



Report Identification Number: NY-22-090

Prepared by: New York State Office of Children & Family Services

Issue Date: Apr 18, 2023

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 10/23/2022
Initial Date OCFS Notified: 10/23/2022

Presenting Information

On 10/24/2022, the New York City Administration for Children Services (ACS) was informed of the death of the 5-month-old subject child. At the time of the death, the child was listed on an open Foster Care case. The child was born with a genetic medical condition and had been hospitalized multiple times since birth. The child succumbed to her medical condition on 10/23/2022. Concerns for unexplained fractures noted during a July hospitalization led to the filing of an abuse petition against the mother and father, and the child was placed with her maternal great-aunt.

Executive Summary

This report regards the death of the 5-month-old subject child which occurred on 10/23/2022. At the time of the death, the subject child was hospitalized and in the kinship custody of a maternal great-aunt. The mother and father visited daily at the hospital with the subject child. There was a surviving half-sibling that did not live in the household with whom the father had only supervised visitation.

The subject child was diagnosed with a rare immune deficiency disorder and had been hospitalized multiple times since birth. The subject child was hospitalized on 8/12/2022 and remained hospitalized until her death on 10/23/2022. The subject child underwent a bone marrow transfusion on 9/23/2022 and her condition improved for a short time. The subject child's health deteriorated dramatically in October 2022, and the subject child was placed on a ventilator and remained on the ventilator until she passed away on 10/23/2022 at 8:06 AM. Medical providers verified that the subject child passed away due to complications from her immune deficiency disorder.

ACS contacted the office of the medical examiner and learned an autopsy was not completed. Law enforcement had been involved with the family due to the previous concern for abuse related to the fractures discovered on the subject child; however, that investigation was closed with no charges or arrests due to a lack of evidence. Law enforcement reported there would be no criminal investigation of the fatality as the subject child died at the hospital from her medical condition.

At the time of the fatality, the subject child was listed on an open foster care services case. The death was reported to OCFS via the required 7065 Agency Reporting Form and ACS gathered information related to the death of the subject child as appropriate. ACS attempted to assess the safety of the surviving half-sibling; however, the father was uncooperative in providing locating information and other attempts at contact were unsuccessful.

The family was provided assistance with funeral and burial costs. The record did not reflect contact with the mother or father after the fatality and did not reflect bereavement or other services offered to the mother, father, or great-aunt in response to the fatality.

PIP Requirement

ACS will submit a PIP to the New York City Regional Office within 45 days of the receipt of this report. The PIP will identify action(s) the ACS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACS will review the plan and revise as needed to address ongoing concerns.

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

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:
The record did not reflect any contact with the parents after the fatality to gather information or assess their need for services. As of the writing of this report, the services case remained open.

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: 10/23/2022

Time of Death: 08:06 AM

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

County where fatality incident occurred: New York

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used and/or ingested alcohol or drugs? No

Child's activity at time of incident:

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: Hospitalized | | |

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	Female	5 Month(s)
Deceased Child's Household	Foster Parent	No Role	Female	72 Year(s)
Other Household 1	Father	No Role	Male	22 Year(s)
Other Household 1	Mother	No Role	Female	21 Year(s)

LDSS Response

ACS learned of the death of the subject child through phone contact with the hospital on 10/23/2022. Upon being informed of the death, ACS gathered information from medical providers, law enforcement, services providers, and the kinship guardian maternal great-aunt. ACS notified OCFS of the death via the required 7065 Agency Reporting Form.

ACS learned the subject child had been hospitalized due to her immune deficiency disorder since 8/12/2022 and underwent a bone marrow transplant on 9/23/2022, after which she was reported to have a 50 percent chance of survival. The subject child experience seizures and liver failure and was moved to the NICU in October of 2022 where she was placed on a ventilator. Though they did not have physical custody at the time of the death, the parents retained their legal rights and cooperated with hospital staff regarding medical decision making. On 10/20/2022, the parents asked that the hospital not initiate life saving measures and hospital staff agreed with that decision, stating the subject child was not expected to survive and any life saving measures could be harmful to the subject child's end of life comfort.

At the time of her death, the subject child was in kinship foster care with her maternal great aunt. In June 2022, the subject child was hospitalized due to her immune deficiency disorder and hospital staff discovered multiple fractures to her ribs and legs. Hospital staff reported the injuries were concerning for abuse and were not related to the subject child's medical condition. ACS filed petitions in family court and the subject child was remanded to foster care. The subject child was placed with the maternal great-aunt and the parents were court ordered to have only supervised contact. During a hospitalization in August of 2022, the subject child was found to have new fractures in her wrist and forearm and interviews with hospital staff and service providers noted the mother and father had been visiting the subject child in the hospital without supervision. A new plan for supervision was initiated and family members, child welfare staff, services providers, and hospital staff supervised with the parents during their visitation until the death of the subject child. On 9/7/2022, an attending hospital physician reported the medical team ordered broader genetic testing to determine if the subject child's immune deficiency disorder was causing her bones to soften; however, those test results were outstanding at the time of the fatality.

