

Report Identification Number: NY-18-085

Prepared by: New York City Regional Office

Issue Date: Feb 25, 2019

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 4 day(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 08/26/2018
Initial Date OCFS Notified: 08/26/2018

Presenting Information

On 08/26/18 the SCR registered a report alleging that at approximately 7:34 A.M., the NYPD and EMS responded to a 911 call concerning the 4-day old SC who was reportedly unresponsive.

The report alleged that at 4:00 A.M., the SC was in his bassinet and began to cry; the mother took the SC out of the bassinet and began cradling him while she sat on her bed. The report also alleged the mother was holding the SC on her right arm and fell asleep. The report stated the father was on the bed asleep. The mother awoke at 7:17 A.M. and found the SC lying between her and the father. The mother took the SC to the kitchen table and began CPR, and then called 911. EMS transported the SC to the hospital where he was pronounced dead at approximately 8:10 A.M. on 08/26/18.

Executive Summary

The SC was 4 days old when he died on 8/26/18. As of the writing of this report, NYCRO had not yet received the ME report.

The family became known to ACS and Kings County Family Court (KCFC) due to a SCR report dated 7/15/17 regarding issues of DV. On 8/14/17, ACS filed an Article 10 Neglect Petition on behalf of the sibling naming the father as the respondent. Family Court granted ACS COS and issued a limited order of protection (OP) which allowed the father to continue living in the home; however, he had to refrain from physically assaulting the mother. The case was transferred to ACS Family Services' Unit (FSU) for COS; which ended on 7/19/18. The PPRS case remained open at the time of the fatality. The family resided in a separate one-bedroom apartment in the home of the paternal relatives.

On 8/26/18, the SCR registered a report with allegations of DOA/FATL and IG of the SC by the parents.

The mother gave birth to the SC prematurely on 8/22/18 by C-section; and remained at the hospital with the SC until 8/25/18 due to medical issues. However, at the time of discharge, the two were in good health. The mother reported she was discharged from the hospital at 8:00 P.M. and arrived at the home at about 10:00 P.M. At that time, the mother fed the SC and placed him to sleep in his bassinet. On 8/26/18 at 2:30 A.M., the mother fed the SC 16 mil of formula, burped him and again laid him to sleep in his bassinet. At 4:00 A.M., the SC was crying and she took him out of the bassinet and sat on the edge of the bed cradling the SC. The mother reported she sat with her back to the headboard with the SC in an upright position on her right arm. The mother fell asleep inadvertently and woke up at 7:15 A.M., to find the SC unresponsive. The mother woke up the father, then called 911 and began administering CPR as directed by the operator. The mother was transported to Brookdale Hospital with the SC and the father remained home with the sibling.

ACS initiated the investigation timely and made relevant collateral contacts concerning the death of the SC. ACS visited the home and found no safety concerns. There were provisions for the children and the sibling was assessed to be safe in the care of the parents.

ACS contacted NYPD who did not find any criminality surrounding the death of the SC. Also, the medical staff from the ER found no sign of trauma or maltreatment.

ACS completed three safety assessments and documented there were no safety factors concerning the sibling. ACS



supported this decision with the assessment of their FSU and the PPRS reports which indicated the family had engaged in services and there were no concerns about the parents' ability to care for the sibling.

ACS had not completed the RAP.

As of the writing of this report, ACS had not made a determination.

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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

The determination had not been completed at the time this fatality report was issued.

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:

As of 2/25/19 the report had not been determined.

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: 08/26/2018

Time of Death: 08:10 AM

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

Yes

Time of Call:

07:19 AM

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

Did child have supervision at time of incident leading to death? Yes

How long before incident was the child last seen by caretaker? 2 Hours

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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	Male	4 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	30 Year(s)

LDSS Response

On 8/26/18, ACS interviewed the parents separately concerning the events leading up to the SC's death. The parents reported the mother and the SC were discharged from the hospital on 8/25/18 at 8:00 P.M. and arrived at the home around 10:00 P.M. The mother fed the SC then burped him and placed him to sleep in the bassinet. The parents said the SC was "fussy" so the mother took him out of the bassinet to soothe him. The mother reported between the hours of 2:00 A.M. and 4:00 A.M. she was sitting on her bed holding the SC. The mother said she did not put him back in the bassinet because he was crying and she did not want to wake the sibling who was asleep in her crib. The mother said she was feeling some discomfort and laid back slightly on the headboard. The mother reported when she woke up at 7:15 A.M. she found the SC on the bed between her and the father. The parents observed there was blood on the sheets and blood coming from the SC's



nose. The mother said she immediately called 911, laid the SC on the kitchen table; and began to administer CPR as directed by the operator until EMS arrived. The mother indicated during the incident, the sibling remained asleep in her crib. The parents stated that they were tired and agreed the father would take a nap and then get up to care for the SC while the mother slept. The father said that before he fell asleep, the mother was sitting on the bed holding the SC. The father said the mother woke him up when she found the SC unresponsive and she then called 911. The parents slept on a full-size bed; the mother was 5'10 tall and weighed 195 pounds and the father was 5' 8 and weighed 185 pounds. The parents reported there had been no DV since ACS' involvement. The parents said they received safe sleep practice information and denied using any drugs or alcohol.

