



**Report Identification Number: NY-19-096**

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

**Issue Date: Jan 07, 2020**

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

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

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 08/19/2019  
**Initial Date OCFS Notified:** 08/19/2019

## Presenting Information

The 8/19/19 report alleged on 8/19/19, the SM fed the SC at 10:00 AM and then fell asleep on the couch with the SC in an infant harness that was attached to her chest. The SM awoke and checked the SC at 12:00 PM and found the SC unresponsive. The SM called 911, and LE responded and found the SC on the floor not breathing. LE started CPR on the SC but were not able to revive him. The SC was pronounced dead at 12:55 PM. The SC was an otherwise healthy infant.

## Executive Summary

The 2-month-old male child (SC) died on 8/19/19. OCFS had not yet received a copy of the autopsy report at the time this fatality report was issued.

The allegations of the 8/19/19 report were DOA/Fatality and IG of the SC by the parents. The SCR registered a subsequent report on 9/2/19. The allegations of the 9/2/19 report were DOA/Fatality of the SC, and IG and PD/AM of the SC and 6-yo SS, and LS of the SS by the SM. ACS consolidated the reports and conducted one investigation.

At the time of the SC's death, the family had an open preventive services case as the SM and SC tested positive for benzodiazepines at the time of the SC's birth. The SM reported she used medications that were prescribed for her condition.

ACS findings showed on 8/19/19, the SM entered the bedroom at 1:00 PM. She prepared the SC's bottle, fed him and placed him in the bassinet. Approximately two hours later, the SC awoke crying, so she fed him, changed his diaper and placed him to sleep. He continued crying and she put him in a baby carrier which was harnessed to her chest and laid down on her bed. The SM was reportedly lying on pillows which propped her up. She massaged the SC on his sides and back as the physician said it helped him digest. The SC fell asleep as the SM watched TV and the SM also fell asleep. The SM said the SC was in the same location when she awoke. The SC was on the SM's chest with the SM's arms around him. The SM and SC were chest to chest. The SM observed him, found he was unresponsive and called 911. The 911 operator instructed the SM to place the SC on a hard surface. The SM placed the SC on a rug in the living room, opened the buttons on his onesie and put his neck back as instructed by the 911 operator. The SM attempted to open his mouth to breathe in it, but his mouth remained closed. LE and EMS responded to the home and the SC was transported to the hospital where he was pronounced dead. At the time of the incident, the SS was at her father's home.

On 8/20/19, ACS held a case conference and discussed the case circumstances. The father of the SS was concerned about returning the SS to the SM's care, but he wanted to abide by the court order for visitation. ACS interviewed the SS who said she had fun on the weekend and enjoyed visiting her father. ACS attempted to file an Article Ten Neglect petition on behalf of the SS, but it was delayed pending additional information.

On 8/22/19, the ME informed ACS that the preliminary findings showed there was no trauma to the SC's body. There were several tests pending.

According to LE, the criminal investigation was pending the results from the ME's final autopsy. LE spoke with the District Attorney and was informed there was no arrest. LE said if the final autopsy report revealed any sign of past injuries or trauma to the SC's head or spine, then the case would be re-opened.



ACS referred the family for PPRS, and the case was assigned to a provider agency. ACS and the CP visited the home several times. The SM declined services. ACS provided the SM with information to contact a community-based organization which could provide information and referral service for anyone who sought help for clinical health.

As of 1/7/20, ACS had not yet determined the 8/19/19 report.

## 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?** No
  - **Safety assessment due at the time of determination?** N/A
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

**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 case remained open at the time of issuance of this fatality report.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The 8/22/19 Safety Assessment document was inadequate as the comments regarding the time the SM went to sleep did not support the selected safety factors.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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:** Contact/Information From Reporting/Collateral Source

**Summary:** The documentation did not reflect whether ACS interviewed the SC's physician, and EMS.

**Legal Reference:** 18 NYCRR 432.2(b)(3)(ii)(b)

**Action:** ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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:** Failure to offer services

**Summary:** The ACS documentation did not reflect that ACS offered the SM bereavement counseling, burial assistance and clinical health services.

**Legal Reference:** SSL §424(10);18 NYCRR 432.3(p)

**Action:** ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 08/19/2019

**Time of Death:** 12:55 PM

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

12:00 PM

**County where fatality incident occurred:**

Queens

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

Yes

**Time of Call:**

12:04 PM

**Did EMS respond to the scene?**

Yes

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

N/A

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**At time of incident supervisor was:** Not impaired.

