



Report Identification Number: NY-21-002

Prepared by: New York City Regional Office

Issue Date: Jul 12, 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**

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: New York
Gender: Male

Date of Death: 01/10/2021
Initial Date OCFS Notified: 01/10/2021

Presenting Information

According to the narrative of the SCR report registered, at about 2:00AM on 1/10/21, the BM put the SC to sleep in a Pack-n-Play located in the same room as the parents. At 6:00AM, the BM awoke, fed the SC, and placed him on his back in the Pack-n-Play. At about 8:00AM, when the BM awoke and went to check the SC, the SC was unresponsive, not breathing, had no pulse, and was turning blue. The BM started CPR and called for emergency services. At 9:34AM, the SC was pronounced dead. The SC did not have any pre-existing medical condition that would have contributed to his death. The parents were caring for the SC at the time of his death.

Executive Summary

The 2-month-old male SC died on 1/10/2021 while in the care of his parents. At the time of writing this report, the ME's report of autopsy was pending; however, the ME stated there was no indication of violence or maltreatment to the SC.

ACS's case documentation reflected at 6:00AM, the BM fed the SC his formula and placed him on his back in his playpen. At 8:00AM, the BM checked the SC and found him unresponsive with vomit on his mouth. The BM gave the SC CPR while the BF called 911. EMS responded to the home and found the SC to be in cardiac arrest, limp, cyanotic, and with cool extremities. There were no signs of trauma noted on the SC's body. EMS transported the SC to the hospital where medical staff attempted to revive him prior to pronouncing him deceased at 9:34AM.

The SC had five SSs. The SSs' biological father resided at a different address and did not have any contact with his children. At the time of the fatality, the 8-yo SS was residing with the MGM through a family arrangement.

On 1/10/2021, ACS received the report and initiated the CPS investigation in a timely manner. ACS made the 24-Hour face to face contact with the family and key collaterals including multiple medical providers, relatives, neighbors, the ME, LE, and other service providers. Based on information obtained from the collaterals, there were no concerns of abuse or maltreatment regarding the SC. Also, there were no safety concerns for the SSs. The BM and the pediatrician reported the SC was born healthy and did not have any health concerns. LE did not suspect any criminality and did not make any arrests.

Throughout the investigation, ACS assessed the SSs through home and virtual visits, interviews with relatives, service providers, and deemed them safe. ACS ordered beds and supplied provisions for the children. Prior to ACS involvement, the family was engaged in PPRS and home making services. The services providers did not report any concerns for the family.

ACS held a child safety conference (CSC). The participants at the CSC agreed to the family continuing to engage in PPRS and clinical health services.

On 3/11/2021, ACS unsubstantiated the allegations DOA/FATL and Inadequate Guardianship of the SC by the parents due to lack of credible evidence. The ME reported there was no indication of violence or maltreatment to the SC pending the results of additional tests. The ME observed the SC to be clean/well fed, well hydrated, and without any injuries. Additionally, ACS obtained the 911 call audio which confirmed that the BF called 911. The parents followed the instructions of the 911 operator regarding placing the SC on a hard, flat surface and directing the BM to perform CPR.



Although the BF declined services, the BM continued to fully participate in all services and cared for her children with the help of the MGM and homemaking services. The service providers did not have any concerns for the SSs in the BM's care. The family's home remained safe and clean for the SSs.

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

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 family continued to fully participate in all services and care for the surviving children with the help of family members and homemaking services. The case was kept open for PPRS services.

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: 01/10/2021

Time of Death: 09:43 AM

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

08:00 AM



County where fatality incident occurred: New York

Was 911 or local emergency number called? Yes

Time of Call: 08:43 AM

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

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 was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- Other: **Not Reported**

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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Other Household 1	Sibling	No Role	Female	8 Year(s)

LDSS Response

On 1/10/2021, ACS visited the case address. The parents did not allow ACS to interview the SSs. The BF refused to speak to ACS. He allowed ACS to check the bodies of the 7, 6, 4 and 2-yo SSs. They were free of injuries.

On 1/10/2021, ACS interviewed the BM at the hospital. She repeated the account of the events prior to the fatality which was consistent with the BM placing the SC to sleep on his back in his playpen, and then found him unresponsive hours later.

