



Report Identification Number: NY-23-020

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

Issue Date: Aug 03, 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: 1 year(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 02/13/2023
Initial Date OCFS Notified: 02/14/2023

Presenting Information

The 1-year-old child died during an open CPS investigation that began on 1/18/23. The SCR report alleged the father had a history of assaulting the mother in the presence of the child and sibling while under the influence of marijuana. During the investigation, additional information was reported to the SCR regarding the fatality. The child's death was a result of chronic illness. She had acidic blood, heart failure, and heart defects. The child's death was not suspicious and was a result of natural causes. The Administration for Children's Services completed the required 7065 Agency Reporting Form untimely on 3/6/23.

Executive Summary

This fatality report concerns the death of the 1-year-old child that occurred on 2/13/23. The child died during an open investigation regarding physical domestic violence between the parents and the father's marijuana use. The child died as a result of a chronic illness. At the time of the death, the child was hospitalized. She resided with her parents and 3-year-old sibling. The sibling was assessed to be safe in the care of the parents.

The Administration for Children's Services (ACS) learned of the death after the information was reported to the SCR. Although ACS notified OCFS of the death and completed the required 7065 Agency Reporting Form, the form was completed untimely on 3/6/23. It remained unknown if an autopsy was completed. The record did not reflect the medical examiner's office was contacted.

ACS learned from hospital staff that the child died while hospitalized and the death was not suspicious. The hospital reported the child's condition deteriorated overnight and she was pronounced deceased at 5:40 AM on 2/13/23. A death certificate was not noted to have been obtained.

Prior to the death, the parents reported the child was chronically ill and was born with a heart condition. The child developed a lung infection, and she was hospitalized. The child was expected to undergo heart surgeries and be monitored for the remainder of her life.

Collateral contacts including hospital staff, a neighbor and the paternal grandmother were made. There were no concerns for the care of the children.

ACS offered the family bereavement services, which the family accepted. It remained unknown if they utilized the burial assistance offered by ACS. The sibling was engaged in speech therapy. A Preventive Services Case was opened.

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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

Casework activity was commensurate with case circumstances.

- 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:

A Preventive Services Case was opened as the sibling was engaged in speech therapy. The parents needed help coping with the death of the child.

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: 02/13/2023

Time of Death: 05:40 AM

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

County where fatality incident occurred: Bronx

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:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- 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 | 1 Year(s) |
| Deceased Child's Household | Father | No Role | Male | 24 Year(s) |
| Deceased Child's Household | Mother | No Role | Female | 25 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 3 Year(s) |

LDSS Response

On 2/13/23, ACS was made aware of the death after information was reported to the SCR. Additionally, a hospital social worker notified ACS and provided information that the child abruptly had an episode of an abnormal pulse which indicated heart disease. The child’s condition deteriorated the night prior to her death and despite resuscitation efforts, the child was unable to be revived.

A case conference note reflected the child was born with ½ of her heart and required 3 surgeries. The child was hospitalized since November 2022. The child appeared to have a condition in which either side of the heart was underdeveloped and unable to function. The condition required lifelong monitoring. Although the record reflected this information was electronically signed by a doctor, the record did not reflect a conversation with the doctor, where he was employed, or his role in the child’s care.

The record did not reflect whether an autopsy was performed or attempts to contact the medical examiner. The record did not reflect efforts were made to obtain the death certificate.

On 2/23/23, a home visit was made, and the sibling was assessed as safe with the mother. The record did not reflect the father was seen following the death. ACS offered the mother bereavement services for her and the father. The parents engaged in the services. A Preventive Services Case was opened to aid the family in coping with the death.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

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

Comments: New York City does not have an OCFS approved Child Fatality Review Team.



CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|----------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| All children observed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed? | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Examiner / Coroner | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | <input 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 district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|

Explain:

The sibling was assessed to be safe in the care of the parents.

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



Child Fatality Report

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 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:
The parents accepted bereavement services. The sibling was enrolled in and was benefitting from speech therapy.

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"/> |

Explain as necessary:
The sibling did not need to be removed.

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



Child Fatality Report

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

Other, specify: Speech Therapy

Additional information, if necessary:

The parents accepted bereavement services. The sibling was engaged in speech therapy.

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

Explain:

The sibling was too young to benefit from services in response to the fatality.

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

Explain:

The parents were referred to bereavement services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

Yes

Was the child acutely ill during the two weeks before death?

Yes

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) |
|--------------------|---------------------------------|------------------------|-------------------------|--------------------|---------------------|
| 01/18/2023 | Deceased Child, Female, 1 Years | Father, Male, 24 Years | Inadequate Guardianship | Unsubstantiated | Yes |
| | Sibling, Male, 3 Years | Father, Male, 24 Years | Inadequate Guardianship | Unsubstantiated | |

Report Summary:

An SCR report alleged the father had a history of assaulting the mother while the 3-year-old sibling and child were present. The last known situation occurred on 1/17/23. The father was under the influence of marijuana when he slapped the mother. The sibling cried.



Report Determination: Unfounded

Date of Determination: 03/17/2023

Basis for Determination:

The Investigation Conclusion Narrative noted the mother stated she and the father were in a "pushing battle" due to being under stress regarding the child being chronically ill and hospitalized. The Investigation Conclusion Narrative stated the mother denied domestic violence. The parents explained their emotions were high and their relationship was strained.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. Safety Assessments were completed timely, home visits were made, and some collaterals were contacted. The father reported the child was hospitalized and chronically ill. The child died due to medical complications during the investigation. The father was not provided with written notice. Even though the investigation was unfounded, ACS generated Notice of Indication letters. It remained unknown if the parents were provided with the letters. A services case was opened, noting interpersonal violence between the parents. The sibling was in need of speech therapy and the parents requested bereavement counseling.

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

Issue:

Failure to report death of child in open CPS or Preventive/CPS services case in timely manner

Summary:

Although the 7065 Agency Reporting Form was provided to OCFS, it was provided untimely on 3/6/23.

Legal Reference:

06-OCFS-LCM-13

Action:

ACS will complete the 7065 Agency Reporting Form and send it to the appropriate Regional Office of the New York State Office of Children and Family Services within 72 hours of the injury, accident, or death.

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

There is no known CPS history outside of New York.

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