



Report Identification Number: NY-23-114

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

Issue Date: Apr 29, 2024

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: 6 month(s)

Jurisdiction: New York
Gender: Female

Date of Death: 11/18/2023
Initial Date OCFS Notified: 11/18/2023

Presenting Information

On 11/18/2023, the New York City Administration for Children's Services (ACS) received an SCR report which alleged the mother (SM) and 6-month-old child (SC) were asleep in the same bed. At approximately 7:00 AM, the mother woke up and found the child not breathing and bluish in color. The mother called 911 and initiated CPR until first responders arrived. The child was transported to the hospital by ambulance where she was pronounced dead. It was believed the unsafe sleep environment contributed to the child's death. The role of the father (BF) was unknown.

Executive Summary

This report concerns the death of a 6-month-old child which occurred while in the care of her mother. The mother placed the child in an adult bed at approximately 12:00 AM and co-slept with the child. The mother awoke the following morning and found the child unresponsive, bluish in color, and stiff to the touch. The mother called 911 and the child was transported to the hospital by ambulance where she was pronounced dead.

ACS coordinated their investigation with law enforcement and performed interviews with the mother and relevant collateral contacts. The mother confirmed the events occurred as reported and the 2-year-old sibling was in the care of the maternal grandfather at the time of the fatal incident. The sibling was assessed as safe in the care of the mother and grandfather throughout the investigation. The mother was referred to additional services in response to the death of the child, though it was unclear if they were in place at the time the investigation was closed. The father was contacted by phone and stated he now lived in Texas and was not in the state at the time of the incident. The father declined additional services in response to the death of the child.

ACS interviewed the medical examiner prior to and after the autopsy was performed. The medical examiner stated the child was born at 27 weeks gestation and had underdeveloped lungs and was in an unsafe sleep environment. The medical examiner stated there were no signs of abuse or trauma present, and the bruises initially reported were attributed to lividity and were not inflicted. ACS interviewed law enforcement assigned to the investigation. Law enforcement did not anticipate criminal charges against the mother pending the final autopsy report. The final autopsy report was not available at the time the investigation was closed.

The allegations of DOA/Fatality, Inadequate Guardianship, and Lacerations, Bruises, Welts against the mother regarding the child were unsubstantiated and the investigation was closed. The allegation of Inadequate Guardianship was determined incorrectly as the mother placed the child in an unsafe sleep environment despite the child's medical complications from being born premature. The mother and sibling remained engaged with ACS through the prevention case which was open prior to the child's death.

PIP Requirement

ACS will submit a PIP to the New York Regional Office within 30 days of receipt of this report. The PIP will identify action(s) 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:
 - 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:

ACS conducted a thorough investigation and gathered evidence from relevant familial and collateral sources.

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:

ACS conducted a thorough investigation and gathered evidence from relevant familial and collateral sources. An incorrect determination of the allegation of IG was made at the time the investigation was closed.

Required Actions Related to the Fatality

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

Issue:	Appropriateness of allegation determination
Summary:	The allegation of Inadequate Guardianship was determined incorrectly. The mother utilized an unsafe sleep environment for the child despite medical complications from being born premature.
Legal Reference:	FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)
Action:	ACS will refer to the CPS Program Manual and/or consult with the New York Regional Office when determining the appropriateness of allegations, and will take into consideration all information when applying the circumstances to the definition(s).

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 11/18/2023

Time of Death: 08:56 AM

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

07:00 AM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

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	6 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Father	No Role	Male	31 Year(s)
Other Household 2	Mother's Partner	No Role	Male	25 Year(s)

LDSS Response

ACS received the SCR report, notified the DA and ME of their involvement, and coordinated their response with LE. LE informed ACS there were no signs of abuse or trauma, and the bruises reported to be on the SC's face were attributed to lividity. LE stated a crib was observed for the SC, though the SM was co-sleeping with the SC at the time of her death.

ACS interviewed the SM. The SM stated she placed the SC in the adult bed at approximately 12:00 AM and slept beside her. The SM awoke at approximately 6:20 AM and noted the SC was on her stomach with her head slightly lifted off the mattress. The SM stated she took a shower and prepared a bottle for the SC. Upon trying to wake the SC, the SM stated the SC was warm, though felt very stiff. The SM picked the SC up and vomit came out of her mouth. The SM called 911 and was instructed how to perform CPR while EMS was en route. EMS arrived to the home and transported the SC to the hospital where she was pronounced dead. The mother stated she co-slept with the SC and SS on alternating nights. The SM stated she co-slept with the SC due to the SS being in the care of the MGF at the time of the fatal incident.