The ER physician stated there were no signs of physical trauma to the SC and that the BM's account of the incident was plausible. The SC's Primary Care Provider stated the SC received routine pediatric care and the BM kept all the SC's appointments. The SC was an overall a healthy baby.

ACS then visited the MGM's home to assess the 8-yo SS. ACS assessed and deemed the SS to be well cared for at the time of the visit. The MGM did not allow ACS to assess her own children, stating her children were not part of the case.

On 1/10/2021, LE did not deem the family's home a crime scene and did not report any concerns for the SSs. LE stated based on preliminary findings, no arrest would be made.

On 1/11/2021, ACS visited the family. The BF denied ACS access to the home. He also denied he and the BM harmed their son. The family's neighbor did not report any concerns for the family.

On 1/11/2021, LE stated the fatality was an unfortunate incident as it appeared the SC choked on his vomit.

On 1/12/2021, the ME reported there was no indication of violence or maltreatment to the SC pending the results of additional tests. The final cause and manner of death had not been determined.

On 1/12/2021, ACS requested beds and bedrails for the SSs.

On 1/14/2021, ACS received the 911 audio call which confirmed that the BF called 911, and he followed the 911 operator's instructions directing the BM how to perform CPR on the SCR.

On 1/15/2021, the BM's clinical health and service providers confirmed that the BM was engaged in therapy and compliant. The BM was being provided emotional support and monitoring. There were no concerns for the BM's ability to care for her children. The BF was not engaged in any services.

On 1/15/2021, older children's father stated the BM had not allowed him to see his children in about 4 years. He could not report any concerns about the BM's ability to care for his children because he had not been around them.

On 1/20/21, ACS held a child safety conference (CSC). Participants at the CSC agreed that the family would continue to engage in PPRS and clinical health services.

On 1/25/2021, ACS received the children's medical records from the medical provider. There were no concerns reported for the children's overall care.

On 1/26/2021, the BF's service provider reported the BF declined services and asked not to be contacted any further.

On 2/8/2021, ACS visited the MGM's home and assessed the 8-yo SS to be safe in the home. The MGM did not report any concerns for the SS.

On 2/10/2021, ACS visited the case address. ACS assessed the four SSs; they did not have any visible marks or bruises on their bodies. There were no safety concerns in the home during the visit.

On 2/26/2021, the ME stated multiple tests were pending.

On 2/26/2021, ACS visited the case address and provided the BM with diapers, clothes, and toys for the children. The BM declined a forensic interview for the SSs. ACS assessed the SSs to be safe in the home. The BM made a video call to the MGM. ACS assessed the 8-yo SS to be safe in the MGM's home.

On 3/3/2021, ACS received legal consult from the Family Court Legal Services which reflected there was no basis for ACS to seek court involvement for the family.



On 3/11/2021, ACS unsubstantiated the allegations DOA/FATL and IG of the SC by the parents on the basis of no credible evidence to support the allegations.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

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 reviewed by an OCFS approved Child Fatality Review Team? No

Comments: There is no OCFS approved Child Fatality Review Team in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056061 - Deceased Child, Male, 2 Mons	056062 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
056061 - Deceased Child, Male, 2 Mons	056062 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
056061 - Deceased Child, Male, 2 Mons	056063 - Father, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
056061 - Deceased Child, Male, 2 Mons	056063 - Father, Male, 30 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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"/>

Additional information:

The BF refused to be interviewed by ACS. He also barred ACS from interviewing the children.

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"/>

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"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

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"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>

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? 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
- 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)
02/24/2020	Sibling, Male, 5 Years	Mother, Female, 24 Years	Excessive Corporal Punishment	Unsubstantiated	Yes
	Sibling, Male, 5 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 24 Years	Lacerations / Bruises / Welts	Substantiated	

Report Summary:

On an unknown date, the 5-yo child was not listening to the BM. The BM became angry and hit the child in the hand with a belt. As a result, the child sustained a cut to the hand that turned into a scab and some pain. The BM had a history of hitting the child in the hand with a belt.

