



**Report Identification Number: NY-20-069**

**Prepared by: New York City Regional Office**

**Issue Date: Jan 19, 2021**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 07/20/2020  
**Initial Date OCFS Notified:** 07/20/2020

## Presenting Information

On 7/20/20, the 4-month-old child was sleeping in bed with the mother. The mother checked on the child at 6:00AM and the child was moving and responsive. The mother went back to sleep and later woke up to find the child unresponsive. The report alleged the aunt was home at the time and called the police. The child was transported to the hospital and pronounced dead at 10:23AM. The child was an otherwise healthy child and the mother had no explanation for the child's death.

## Executive Summary

This 4-month-old male child died on 7/20/20 and on the same date the SCR registered three reports regarding the death of the child. The allegations of the report were DOA/Fatality and Inadequate Guardianship of the 4-month-old child by the mother who was named the subject of the report.

The Administration for Children's Services (ACS) Bronx Borough Office received the report and investigated the child's death. An autopsy was completed; however, the final report remained pending at the time of this writing.

At the time of the child's death, he resided with his mother. The child had two siblings who were not in the care of the mother; a 5-year-old sibling was in the legal custody of the maternal grandmother and the 2-year-old sibling was in foster care.

ACS's investigation revealed the mother visited the foster home of her 2-year-old child on 7/18/20 and remained in the home. The foster mother allowed the mother to sleep over in the home. The mother and the 4-month-old child shared a full size mattress on the floor. The 2-year-old sibling slept in the crib in the room. At about 4:00AM and again at about 8:00AM, the mother awoke and fed the subject child. The child fell asleep again and according to the mother the child was laying on his back on his "Boppy" pillow. At about 9:50 AM the mother alerted the foster mother to the fact that the subject child was not breathing. The foster mother's daughter called 911 for emergency medical services. The mother was given instructions on CPR until EMS arrived and resumed resuscitative efforts. EMS transported the child to the hospital where he was pronounced dead on arrival at 10:23 AM.

From the time the investigation began to the time of its closure, ACS interviewed family members and pertinent collateral sources. Law enforcement found no criminality on behalf of the mother. ACS provided the mother with appropriate referrals for services in response to the death of the child.

On 9/18/20, ACS unsubstantiated the allegation of DOA/Fatality but substantiated the allegation of Inadequate Guardianship of the subject child by the mother. According to ACS's documentation the mother created an unsafe situation when she opted to sleep with the child.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:

- Safety assessment due at the time of determination? 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:**

Sufficient information gathered to make determination for all allegations and to make a decision recorded for the safety assessment due at the time of the determination. However, the safety decision recorded on the safety assessment at the time of the investigation determination was not appropriate.

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:**  
The level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion was commensurate with the case circumstances. There was documentation of supervisory consultation during the investigation. The decision to close the investigation was appropriate.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of Documentation of Safety Assessments
<b>Summary:</b>	ACS gathered sufficient information to make a decision on the investigation determination safety Assessment; however, the decision was incorrect. ACS documented there were no safety factors present although the mother's 2-year-old child remains in foster care placement.
<b>Legal Reference:</b>	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)
<b>Action:</b>	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.

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 07/20/2020

Time of Death: 10:23 AM



**Time of fatal incident, if different than time of death:** 10:00 AM

**County where fatality incident occurred:** Bronx

**Was 911 or local emergency number called?** Yes

**Time of Call:** 10:18 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       Working       Driving / Vehicle occupant

Playing       Eating       Unknown

Other

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

**At time of incident supervisor was:**

Drug Impaired       Absent

Alcohol Impaired       Asleep

Distracted       Impaired by illness

Impaired by disability       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 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Other Household 1	Sibling	No Role	Female	2 Year(s)
Other Household 2	Sibling	No Role	Female	5 Year(s)

### LDSS Response

On 7/20/20, ACS received the SCR report regarding the death of SC, which occurred on that same date. ACS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. ACS learned there were two surviving siblings and worked promptly to assess their safety.

On 7/20/20, ACS staff contacted law enforcement and learned no charges would be filed regarding the death of the child as no criminality was suspected. The statements provided by the mother and the foster mother's family were consistent.

On the same date, ACS staff interviewed the mother and the foster mother for the 2-year-old child. The foster mother indicated the mother often visited the home and stayed with her child in the home. The foster mother said the mother came to the home on 7/18/20 and remained there. The foster mother said the mother and the four-month-old child slept on a full-size mattress on the floor. Pictures of the sleep surface taken on 7/20/20 reflected loose bedding, a Boppy pillow and other pillows on the bed. There was also a crib in the room which the foster mother said was used by the 2-year-old child. The



mother also reported that the both she and the mother were aware of safe sleep practices.

According to the foster mother, sometime between 9:30AM and 10:00AM, the mother came to her room and informed her the subject child was not breathing. The foster mother said her eldest daughter called 911 for emergency medical assistance. The foster mother said both her and the mother attempted and continued CPR until the ambulance arrived and transported the subject child to the hospital where the child was pronounced dead. EMS records indicated the call was received at 9:50AM.

