



Report Identification Number: NY-21-024

Prepared by: New York City Regional Office

Issue Date: Sep 03, 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: 3 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 03/07/2021
Initial Date OCFS Notified: 03/07/2021

Presenting Information

On 3/7/2021, the SCR registered multiple reports regarding the death of the 3-month-old SC while in the care of the BM and the parent substitute (PS). The reports alleged the BM fed the SC at around midnight and was then put to bed. At 10:00AM, the BM and the PS checked the SC and found the SC to be cold and lifeless in his crib. The BM's explanation as to what time she last saw the SC alive was inconsistent. The PS attempted CPR and 911 was called. The SC was transported to a local hospital where he was pronounced dead at 12:40PM. The SC was an otherwise healthy child and the parents did not have any explanation for his death. The reports further alleged the BM gave birth to the SC on 11/16/2020. At the time of delivery, the BM and the SC tested positive for tetrahydrocannabinol (THC). The parents left drugs and drug paraphernalia out and accessible to the SC and the 7-year-old SS.

Executive Summary

On 3/7/2021, the BM found the three-month-old male SC unresponsive in his crib. The parent substitute (PS) gave the SC CPR and the BM called 911. The parents continued efforts to revive the SC until EMS arrived at the home, took over CPR and then transported the SC to the hospital where medical staff pronounced him dead at 12:43PM. The autopsy report was pending; however, the ME's initial findings suspected the SC died due to being placed to sleep in an unsafe sleep condition.

At the time of the fatality, the SC resided with the BM, the PS and the 7-yo SS. The BM and the PS shared the SS in common. The PS was not the father of the SC. According to the BM, the SC's BF was unknown.

On 3/7/2021, ACS received the report and commenced the CPS investigation in a timely manner. ACS reviewed the family's previous reports and contacted the family, and pertinent collaterals such as the hospital staff, LE, service provider, medical provider, and agency staff. The hospital staff did not report any signs of trauma to the SC's body. LE deemed the parents' account of the incident consistent and no criminality was found. Neither parent was arrested. The medical provider reported the SC was born a healthy child and that the children's medicals were current. The service and medical providers did not report any concerns regarding the care the parents provided their children.

ACS made multiple home visits and casework contacts with the family for the continuous assessment of the SS. ACS deemed the SS safe in the care of his parents. He was forensically interviewed and he did not make any disclosure. He was enrolled in homeschooling; however, the BM failed to submit lesson plans as required for the program. The school reported prior to being home schooled, the SS had behavioral challenges and the school created a behavioral plan for him.

On 3/20/2021, the family relocated out of state and did not plan to return to New York. The family resided with the PA in their new state of residence. The PA confirmed the family could reside with her for as long as needed. The family ended contact with ACS after relocating. ACS contacted the out of state LDSS where the family relocated to for a continued assessment the family. The LDSS confirmed the SS was assessed to be well and adjusting. The family was in the process of registering the SS for school. The LDSS did not refer the family to any additional services and closed their investigation. ACS contacted the school where the family planned to enroll the SS and it was confirmed that the SS was not a registered student at the school.

On 5/6/2021, ACS SUB the allegations IG of the SS by the parents due to credible evidence. The BM failed to ensure the SS was meeting academic requirements for home instruction. The BM and the PS did not submit any lesson plans and/or



completed assignments to the Department of Education as advised. ACS confirmed with the school where the family had planned to enroll the SS in that the SS had not been registered for school.

ACS also SUB the allegation of IG of the SC as the parents failed to ensure the SC attended his scheduled appointments. The BM missed 3 follow up appointments prior to the SC's death. There was also a suspicion that the SC was sleeping in unsafe conditions as ACS did not observe fitted crib sheets where the SC slept.

ACS UNSUB the allegation DOA/FATL of the SC by the BM and the PS due to lack of any credible information to indicate the concerns of a Fatality. There was a suspicion the fatality was caused by unsafe sleep conditions. The SC's autopsy/toxicology results were pending.

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? Yes

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 moved out of jurisdiction and ended contact with ACS after relocating.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 03/07/2021

Time of Death: 12:40 PM

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:

12:17 PM

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	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	34 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	7 Year(s)

LDSS Response

On 3/7/2021, the attending Dr. and LE did not report any signs of abuse to the SC. LE deemed the parents' account of the incident consistent and no arrest was made.

On 3/7/2021, the family provided an account of the incident which revealed the BM found the SC unresponsive in his crib. The parents gave the SC CPR and called 911. EMS arrived on the scene, took over CPR and then transported the SC to the hospital. The BM stated the SC was a well child and was not ill prior to his death. The SS' immunizations were current, and he did not have any medical conditions. ACS assessed the SS to be safe in the home.

On 3/7/2021, the service provider did not report any concerns about the family during home visits.



On 3/8/2021, ACS visited the family. The parents denied they co-slept with the SC or that the SS cared for the SC. They admitted to smoking marijuana. The BM stated she did not plan to stop smoking marijuana. The SS said he felt safe in the care of his parents. The SS appeared to have dental hygiene issues and ACS addressed it with the family. They stated the SS had a genetic dental problem and was seen by a dentist every 6 months.

