



Report Identification Number: NY-23-035

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

Issue Date: Aug 29, 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: 9 month(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 03/30/2023
Initial Date OCFS Notified: 03/31/2023

Presenting Information

An SCR report alleged on 03/30/23, around 6:00 PM, the mother put the 9-month-old child to sleep in her crib. Around 8:00 PM, the mother heard the child cry and went to check on her. The mother consoled the child and laid her back down. At 8:15 PM, the mother checked on the child again and found the child to be unresponsive and purple. The mother carried the child next door to the paternal aunt's home. The aunt performed CPR until EMS arrived. EMS continued CPR and transported the child to the hospital. The child was pronounced deceased at 9:03 PM. The mother did not have an explanation for the death.

Executive Summary

This fatality report concerns the death of the 9-month-old child that occurred on 03/30/23. A report was made to the SCR on 03/31/23, alleging the mother placed the child to sleep in a crib and approximately 2 hours later, found the child unresponsive; the child later died. At the time of the death, the child resided with the mother and 2-year-old sibling. The sibling was assessed to be safe with the mother. At the time of the death, there was an open CPS investigation that began on 03/14/23 regarding concerns for domestic violence. There was an open Preventive Services Case as the Administration for Children's Services (ACS) filed an Article 10 Neglect Petition against the father due to his violence against the mother.

ACS coordinated investigative efforts with law enforcement upon receipt of the SCR report. The outcome of the criminal investigation remained unknown; however, the district attorney's office reported they were unaware of any criminal charges. An autopsy was performed; however, the final report had not yet been received at the time of this writing. The medical examiner's office reported there were no injuries found on the child.

The mother was interviewed and reported placing the child to sleep around 6:00 PM on 03/30/23 and when she checked on her, she was unresponsive and not breathing. The mother brought the child to the paternal aunt's home, and the paternal aunt performed CPR until EMS arrived. EMS took over resuscitation efforts and transported the child to the hospital where she was pronounced deceased.

ACS made collateral contacts with hospital staff, the paternal aunt, the pediatrician, and daycare staff. There were no noted concerns for safety of the child or sibling.

The allegations of Inadequate Guardianship and DOA/Fatality were unsubstantiated against the mother. The Investigation Conclusion Narrative noted there was not a fair preponderance of evidence to support the allegations of the report. The mother acted appropriately when she found the child unresponsive and immediately sought help for the child.

ACS completed required reports and Safety Assessments timely and accurately. Home visits were made and interviews with the family and collateral contacts were thorough and appropriate. After all casework activity was completed, ACS determined and closed the investigation. The Preventive Services Case remained open as the Neglect Petition against the father remained pending.

PIP Requirement

The contracted agency 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 contracted agency has taken, or will take, to address the cited issue(s). For issues



where a PIP is currently implemented, the contracted agency 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:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Explain:

At the time this report was written, the services case remained open for monitoring.

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:

Casework activity was commensurate with case circumstances regarding the fatality investigation.

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: 03/30/2023

Time of Death: 09:03 PM



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

08:15 PM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

08:19 PM

Did EMS respond to the scene?

Yes

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

Unknown

Child's activity at time of incident:

 Sleeping Working Driving / Vehicle occupant Playing Eating Unknown Other

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	9 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Father	No Role	Male	30 Year(s)

LDSS Response

On 03/31/23, ACS received the fatality report from the SCR. Within the first 24 hours of the investigation, ACS contacted the source of the report, notified the medical examiner and district attorney's offices of the death, coordinated investigative efforts with law enforcement and documented a CPS history check. The sibling was assessed to be safe with the mother.

On 03/31/23, the mother was interviewed. She reported 03/30/23 was a normal day. She picked the child and sibling up from daycare around 5:30 PM and went home. She placed the child on her back in her crib to sleep around 6:00 PM. She was swaddled in a blanket. The child cried around 8:00 PM, and the mother consoled her for approximately 10 minutes and the child fell back asleep. The mother checked on the child shortly thereafter and the child appeared comfortable, and she was breathing. Around 8:15 PM, the child's face was observed to be purple. The mother noted nothing was covering the child's face when she found the child unresponsive. The mother immediately picked up the child and ran next door to the paternal aunt's home. The paternal aunt and the mother called 911 and performed CPR until first responders arrived and took over resuscitation efforts.

Hospital staff reported the child arrived at the hospital via ambulance while CPR was in progress. The child was cold to the touch and resuscitation efforts were unsuccessful. The child was pronounced deceased at 9:03 PM. Hospital staff reported there was no evidence of obvious abuse or neglect. The mother reported the same recollection to hospital staff that was reported to ACS.

The pediatrician's office did not have concerns for the care of the child. Daycare staff was interviewed and reported the



child was fine on 03/30/23 yet napped longer than normal. There were no concerns for the mother's care of the children. The paternal aunt reported calling 911 and administering CPR. The father did not have additional information. ACS attempted to obtain the EMS run-sheet to no avail.

ACS appropriately determined the allegations and closed the investigation into the death. The Preventive Services Case remained open.

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 investigation conducted by a Multidisciplinary Team (MDT)? Yes

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.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
064388 - Deceased Child, Female, 9 Mons	064389 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
064388 - Deceased Child, Female, 9 Mons	064389 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated

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



documentation?				
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Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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



siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?

Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?

Explain as necessary:
The sibling did not need to be removed as a result of the fatality investigation.

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 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 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 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"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:



ACS referred the parents to grief counseling. The mother accepted the services; it remained unknown if the father utilized the services. The family was provided with burial assistance. The sibling was waitlisted for play therapy and was provided with a toddler bed. The parents were referred to an advocate against DV and parenting classes. The father was referred to substance abuse treatment.

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 sibling was referred to play therapy.

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

Explain:

The parents were provided with burial assistance and accepted mental health therapy. The parents were offered and accepted grief counseling; they were waitlisted for the 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? No

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)
03/14/2023	Deceased Child, Female, 9 Months	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 9 Months	Mother, Female, 26 Years	Lacerations / Bruises / Welts	Unsubstantiated	



Child Fatality Report

Deceased Child, Female, 9 Months	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Female, 9 Months	Father, Male, 30 Years	Lacerations / Bruises / Welts	Unsubstantiated

Report Summary:

An SCR report alleged the child presented with suspicious bruises on her back, stomach, and face. The parents were responsible for the child when she sustained the injuries.

Report Determination: Unfounded

Date of Determination: 04/24/2023

Basis for Determination:

The allegations were unsubstantiated. The Investigation Conclusion Narrative stated the child was medically examined and there were “no significant findings of child abuse.” The investigation did not reveal evidence that the parents were unable to provide adequate care to the children.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. Safe sleeping recommendations were provided. It was determined the sibling caused bruising to the child by roughly playing. The father did not see the child for a month prior to the report. A CPS history check was completed timely. The child died during 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)
07/26/2022	Deceased Child, Female, 1 Months	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Months	Father, Male, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 1 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Father, Male, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged the father had a history of excessively drinking and physically assaulting the mother. On 07/25/22, at approximately 10:10 PM, the father came home intoxicated. While intoxicated, the father engaged in a verbal argument with the mother while the mother was holding the child, and in the presence of the sibling. The father shoved the mother while she was holding the child and threw a cellphone at the mother. The cellphone hit the mother in the forehead and hit the child in the arm. The mother sustained redness and swelling to her forehead. The child did not sustain injuries.

Report Determination: Indicated

Date of Determination: 09/20/2022

Basis for Determination:

The allegations were substantiated. The Investigation Conclusion Narrative stated the father admitted to throwing the cellphone which hit the mother. The father was physically violent toward the mother in the presence of the children. The father excessively drank alcohol on a consistent basis. An Article 10 Neglect Petition was filed against the father, and a stay-away order was granted.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. Home visits were made; the parents and collaterals were interviewed. A CPS history check was completed timely. ACS provided safe sleeping recommendations. The father was referred to a substance abuse assessment. The parents were referred to a domestic violence advocate, and anger management and parenting classes. A Preventive Services Case was opened.



Child Fatality Report

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

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

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

Known CPS History Outside of NYS

There is no known CPS history outside of New York.

Services Open at the Time of the Fatality

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

Date the preventive services case was opened: 08/04/2022

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 08/04/2022

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



permanency, and well-being?

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"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Services were provided to the family by a contracted agency.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Issue:	Failure to Complete a Plan Amendment
Summary:	A plan amendment reflecting the death of the child was not completed.
Legal Reference:	18 NYCRR 428.7
Action:	The contract agency will complete a plan amendment any time a significant change occurs in the status of the case, which includes when services end for a family member due to death. This will be done within 30 days of the change if an initial FASP has already been completed, unless the change occurs within 60 days of the next FASP. In that instance, the change can be documented at that time.

Preventive Services History

A Preventive Services Case was opened on 08/04/22. ACS filed an Article 10 Neglect Petition against the father after he perpetrated physical domestic violence against the mother in the presence of the child and sibling. The father was intoxicated when he threw a cellphone at the mother, striking her in the forehead. The father shoved the mother. An order of protection was granted on behalf of the mother, barring the father from contact with her. ACS obtained an order of



protection for the children barring the father from unsupervised contact with them. On 02/23/23, the father attempted to slap the mother during a supervised visit. He was intoxicated at the time of the incident. The father was ordered to attend anger management classes, parenting classes, substance abuse treatment and random drug screenings. The father missed appointments regarding his alcohol misuse. The mother participated in parenting classes and communicated with an advocate against domestic violence. At the time this report was written, the case remained open.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
08/05/2022	There was not a fact finding	There was not a disposition
Respondent:	064391 Father Male 30 Year(s)	
Comments:	An order of supervision and orders of protection regarding the children were granted.	

Criminal Charge: Endangering the welfare of a child Degree: NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
07/22/2022	The father	Unknown	Unknown
Comments:	The father was arrested for endangering the welfare of a child when he threw a cellphone at the mother while she was holding the child.		

Criminal Charge: Assault Degree: 2

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
07/25/2022	The father	Unknown	Unknown
Comments:	The father was arrested for assault after throwing a cell phone at the mother, striking her in the forehead.		

Have any Orders of Protection been issued? Yes

From: Unknown	To: 02/09/2024
Explain: An order of protection barring the father from unsupervised contact with the child and sibling was granted. The order of protection would remain in effect until 02/09/2024.	



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