The mother said the child was last seen alive sometime after 8:30AM when he cried to be fed. After eating, the child fell asleep, and woke up again. The mother said she gave the child his pacifier and he went back to sleep. The mother said she placed the child on his back on the Boppy pillow. The mother indicated law enforcement had removed the pillow during their investigation. The mother said when she woke up, the child was face down, with his legs on the Boppy pillow and his head pointing towards the bottom of the bed. The mother said she picked up the child to kiss him and noticed he was not moving. The mother said she ran to the foster mother's room to tell her about the child then ran to a neighbor who had "pediatric training." The neighbor eventually came to the home, but in the interim, the foster mother's daughter called 911. The mother confirmed that EMS came to the home and the child was transported to the hospital where he was pronounced dead. The mother denied drug and alcohol use.

Accounts of the foster mother's children were consistent with the information provided by the mother to law enforcement.

On 8/10/20, ACS staff convened an Initial Child Safety Conference and decided at the conclusion of the conference that no court involvement was necessary as the mother did not have any other children in her care.

Throughout the investigation, ACS spoke with numerous collateral sources and family members. The surviving siblings were assessed on several occasions and noted to be safe. LE found no criminality on behalf of the mother regarding SC's death. The final autopsy report was not yet available. The ME indicated there was no trauma to the child's body.

On 9/18/20, ACS substantiated the allegation of Inadequate Guardianship of the child by the mother and indicated the report. ACS documented the mother created an unsafe sleep environment which could have contributed to the death of the subject child. The 2-year-old surviving sibling remains in foster care and the 5-year-old remains in the custody of the MGM.

### 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)?**No

**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

054601 - Deceased Child, Male, 4 Mons	054603 - Mother, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
054601 - Deceased Child, Male, 4 Mons	054603 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated

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

### 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"/>



<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
During the course of the investigation sufficient information was gathered to assess risk to all surviving children.

**Legal Activity Related to the Fatality**

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

**Services Provided to the Family in Response to the Fatality**

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 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"/>

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

**Explain:**  
The older sibling was in foster care prior to the fatality.



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

**Explain:**

The mother and foster mother were provided with grief counseling.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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? 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
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

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

## 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)
05/18/2018	Sibling, Female, 9 Days	Mother, Female, 18 Years	Inadequate Guardianship	Substantiated	Yes

**Report Summary:**

Both the mother and child tested positive for marijuana at the time of the child's birth. The allegation of the report was Parents Drug/Alcohol Misuse by the mother of the newborn.

**Report Determination:** Indicated

**Date of Determination:** 07/20/2018

**Basis for Determination:**

On 7/20/18, ACS substantiated the allegation of Parent's Drug/Alcohol Misuse against the mother on the basis of the credible evidence. Both the mother and newborn tested positive for marijuana at the time of giving birth. The mother said she used marijuana for seven months of her pregnancy.

**OCFS Review Results:**

ACS initiated the report in a timely manner, interviewed the subject of the report face to face and made appropriate collateral contacts. ACS made the appropriate referrals for drug treatment program and filed for court intervention when it appeared the mother would not be compliant with services.



The 7-day safety assessment reflected one or more safety factors existed which placed the child in immediate or impending danger of serious harm based on the parent's current use of illicit drugs that negatively impacts her ability to supervise, protect, and/or care for the child. ACS listed the mother had a history as a child (no details) and the fact the mother and the newborn tested positive for marijuana. However, ACS added the SC was free of marks and bruises. There was not a concise and reliable safety plan completed to support the selected safety decision or address the selected safety factor. Additionally, on the safety assessment completed at the time of the determination, ACS documented one or more safety factors were present that placed the child(ren) in immediate or impending danger of serious harm and removal to or continued placement or replacement within foster care or alternate placement setting was necessary as a controlling intervention, with safety factor #8 (parent is unable or unwilling to provide adequate supervision) without providing any clarifying comments.

ACS based the decision to substantiate the allegation on the mother's pre-birth activity.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-Day safety assessment was contradictory in some areas and lacked sufficient details in other sections.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**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

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

### Known CPS History Outside of NYS

The family had no CPS history outside NYS.

### Services Open at the Time of the Fatality

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: 06/04/2018

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Failure to Monitor
<b>Summary:</b>	There was an open services case since the mother's 2-year-old child was in foster care. During this time the mother became pregnant and gave birth to the subject child. According to case notes the agency's case planner was not aware of the mother's pregnancy.



<b>Legal Reference:</b>	18 NYCRR 432.2(b)(5)
<b>Action:</b>	ACS must meet with the staff involved in this case, 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 the agency has taken or will take to address this issue.

### Foster Care Placement History

On 7/10/18, during the investigation of a report alleging drug use by the mother, an Article 10 Petition was filed in the Bronx Family Court against the mother regarding the 2-year-old surviving sibling. The court released the child to a family friend and on 11/6/19 the family was referred to foster care services. The child remains in care.

### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

### Recommended Action(s)

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Are there any recommended prevention activities resulting from the review?**  Yes  No