Report Determination: Indicated**Date of Determination:** 04/14/2020**Basis for Determination:**

The SC sustained a bruise to his left wrist as a result of being hit with a belt by the BM. During the investigation, the SC disclosed that he sustained the bruises to his left wrist as a result of the SM hitting him with a belt. Additionally, the school staff addressed concerns about the SC and his 6-yo sibling's hygiene with the BM, but the BM failed to address the children's poor hygiene. The BM stated the 6-yo was responsible for her own hygiene.

OCFS Review Results:

ACS UNSUB the allegation ExCP of the 5-yo SC by the BM; however, the information in the investigation conclusion narrative does not support ACS' decision. The SC disclosed to ACS and LE at different times, that he sustained the bruises to his left wrist as a result of the BM hitting him with a belt. He made gestures as to how the BM squeezed her hand on top of his wrist. Based on the school staff's concerns regarding the children's hygiene, ACS should have added and substantiated the allegation IG of the 6-yo by the BM. The school staff also addressed concerns about the SC's hygiene with the BM, but the SC's hygiene did not improve. The BM stated the SC was responsible for his own hygiene.



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

Issue:

Appropriateness of allegation determination

Summary:

ACS failed to appropriately address the allegation ExCP of the 5-yo SC by the SM.

Legal Reference:

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

Action:

ACS UNSUB the allegation ExCP of the 5-yo SC by the SM; however, the information in the investigation conclusion narrative does not support ACS' decision. Also, based on the school staff's concerns regarding the children's hygiene, ACS should have added and substantiated the allegation IG of the 6-yo child by the SM.

PIP Requirement:

ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Issue:

Overall Completeness and Adequacy of Investigations

Summary:

ACS failed to add the allegation of Inadequate Guardianship of the 6-yo child by the SM to the report.

Legal Reference:

SSL 424.6 and 18 NYCRR 432.2(b)(3)

Action:

ACS learned the child's hygiene was poor and the mother showed unrealistic expectations regarding the 6-yo caring for hygiene unaided. However, ACS did not add the allegation to the report.

PIP Requirement:

ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the report. ACS must meet with the staff involved with this investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/25/2019	Sibling, Male, 10 Months	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 10 Months	Father, Male, 28 Years	Malnutrition / Failure to Thrive	Substantiated	
	Sibling, Male, 10 Months	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 10 Months	Mother, Female, 23 Years	Malnutrition / Failure to Thrive	Substantiated	

Report Summary:

The BM had difficulty meeting the 10-month-old SC's needs. The SC was small since birth and was not reaching milestones. The SC required hospitalization due to his failure to thrive. The SC did well and was discharged home. The SC then lost weight again and required medical attention. The SC was re-admitted and diagnosed with Failure to Thrive and weight loss. The BM was not providing enough food for the SC to ensure the SC was meeting his milestones. The SC was developmentally delayed and had skills of a four-month-old child.



Report Determination: Indicated			Date of Determination: 11/07/2019		
Basis for Determination: The SC was hospitalized on two separate occasions due to poor weight gain and diagnosed with Failure to Thrive. The medical staff reported that the SC's weight fluctuated. When the SC was in the parents' care he lost weight and when he was in the hospital, he had proper weight gain. The medical staff stated that there were no known medical issues that would prevent or interfere with the SC gaining or losing weight. The parents also failed to engage in services provided by the medical staff about how to properly care and meet the SC's needs, but the parents failed to engage.					
OCFS Review Results: Based on the case documentation, ACS conducted the investigation appropriately.					
Are there Required Actions related to the compliance issue(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/10/2019	Sibling, Female, 6 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 6 Years	Mother, Female, 23 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 10 Months	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 10 Months	Mother, Female, 23 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 23 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 23 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 6 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Mother, Female, 23 Years	Lack of Supervision	Substantiated	
Report Summary: At about on 4/10/19, the 5, 2-yo, and the 5-month-old children were in the care of a MA. The BM was aware that the MA was leaving the home, and that the children were going to be unsupervised for a period of time as a result. The children were not mature enough to be alone. The BM failed to make herself available, or make arrangements. The children were unsupervised for at least an hour as a result.					
Report Determination: Indicated			Date of Determination: 06/09/2019		
Basis for Determination: The BM left the children alone in the home. The children were not mature enough to be left alone without adult supervision. The BM placed the children at risk of harm as a result of her actions.					
OCFS Review Results: The investigation met regulatory requirements.					
Are there Required Actions related to the compliance issue(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/05/2018	Sibling, Female, 5 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 5 Years	Mother, Female, 23 Years	Internal Injuries	Unsubstantiated	
Report Summary: On an unknown date, the BM hit the 5-yo SC in the face, causing a bloody nose.					
Report Determination: Unfounded			Date of Determination: 02/04/2019		

