



Report Identification Number: SV-22-004

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

Issue Date: Aug 12, 2022

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: 1 month(s)

Jurisdiction: Nassau
Gender: Male

Date of Death: 03/08/2022
Initial Date OCFS Notified: 03/09/2022

Presenting Information

NCDSS provided OCFS with a 7065-Agency Reporting Form after learning of the 1-month-old subject child's (SC) death during an open Preventive Services Case. On 3/8/2022, the SC passed away as a result of respiratory failure as a direct result of Neonatal Syphilis. The SC resided in the hospital for the duration of his life.

Executive Summary

On 3/8/22, Nassau County Department of Social Services (NCDSS) was notified by the hospital that the 1-month-old subject child had passed away from respiratory failure as a direct result of Neonatal Syphilis. NCDSS had an open services case at the time of the child's death, which was opened on 2/17/22, due to the concerns for the subject mother's history of drug use and the subject mother and subject child's positive toxicology at the time of birth. The 5-year-old sibling was removed from the mother's care on 1/18/18 due to her drug misuse and the sibling went into the care of his father. The surviving sibling had no relationship with the subject child. The subject mother reported not knowing who the father of the subject child was.

The subject child was born premature at 27 weeks and both he and the mother tested positive for opiates and cocaine. After delivery, the subject child exhibited withdrawal symptoms and was transferred to the Neonatal Intensive Care Unit (NICU) and put on a respiratory support ventilator. Due to the circumstances of the subject child's death, an autopsy was not performed.

NCDSS interviewed the subject mother who reported she was unaware she was pregnant and stated she had been misusing drugs over the past year. The subject mother did not receive prenatal care and was homeless during her pregnancy. The subject mother did not attend court appearances regarding the subject child and surviving sibling, and despite efforts, NCDSS was unable to locate the mother again prior to case closure.

Following the death of the subject child, NCDSS and ACS in Queens assessed the safety of the surviving sibling. The child was deemed to be safe in the care and custody of his father. Both were interviewed, and the home was assessed to be safe. The surviving sibling's pediatrician was contacted and there were no concerns for the child.

NCDSS offered the mother drug treatment services, mental health services, funeral arrangements and bereavement services; however, she declined.

PIP Requirement

NCDSS will submit a PIP to the Westchester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the NCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, NCDSS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

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:

Casework activity was commensurate with case circumstances.

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: 03/08/2022 Time of Death: 11:50 AM

County where fatality incident occurred: Nassau

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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: hospitalized

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: present



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	No Role	Male	1 Month(s)
Deceased Child's Household	Mother	No Role	Female	25 Year(s)
Other Household 1	Other Adult - Sibling's Father	No Role	Male	28 Year(s)
Other Household 1	Sibling	No Role	Male	5 Year(s)

LDSS Response

NCDSS was notified about the SC's death on 3/8/22, through an SCR additional information report. NCDSS then notified the Westchester Regional Office and submitted the required 7065 Agency Reporting Form. ACS in Queens was assigned a secondary role and they conducted a home visit and spoke with the SS and his BF.

The SC was born premature at 27 weeks, with a positive toxicology for opiates and cocaine. After delivery the SC exhibited withdrawal symptoms and was transferred to the NICU and put on a respiratory support ventilator. The SC had several medical complications and never left the hospital. The SC went into respiratory failure and died as a direct result of having Neonatal Syphilis.

The SM reported she was homeless, did not know she was pregnant, and had no prenatal care. The SM stated she had been using drugs consistently for the last year and did not know who the father of the SC was. While the SM was hospitalized, she was referred to inpatient services for her substance abuse, she initially agreed to the services but later declined them. After being released from the hospital, the mother made herself unavailable to NCDSS and did not participate in the family court proceedings. While NCDSS made several attempts to locate the SM, her whereabouts at the closing of the case were unknown. The SM had no other children in her care.

NCDSS filed for an OP in Nassau County Family Court regarding the SC on 2/1/22, against the SM. An OP was granted and ordered that the SM would stay away from the SC except for visits approved by NCDSS and the SM would stay away from the SC while consuming or being under the influence of illegal drugs, alcohol or marijuana. NCDSS also filed a neglect petition against the SM regarding the SC on 2/7/22. After the death of the SC, there was a family court date held on 4/7/22 and the petition was withdrawn and dismissed against the SM.

The SS was in the care and custody of his BF at the time of the SC's death. After the death of the SC, the BF petitioned family court regarding the SS and he was awarded sole legal and physical custody of the SS. The SM was to have only supervised visits with the SS. There were no concerns for the SS in his father's care.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review



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

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 This was not an SCR reported fatality; therefore, safety assessments were not required. NCDSS assessed the safety of the sibling and determined him to be safe with his father.

Fatality Risk Assessment / Risk Assessment Profile



Child Fatality Report

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Explain:
NCDSS offered the SM substance abuse services but she declined.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
The surviving sibling was in the care and custody of his father prior to the death of the SC.