On 3/8/2021, the ME stated the SC did not have any injuries pending further tests. Initial findings revealed the SC's death was due to unsafe sleep environment, as he was placed to sleep in his crib with a loose thick blanket around him. The SC's airway was not blocked, but the loose blanket could have played a role.

On 3/8/2021, the BM's friend stated she cared for the SC as needed by the family. ACS assessed the friend's home and did not document any concerns.

On 3/9/2021, ACS held a CSC, and the decision was to seek court intervention for the family. The parents agreed to engage in services.

On 3/10/2021, the ACS delayed filing a petition in Family Court due to the court not accepting any COS cases that would release the SS to the parent.

On 3/10/2021, the PA stated she was willing to be a resource to the family once they arrived from New York. She denied any concerns about the parents' ability to care for the SS.

On 3/15/2021, the pediatrician did not report any concerns for the SS or the parents.

On 3/15/2021, the school staff confirmed the SS was enrolled in the home-schooling program, but the BM had failed to submit any lesson plans as required. The SS had behavioral challenges and the school created a behavioral plan for him.

On 3/15/2021, the BM declined ACS' offer of homemaking services.

On 3/17/2021, the BM informed ACS that the family would relocate out of state on 3/21/21.

On 3/17/2021, the BM's care coordinator did not report any concerns for the BM's ability to care for her children.

On 3/17/2021, the SC's pediatrician reported the SC was current with his vaccinations. Although the BM missed couple of the SC's appointments, there were no medical concerns noted for the SC. The BM was educated on Safe Sleep and how to prepare the SC's formula.

On 3/18/2021, the PS' clinician did not report any suicidal ideation for the PS or concerns for his ability to care for his children.

On 3/19/2021, a forensic interview was conducted for the SS at the Child Advocacy Center. The SS did not make any disclosure.

Between 3/22/2021 and 4/15/2021, ACS contacted the out of state LDSS multiple times. The LDSS made home visits to the family in the new state and confirmed the SS was doing well. The family was yet to obtain their own home. The school where the SS was supposed to be enrolled confirmed the SS had not yet been enrolled. The out of state LDSS their engagement with the family on 4/15/21. The LDSS did not provide the family with any services prior to case closing.

Official Manner and Cause of Death



Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: New York City does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056631 - Deceased Child, Male, 3 Mons	056633 - Mother's Partner, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
056631 - Deceased Child, Male, 3 Mons	056633 - Mother's Partner, Male, 34 Year(s)	Inadequate Guardianship	Substantiated
056631 - Deceased Child, Male, 3 Mons	056632 - Mother, Female, 38 Year(s)	DOA / Fatality	Unsubstantiated
056631 - Deceased Child, Male, 3 Mons	056632 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
056634 - Sibling, Male, 7 Year(s)	056633 - Mother's Partner, Male, 34 Year(s)	Inadequate Guardianship	Substantiated
056634 - Sibling, Male, 7 Year(s)	056632 - Mother, Female, 38 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Safety Assessment Activities

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

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

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



Child Fatality Report

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"/>
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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 family moved out of jurisdiction.

History Prior to the Fatality



Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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? 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 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)
11/17/2020	Deceased Child, Male, 1 Days	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 1 Days	Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

On 11/16/2020, the BM gave birth to the now deceased SC and the SC tested positive for THC.

Report Determination: Indicated **Date of Determination:** 01/07/2021

Basis for Determination:

The SC was born positive for marijuana. The BM also tested positive for marijuana and alcohol.

ACS addressed the BM's positive toxicology results for marijuana and alcohol with the BM. The BM agreed not to be under the influence while caring for her children. ACS provided the BM with a crib and stroller and discussed safe sleep practices with the BM on multiple instances during home visits. The BM agreed to practice safe sleep with the SC.

OCFS Review Results:

ACS conducted the investigation appropriately. ACS referred the family to preventive services.

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

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

Between 8/26/10 and 12/12/13, the BM had 4 reports due to concerns of drug and alcohol misuse. One of the reports dated 10/16/13 was indicated against the BM after she gave birth to the now 7-yo SS. The BM's three older children; ages 15,



13, and 11 were not in her care at the time. The BM reported she gave custody of her children to the BF and the MGM without any court involvement and she did not know the children's whereabouts.

Known CPS History Outside of NYS

An outside of New York State LDSS database revealed between 10/25/06 and 12/02/13, the BM had five unfounded cases including neglect, physical and sexual abuse.

ACS contacted the LDSS for the BM's records. The LDSS stated there was no CPS information regarding the family. ACS also tried obtaining information regarding the custody of the BM's older children to their father, but were unsuccessful.

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: 11/18/2020

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

Preventive Services History

On 12/10/2020, the BM signed up for preventive services due to the SC being born with a positive toxicology for marijuana. The service provider did not report any concerns regarding the care the parents provided their children. The last home visit was on 3/5/2021. The BM and the children were observed through virtual zoom and there were no safety concerns. The BM agreed to start drug treatment program; however the services did not start because of the SC's death. The family subsequently moved out of jurisdiction.

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