ACS contacted NYPD and verified the ME investigator went to the home and had the mother reenact the reported incident. According to the mother's demonstration, she was cradling the SC on her right arm and fell asleep. The mother demonstrated when she woke up the SC was lying between her arm and torso. The mother was facing the middle of the bed and her back was facing the edge of the bed. The mother was not fully lying down on the bed, she was partially leaning up on the head board. NYPD stated the ME and medical staff did not find any signs of abuse. The NYPD noted no arrest would be made. The NYPD stated the mother's account of the events was consistent with the information she provided to the medical staff.

ACS' EMS liaison stated the 911 call was received at 7:19 A.M and EMS responded to the home at 7:26 A.M. EMS' noted that upon arrival the SC was not breathing and had no vital signs. The mother told EMS the SC was crying on and off all night and that around 4:00 A.M., she was holding the SC and fell asleep. EMS attempted to resuscitate the SC and transported him to Brookdale Hospital where he was pronounced DOA.

The medical staff stated the SC arrived at the ER with the mother and EMS at about 7:45 A.M. The mother provided an account that was consistent with the information she provided to ACS and the NYPD. The medical staff did not have a cause of death and stated this was pending the autopsy report; however, there was no obvious trauma to the SC's body or any indication of abuse or maltreatment.

ACS interviewed neighbors and family members and there were no concerns about the care the parents provided for the sibling.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: There was no documentation of an MDT investigation; however, the investigation adhered to previously approved protocols for joint investigation.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: There is no OCFS approved Child Fatality Review Team in the NYC Region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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Child Fatality Report

048808 - Deceased Child, Male, 4 Day(s)	047542 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Pending
048808 - Deceased Child, Male, 4 Day(s)	047543 - Father, Male, 30 Year(s)	Inadequate Guardianship	Pending
048808 - Deceased Child, Male, 4 Day(s)	047542 - Mother, Female, 26 Year(s)	DOA / Fatality	Pending
048808 - Deceased Child, Male, 4 Day(s)	047543 - Father, Male, 30 Year(s)	DOA / Fatality	Pending

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<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"/>

Additional information:

N/A

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"/>



Child Fatality Report

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

Placement Activities in Response to the Fatality Investigation

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

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The family received PPRS prior to the fatality and the case remained active for family counseling. Their COS case ended prior to the fatality.

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? N/A

Explain:
There were no immediate services needed for the sibling in response to the fatality. The family received preventive services.

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

Explain:
There were no immediate services needed for the sibling in response to the fatality. The family received preventive services.

History Prior to the Fatality



Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections Had heavy alcohol use
- Misused over-the-counter or prescription drugs Smoked tobacco
- Experienced domestic violence Used illicit drugs
- Was not noted in the case record to have any of the issues listed

Infant was born:

- Drug exposed With fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/15/2017	Sibling, Female, 6 Months	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	Yes

Report Summary:

The SCR registered a report alleging the parents engaged in a physical altercation in the presence of the sibling. The mother reported she and the father argued; he became angry and pushed the sibling's stroller towards her while she held the sibling. The mother said she was afraid and called 911. The father said as he walked away from the mother, she spat at him and threatened to call 911. ACS learned via the mother and NYPD of two previous incidents between the parents in 2015 and 2016. On 7/15/17, ACS observed the sibling had no marks or bruises, developed a safety plan with the mother and provided DV resources. Safe sleep information was also provided.

Report Determination: Indicated **Date of Determination:** 08/22/2017

Basis for Determination:

ACS substantiated the allegation of IG against the father based on his aggressive behavior while the mother was holding the 6-month-old sibling.

OCFS Review Results:

ACS initiated the investigation timely, met with the mother, developed a safety plan and provided resources. The sibling was observed to have no marks or bruises. Due to the DV, ACS filed an Article 10 Neglect petition and Family Court granted COS supervision for the family and an OP was issued for the father which allowed the father to continue living in the home and to refrain from physically assaulting the mother. the documentation of the progress notes were limited as well as the collateral contacts.

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

Issue:

Adequacy of Progress Notes

**Summary:**

The progress notes did not include details of the home conditions or discussion with the parents at each visit. There was also no ongoing discussion of the recommended services concerning the DV. There was no progress note for the CSC in the investigative stage.

Legal Reference:

18 NYCRR 428.5

Action:

ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

ACS did not obtain relevant information from collateral contacts, including neighbors, relatives or pediatrician. Although ACS obtained medical information from the pediatrician, there was no discussion to inquire about the parents demeanor or any details concerning their visits to the clinic with the sibling.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

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

The family had no CPS history for this period.

Known CPS History Outside of NYS

The family had no know CPS history outside 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: 08/10/2017

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: 08/10/2017

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

	Yes	No	N/A	Unable to Determine
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"/>



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

Provider

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

Additional information, if necessary:
The family received PPRS.

Preventive Services History

ACS referred the family to PPRS with Heartshare/St.Vincent's Services (HSVS) due to issues of DV that led to an indicated report against the father.

The family signed an agreement for services on 9/1/17. The documentation reflects the family received parent training, DV services, casework counseling and case management services. At the time of the SC's death, the family was involved with HSVS.

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:
	There was not a fact finding	Order of Supervision



Respondent:	047543 Father Male 30 Year(s)
Comments:	

Have any Orders of Protection been issued? Yes	
From: 08/14/2018	To: Unknown
Explain: Family Court issued a limited OP against the father on behalf of the mother and the sibling and was allowed to remain in the home.	

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