ACS interviewed the ME following the autopsy. The ME stated the SC was born premature at 27 weeks gestation and had



multiple medical issues including underdeveloped lungs and the SC was in a poor sleeping environment. There were no signs of abuse or trauma present in the SC. The final autopsy report was pending at the time the investigation was closed. LE stated they did not anticipate criminal charges, pending the final autopsy report.

The BF was reached by telephone and stated he lived in Texas. ACS offered the BF services in response to the death of the SC which were declined. The SS was assessed as safe in the care of the SM and MGF following the death of the SC. Additional services were not put in place due to the SS's age.

The allegations against the SM regarding the death of the SC were unsubstantiated and the investigation was closed. The allegation of IG was determined incorrectly due to the SM placing the SC in an unsafe sleep environment on a regular basis despite medical complications from being born premature. The SM and SS remained engaged with services through the previously open prevention case.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

Comments: ACS does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066833 - Deceased Child, Female, 6 Month(s)	066834 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
066833 - Deceased Child, Female, 6 Month(s)	066834 - Mother, Female, 23 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
066833 - Deceased Child, Female, 6 Month(s)	066834 - Mother, Female, 23 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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:



Risk was assessed throughout the investigation and the SM was evaluated for additional services in relation to the death of the SC.

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 SS was assessed to be safe in the care of the SM and MGF throughout the 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 SM received services through a prevention case open prior to the death of the SC. An evaluation for additional services was conducted, though it was unclear if any additional services were provided at the time the investigation was closed.

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:
 Prevention services were in place for the SS, though services in relation to the death of the SC were not added.

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

Explain:
 The SM received services through existing providers. An assessment for additional services in response to the death of the SC was conducted during the investigation.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No
Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

<input type="checkbox"/> Had medical complications / infections	<input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Misused over-the-counter or prescription drugs	<input type="checkbox"/> Smoked tobacco
<input type="checkbox"/> Experienced domestic violence	<input type="checkbox"/> Used illicit drugs
<input type="checkbox"/> Had a positive toxicology at the time of delivery	<input type="checkbox"/> Used prescription drugs
<input type="checkbox"/> Used marijuana	<input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed

Infant was born:

<input type="checkbox"/> With a positive toxicology	<input type="checkbox"/> With fetal alcohol effects or syndrome
<input type="checkbox"/> Exhibiting withdrawal symptoms	<input checked="" type="checkbox"/> With none of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of	Alleged	Alleged	Allegation(s)	Allegation	Compliance
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Child Fatality Report

SCR Report	Victim(s)	Perpetrator(s)		Outcome	Issue(s)
05/14/2023	Sibling, Male, 1 Years	Father, Male, 31 Years	Emotional Neglect	Substantiated	No
	Sibling, Male, 1 Years	Father, Male, 31 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 31 Years	Internal Injuries	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

The SCR report alleged the BF physically assaulted the SM in the presence of the SS. During the altercation, the BF punched and kicked the pregnant SM in the stomach and accidentally punched the SS in the face. The SS was not injured. The SM was hospitalized due to the assault and the BF was arrested.

Report Determination: Indicated**Date of Determination:** 07/10/2023**Basis for Determination:**

ACS interviewed the family members and relevant collateral contacts. The SM gave birth to the SC as a result of the injuries she sustained during the altercation with the BF. The SC remained in the NICU at the time the investigation was closed. A neglect petition was filed against the BF and an OP was issued against him on behalf of the SM and children.

OCFS Review Results:

ACS conducted an investigation which met regulatory requirements and made a determination of the allegations in congruence with the evidence obtained. A long term services case was opened to provide the family with domestic violence counseling and to address the concerns of the BF's substance misuse.

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 was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

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

Date the preventive services case was opened: 05/19/2023

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

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

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: A prevention agency provided services to the mother as a victim of domestic violence.				

Preventive Services History

A preventive case was opened on 5/19/2023 in response to a neglect petition filed against the BF. Services provided included domestic violence counseling, services to address the BF's substance misuse, and services to help the parents communicate regarding the children.

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:
05/19/2023	There was not a fact finding	There was not a disposition
Respondent:	066836 Father Male 31 Year(s)	
Comments:	A neglect petition was filed against the BF stemming from a domestic violence incident during which the BF struck the SS in the face multiple times and assaulted the BM by punching her and hitting her with his vehicle.	

Have any Orders of Protection been issued? Yes

From: 05/19/2023

To: Unknown

Explain:

An OP was issued on behalf of the SM and children against the BF stemming from a domestic violence incident during which the BF struck the SS in the face multiple times and assaulted the BM by punching her and hitting her with his vehicle.

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