Legal Activity Related to the Fatality

Was there legal activity as a result of 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:
02/07/2022	There was not a fact finding	Withdrawn
Respondent:	060168 Mother Female 25 Year(s)	
Comments:	On 2/7/22, NCDSS filed a neglect petition on behalf of the subject child because of the SM's drug misuse. On 4/7/22, NCDSS withdrew the petition as the child was deceased and the mother had no children in her care.	

Services Provided to the Family in Response to the Fatality



Child Fatality Report

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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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? Unable to Determine

Explain:

The record did not reflect the SS and his father were offered services after the death of the SC.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The SM declined services and made herself unavailable to NCDSS prior to closing the Preventive Service Case.

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? Yes



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)
01/30/2022	Deceased Child, Male, 2 Days	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 2 Days	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged the mother gave birth to the SC and at the time of delivery, the mother and child tested positive for opiates and cocaine. The sibling was not in the mother's care.

Report Determination: Indicated

Date of Determination: 03/04/2022

Basis for Determination:

The allegations were substantiated as the child tested positive for illicit drugs the mother used during her pregnancy. As a result of the drug use, the child was in critical medical condition and had withdrawal symptoms.

OCFS Review Results:

The record did not reflect that NCDSS provided the siblings father with a Notice of Existence letter after being added to the report. The 7-day safety assessment was not submitted on time. However, NCDSS did assess the safety of the surviving sibling and progress notes were entered timely.

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

Issue:

Failure to provide notice of report

Summary:

The record does not reflect that the sibling's father was provided with a Notice of Existence letter after being added to the report.

Legal Reference:

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

Action:

NCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

Issue:

Failure to Conduct a Face-to-Face Interview (Subject/Family)

**Summary:**

The record did not reflect that NCDSS interviewed the sibling's father face-to-face regarding the report.

Legal Reference:

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

Action:

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The record did not reflect that NCDSS completed the 7-Day safety assessment on time, it was submitted and approved on 2/11/22.

Legal Reference:

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

Action:

NCDSS will document and approve all safety assessments within the required timeframe.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/22/2019	Sibling, Male, 2 Years	Mother's Partner, Male, 34 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 2 Years	Mother's Partner, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother's Partner, Male, 34 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 2 Years	Mother's Partner, Male, 34 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 2 Years	Mother's Partner, Male, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged the SM and PS misused drugs in the presence of the SS (then age 2) and failed to provide adequate supervision to the SS. The adults spent their money on drugs and had no money for food. The SM and PS left drugs and paraphernalia accessible to the SS. The SS sustained a cut to his eye while he was left unsupervised. The



family was residing in an abandoned recreational vehicle that had no electricity or running water and had several safety hazards.

Report Determination: Unfounded

Date of Determination: 08/05/2019

Basis for Determination:

There was no credible evidence to show the SM provided the SS with an overall poor quality of care. The SS resided with his BF who had temporary custody. The SM had supervised visits with the SS. The SM provided appropriate supervision of the SS during her visits. The SS was free of any marks or bruises when assessed by NCDSS. The SM was engaged in a drug treatment program and consistently had tested negative for drugs. The PS did not make himself available to NCDSS regarding the report.

OCFS Review Results:

The record did not reflect the PS was interviewed. The record did not reflect collaterals for the SM's drug treatment program, DV counseling and parenting classes were contacted. Notice of Existence letters were sent to all parties and NCDSS completed timely and adequate Safety Assessments.

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

Issue:

Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:

The PS was listed on the report as an alleged subject. According to the record, contact was made with him on 6/24/19, but NCDSS did not interview with him regarding the report. The record did not reflect attempts to interview him.

Legal Reference:

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

Action:

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

There were missed opportunities to gather collateral information as the SM's drug Tx counselor, DV advocate and the parenting education program were not contacted. These collaterals may have had information regarding the safety and risk of the SS as well as the overall dynamics of the family.

Legal Reference:

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

Action:

NCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

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

In 2018, the SM was named in two indicated investigations with allegations of IG and PD/AM regarding the SS. The SM admitted to drug misuse while she cared for the SS. The SM reported her drug misuse clouded her judgement and she was unable to care for the SS properly. The SS was removed from the SM and placed in the custody of his BF through Family Court with a 1 year order of supervision. The SM had supervised visitation with the SS.

Known CPS History Outside of NYS

The record did not reflect there is a CPS history outside of NYS.



Services Open at the Time of the Fatality

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

Date the preventive services case was opened: 02/17/2022

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: 02/17/2022

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



Child Fatality Report

Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

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

Additional information, if necessary:
NCDSS provided services to the family.

Preventive Services History

In 2018, an Article 10 Neglect Petition was filed against the SM regarding the SS. The SS was removed from the SM's care and placed with his father under a 1017-placement and an OS was put into place, allowing the SM supervised visits. The Preventive Services Case was closed 10/21/2019. At the time of the fatality, the SS resided with his father and he had minimal contact with the SM.

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.

Additional Local District Comments

Nassau County will remind staff to send Notice of Existence letters to all adults added to the case, to interview all the subjects of the report, to contact all the collaterals and to document the collateral contacts, and to complete the 7-day safety assessment on time. The surviving sibling and his father (who had no role) were interviewed via videoconference and a home assessment done.

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