The record reflected appropriate background checks, clearances, and trainings were conducted related to the great-aunt's kinship foster care status. Home visits and contacts were completed as required; however, the documentation in the case record was completed untimely with about 20 percent of the progress notes entered over 30 days after the corresponding event date.

Through interviews with the parents, family members, and hospital staff, ACS learned the mother had given birth to another child in 2021 and that child died shortly after birth of the same medical condition.

The record did not reflect contact with the mother or father after the death of the subject child for the purposes of gathering



information related to the death or providing fatality related services.

The great-aunt was interviewed stated she had observed the mother and father to be appropriate while caring for the subject child during their visits to her home and while she was supervision their contact in the hospital. The record did not reflect bereavement services or other fatality-related services were offered to the great-aunt after the death.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



district?				
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 ACS did make attempts to locate and assess the safety of the surviving half-sibling. The father was uncooperative and did not provide any contacting or locating information for the surviving sibling and other efforts to find the half-sibling were unsuccessful.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
 There was no documented contact with the mother and father after the death of the subject child. The record did not reflect if the parents were in need of or provided any services related to the fatality.

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 as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No



Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The family was provided funeral and burial assistance. The services case open at the time of the death included mental health, substance abuse, and domestic violence services for the parents; however, the record did not reflect if those services continued after the fatality. Family planning counseling was not offered, despite the genetic medical issues documented for the children of the parents.

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

Explain:

The family was provided assistance with funeral and burial costs. The record did not reflect contact with the mother or father after the fatality and did not reflect bereavement or other services offered to the mother, father, or great-aunt in response to the fatality.

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? Yes
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
- Had a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none 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)
08/22/2022	Deceased Child, Female, 3 Months	Mother, Female, 21 Years	Choking / Twisting / Shaking	Unsubstantiated	No
	Deceased Child, Female, 3 Months	Mother, Female, 21 Years	Fractures	Unsubstantiated	
	Deceased Child, Female, 3 Months	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 3 Months	Father, Male, 22 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Deceased Child, Female, 3 Months	Father, Male, 22 Years	Fractures	Unsubstantiated	
	Deceased Child, Female, 3 Months	Father, Male, 22 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The SCR report alleged there was a history of the subject child sustaining fractures while in the care of the mother and father. The subject child was admitted to the hospital 8/13/2022 for complications due to an immune disorder. While hospitalized, the subject child sustained a fracture to her wrist and forearm, which occurred while the mother and father had unsupervised access to the subject child at the hospital.

Report Determination: Indicated

Date of Determination: 09/02/2022

Basis for Determination:

The investigation conclusion narrative noted the allegation of Inadequate Guardianship was substantiated against the mother and father as the subject child sustained a fracture to her wrist and forearm while unsupervised with the parents. The allegations of Fractures and Choking / Twisting / Shaking were unsubstantiated against the parents as there was not a preponderance of evidence that the injuries were inflicted on the child.

**OCFS Review Results:**

ACS initiated a timely investigation, coordinated with law enforcement, assessed and planned for the safety of the subject child, interviewed the parents, and gathered information from collateral sources. It was determined the parents were visiting with the subject child unsupervised while the subject child was hospitalized and a safety plan was enacted to ensure a safety resource would be present during all visitation. The child remained hospitalized at the close of the investigation and remained in kinship foster care placement with the maternal aunt.

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)
07/01/2022	Deceased Child, Male, 2 Months	Mother, Female, 21 Years	Fractures	Substantiated	No
	Deceased Child, Male, 2 Months	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 2 Months	Father, Male, 22 Years	Fractures	Substantiated	
	Deceased Child, Male, 2 Months	Father, Male, 22 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The SCR report alleged the 2-month-old subject child had bilateral rib fractures, fractures to both femurs, fractures to the tibia and radius, and those injuries were suspicious in nature. The mother and father were unable to provide a reasonable explanation for the injuries.

Report Determination: Indicated

Date of Determination: 08/11/2022

Basis for Determination:

The investigative conclusion narrative noted the allegations of Fractures and Inadequate Guardianship were substantiated against the mother and father regarding the subject child. A medical assessment was completed while the subject child was hospitalized and hospital staff determined the rib and femur fractures were the result of inflicted trauma. The subject child was in the care of the parents when the injuries were sustained and the parents were unable to provide an explanation as to how the injuries occurred.

OCFS Review Results:

ACS initiated a timely investigation, assessed for safety, coordinated with law enforcement, and interviewed collateral sources as appropriate. A legal consultation was completed and ACS filed petitions in family court. The subject child was removed from the parents and placed in kinship foster care with a maternal aunt.