**Basis for Determination:**

ACS did not find any credible evidence to substantiate the allegations of the report. ACS observed the SC to be injury free. The SC could not place a time stamp on when the alleged incident occurred and or provide any other concrete information based on her developmental delay. The BM denied any physical discipline of the SC and other children in the home who were observed free of any marks and bruises.

OCFS Review Results:

ACS conducted the investigation according to regulatory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/16/2017	Sibling, Female, 4 Years	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 4 Years	Mother, Female, 21 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 21 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 21 Years	Lack of Supervision	Substantiated	

Report Summary:

The BM was not adequately supervising the children. The BM left them unsupervised in a room with the door closed while she was in another room with the then 7-month-old child. There was a window in the room that the children could access to leave the apartment. The home was on the fifth floor.

Report Determination: Indicated

Date of Determination: 08/21/2017

Basis for Determination:

The BM was in the same room with the children when they were throwing objects out of the window from the 5th floor. The BM would at times leave the children alone in the unit while she walked around the shelter. The BM's lack of supervision placed the children at risk of harm. The BM agreed to accept a referral for PPRS. ACS referred the family for services.

OCFS Review Results:

The case documentation indicated ACS conducted the investigation appropriately.

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

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

The BM was a non-confirmed subject in a report dated 6/24/14. The BM was the adult sibling of the then 14-yo SC; however, she had three children of her own and they all resided in the same household with the MGM. The report alleged IG of the MGM's then 17, 14, 9, and 7-yo children, and L/B/W of the 14-yo by the MGM. The report also alleged IG of the BM's then 2-month, 1 and 2-yo children by the BM.

According to the report, the 14-yo SC had a cut on his face and he provided conflicting statements of how he sustained the cut. The adults in the home and the 17-yo child reported the 14-yo child had behavioral issues and was acting out of control. The MGM attempted to restrain the child by hugging him from behind to keep him from moving. As the child was shifting to get free, he hit his face on a windowsill and got a cut on his face. The cut was very faint and minor.

On 8/19/14, ACS completed the investigation and did not find any credible evidence that indicated the MGM attacked the child or intentionally hurt the child. ACS UNSUB the allegations of the report and kept the case open for services.

Known CPS History Outside of NYS



The family had no known CPS history outside of New York State.

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: 08/21/2017

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"/>

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"/>
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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 preventive services were provided by voluntary agencies.

Preventive Services History

Between 2/22/18 and 6/11/18, the family received PPRS services. During the period the family received home making services, parenting classes, daycare, Early Intervention, and advocacy services. The BM complied with all services and the children improved academically. The children's physicals and immunizations were current.

In April 2019, the service provider conducted an elevated risk conference (ERC) due to the BM needing ongoing support to ensure her children's overall well-being. The ERC deemed that the family needed more intensive preventive services. Consequently, on 8/05/19, the BM accepted intensive PPRS services. The BM, the 5 and 6-year-old children received clinical health evaluation and home attendant services. The BM complied with an Early Intervention referral and visiting services for the 2-yo. She also ensured that the children received medical care.

On 6/24/2020, the family's COS ended. The BM completed services and the family reached their service goals; however, a new referral was made for the family to continue home making services and clinical health therapy. On 8/20/20, the family accepted services and the provider agency was monitoring the family at the time of the fatality.

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:
09/30/2019	There was not a fact finding	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	056062 Mother Female 25 Year(s)	
Comments:	ACS filed an Article 10 Petition in Family Court due to concerns involving medical neglect/failure to thrive of the 10-month-old SC. The court released the subject children to the Respondent Mother and the Respondent Father with court ordered supervision.	



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