt/Uncle, Male, 18 Years | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Female, 3 Years | Aunt/Uncle, Male, 18 Years | Lack of Supervision     | Substantiated      |                     |
|                    | Sibling, Male, 4 Days    | Mother, Female, 22 Years   | Inadequate Guardianship | Unsubstantiated    |                     |

**Report Summary:**

The SCR report alleged the 4-year-old and 3-year-old were in the care of their adult uncle. The uncle did not provide adequate supervision to the children. At around 5:30PM on 1/30/18, the uncle was asleep at the home while both children were in his care, and both children were awake and unsupervised. Someone had come to the family's door during this time, and both children came to the door and opened it. The children then tried to awaken the uncle twice, but were unable to do so.

**Report Determination:** Indicated

**Date of Determination:** 03/28/2018

**Basis for Determination:**

ACS substantiated the allegations of Lack of Supervision of the children by the uncle with whom the mother had left the children when she went to the hospital to give birth. The uncle did not properly monitor the children and as a result the 4-year-old child opened the door to the apartment to a stranger.

**OCFS Review Results:**

The report was investigated within the parameters of Social Services Law. There was evidence of supervisory involvement during the investigation. There are issues NYCRO will address as part of the provision of technical assistance.

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

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

The family was known to the SCR in reports dating back to 2011. However, as a subject the mother was known to the SCR in a report dated 12/23/2016. The allegations of the report pertained to the mother's inability to provide for the basic needs of the children. The allegations of the 2016 report were Lack of Medical Care, Inadequate Guardianship and Lack of Supervision of the mother's three-oldest children. The report was indicated and the family was referred for services.

**Known CPS History Outside of NYS**

There was no known CPS history outside of NYS.

**Services Open at the Time of the Fatality**

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality?** Yes

**Date the preventive services case was opened:** 03/18/2019

**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"/> |



# Child Fatality Report

|  |                                     |                                     |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the services provided meet the service needs as outlined in the case record?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Did all service providers comply with mandated reporter requirements?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Casework Contacts

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

### Services Provided

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were services provided to parents as necessary to achieve safety, permanency, and well-being?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Family Assessment and Service Plan (FASP)

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

### Provider

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

**Additional information, if necessary:**  
The family was in receipt of preventive services.

### Preventive Services History



The preventive services case began on 12/23/16. While the children were in foster care, the mother was referred for mental health services, domestic violence counseling, individual counseling, and parenting skills classes. The fathers of the children were also referred for counseling. As of the writing of this report, the preventive services case remains open.

### Foster Care Placement History

During the 2016 investigation, the mother's three eldest children ages 3 years old, 2 years old, and 4 months old were removed as a result of domestic violence concerns in addition to the lack of medical care of the 4-month-old child who was severely ill, and the lack of supervision of the children who were found in a deplorable home condition. ACS filed an Article 10 Petition in family court on 12/27/2016 and a remand of the children was granted. The 4-month-old child was placed in non-kinship care and remained in care until the mother's rights were terminated in January 2020, and he was adopted. The then 3 and 2 year old children were removed to alternative placement with their paternal grandmother.

### 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