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)
09/23/2021	Sibling, Male, 2 Years	Other Adult - Mother of the half-sibling, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Years	Other Adult - Mother of the half-sibling, Female, 22 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 2 Years	Other Adult - Mother of the half-sibling, Female, 22 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

The SCR report alleged the half-sibling was brought to the hospital on 9/21/2021 by the half-sibling's mother due to a



rash in his genital area and the half-sibling's mother left the hospital before the half-sibling was evaluated. The half-sibling continued to experience pain and redness to his genital area. On 9/22/2021, the half-sibling was not properly supervised and located and started to drink a bottle of water. The half-sibling's mother became irate and out of control, yelled obscenities at the half-sibling, grabbed his shirt and dragged him, and struck him on his head and mouth. It was unknown if the half-sibling was injured. The father was listed in the case composition with no role.

Report Determination: Unfounded

Date of Determination: 11/22/2021

Basis for Determination:

The investigation conclusion narrative noted the allegations of Inadequate Guardianship, Lack of Supervision, and Lack of Medical Care were unsubstantiated against the half-sibling's mother. The half-sibling's mother reported she did yell at the child when she observed him putting a stranger's water bottle to his mouth as she was worried, and struck the child on the mouth and hand to redirect him. There were no injuries observed. The half-sibling's mother stated she did bring the half-sibling to the doctor for a rash and provided proof of the doctor visit. Through interviews with family members and collateral sources, no evidence was found to support the allegations.

OCFS Review Results:

ACS initiated a timely investigation, assessed the safety of the half-sibling, interviewed family members and collateral sources, and made a determination of the allegations in congruence with information gathered. The half-sibling was diagnosed with a medical condition during the investigation. ACS discussed the information with a medical consultant and offered preventive services to the half-sibling's mother; however, she declined the services.

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

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

The father was the subject of 1 SCR report more than 3 years prior to the fatality. The report was received 4/26/2019 and regarded an incident wherein the father struck the mother of the half-sibling, locked her in a room, and brandished a knife while threatening her in the presence of the half-sibling. The allegation of Inadequate Guardianship was substantiated against the father. The father was arrested, charged, and subject to an order of protection. ACS filed a petition against the father and a preventive services case was opened.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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"/>

Preventive Services History

A preventive services case was opened 5/22/2019 to provide services to the father, the half-sibling, and the mother of the half-sibling pursuant to the father being arrested and indicated after an incident when he physically assaulted the mother of



the half-sibling. The mother of the half-sibling was provided resources for housing and counseling. The father was referred to batterer's counseling and mental health counseling, but did not engage with the services. The preventive services case was closed 10/21/2020 when the mother of the half-sibling and the half-sibling moved out of state. An OOP remained in place and the father could not have unsupervised contact with the half-sibling.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 07/19/2022

Date of placement with most recent caregiver? 07/19/2022

How did the child(ren) enter placement? Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



caretakers made, including requirements for contact at the child's placement location?				
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Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 08/10/2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 07/22/2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 07/22/2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
The family court petitions were withdrawn on 1/25/2023. The Family Services Stage remained open as of the writing of this report.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	21 out of 110 progress notes were entered over 30 days after the corresponding event date.
Legal Reference:	18 NYCRR 428.5
Action:	The agency must submit a PIP to ACS and NYCRO within 45 days of receipt of this report. The PIP will identify action(s) it has taken, or will take, to address the cited issue(s).
Issue:	Timeliness of completion of FASP
Summary:	A plan amendment FASP was not completed within 30 days after the death of the subject child.
Legal Reference:	18 NYCRR428.3(f)
Action:	The agency must submit a PIP to ACS and NYCRO within 45 days of receipt of this report. The PIP will identify action(s) it has taken, or will take, to address the cited issue(s).



Issue:	Adequacy of services following the fatality
Summary:	The record did not reflect contact with the mother or father after the fatality, nor did it reflect bereavement services were offered to the mother, father, or great-aunt.
Legal Reference:	18 NYCRR 432.2(b)(4);428.6
Action:	The agency must submit a PIP to ACS and NYCRO within 45 days of receipt of this report. The PIP will identify action(s) it has taken, or will take, to address the cited issue(s).

Foster Care Placement History

The subject child was remanded to foster care on 7/12/2022 and placed in the kinship care of a maternal great-aunt. The subject child resided in the home of the great-aunt for only a short time as the subject child was hospitalized multiple times in July and August of 2022. The great-aunt was provided medical training to care for the subject child and the foster care agency and ACS coordinated, scheduled, and facilitated visitation for the mother and father appropriately. The foster care case remained ongoing at the time of the death and was still open at the time this report was written.

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:
07/08/2022	There was not a fact finding	Withdrawn
Respondent:	063110 Mother Female 21 Year(s)	
Comments:	Article 10 Abuse/Neglect petitions were filed against the mother and father regarding the subject child. On 7/12/2022, the subject child was remanded and on 7/19/2022, the subject child was placed in kinship foster care with a maternal aunt. The petitions were withdrawn and dismissed after the death of the subject child.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
07/08/2022	There was not a fact finding	Withdrawn
Respondent:	063111 Father Male 22 Year(s)	
Comments:	Article 10 Abuse/Neglect petitions were filed against the mother and father regarding the subject child. On 7/12/2022, the subject child was remanded and on 7/19/2022, the subject child was placed in kinship foster care with a maternal aunt. The petitions were withdrawn after the death of the subject child.	

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