**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	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)
Other Household 1	Father	No Role	Male	36 Year(s)
Other Household 2	Father	No Role	Male	38 Year(s)

### LDSS Response

On 8/19/19, ACS interviewed a physician and learned that the SM stated she fed the SC and placed him on her chest to sleep. When she awoke the SC was unresponsive. Upon arrival at the hospital the SC was cold and stiff. His pupils were fixed, and he was unresponsive. The SC had no signs of exterior trauma. The SC's blood accumulated into the upper extremities. Later, the physician said the blood would not pool in these locations if the SC was sitting, and it was determined the SC was not in a sitting position.

On 8/19/19, ACS visited the home and attempted to interview the SM. The SM refused to participate in the ACS interview. She said she was previously interviewed by LE and ME. She indicated she needed time to grieve.

ACS interviewed the father of the 6-yo SS who said the SS was in his home since 8/16/19. According to this father, the SC was unconscious and transported to the hospital. He did not have additional details.

On 8/19/19, ACS interviewed LE who said the SM placed the SC in his bassinet, and when he cried, she removed the swaddle and placed him in his front carrier (connected to SM's chest). The SM then laid with the SC. She did not know the length of time she was asleep. When she awoke, she saw the top of the SC's head seemed blue and he was unresponsive, and she called 911. LE stated that according to the medical personnel, the SC's cranium was not deformed. The SC's lower extremities were pale while there was blood from his chest and upwards which was consistent with an infant in decline, head down. LE said initially the SM stated she fell asleep while lying with the SC in the harness. The SM climbed into bed and placed pillows behind her, so she was in a seated position while the SC was in the carrier.

On 8/20/19, ACS interviewed the SM's physician. ACS learned that on 8/5/19, the physician directed the SM to seek services from a mental health clinician. The physician said the SM returned once a month for a refill of her prescribed medication. Later, the physician said the SM needed therapeutic services. The physician recalled there were no signs of neglect of the SS as the SM she seemed to be an involved parent.

On 8/20/19, ACS visited the home of the MGM. The MGM said she knew the SM's location but could not provide it. The MGM said the family needed time to grieve. She said the SC choked on his milk which led to his demise.

On 8/21/19, ACS visited the home of the PGM. The PGM said the father of the SS was not at home. The SS was observed with a friend.

On 9/2/19, ACS visited the home and interviewed the SM. The SM said she did not have a drug addiction. Per the SM's account, prior to the SC's death, she took the SC to the physician as he was not gaining weight. She asked the physician for a referral to a medical specialist. The medical specialist changed the SC's formula. The SC was given the new formula for



about 4-5 days until he died. The SM revealed that she obtained therapy with a community-based organization, and the organization disenrolled her after she missed three sessions. She said she stopped using her prescribed medication as she believed the medication did not help her since the SC's death. Later, the SM said she never used heroin. Regarding the SC, the SM said he fell asleep and did not wake up. The MGM, who was present, said their religious associates provided the SM with support.

On 9/19/19, ACS interviewed a school staff who said she met with the SS and according to the SS, the SC was ill.

On 10/10/19, the father of the SC said he did not believe the SM did anything to hurt the SC. He said the SM only used drugs that was prescribed by her physician.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Comments:** The case documentation did not reflect there was a MDT response.

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052281 - Deceased Child, Male, 2 Mons	052283 - Mother, Female, 33 Year(s)	Parents Drug / Alcohol Misuse	Pending
052281 - Deceased Child, Male, 2 Mons	052283 - Mother, Female, 33 Year(s)	DOA / Fatality	Pending
052281 - Deceased Child, Male, 2 Mons	052283 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Pending
052282 - Sibling, Female, 6 Year(s)	052283 - Mother, Female, 33 Year(s)	Parents Drug / Alcohol Misuse	Pending
052282 - Sibling, Female, 6 Year(s)	052283 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Pending
052282 - Sibling, Female, 6 Year(s)	052283 - Mother, Female, 33 Year(s)	Lack of Supervision	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

The documentation did not reflect whether the SC's physician and EMS were interviewed.

### Fatality Safety Assessment Activities

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

### 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 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"/>
<b>Explain:</b> The SM declined PPRS.				

### 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"/>
<b>Explain as necessary:</b> There was no removal regarding the SS.				

### Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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

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



<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The SM declined PPRS.

**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 SM declined PPRS.

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

**Explain:**

The SM declined PPRS.

## 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?** 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
- Had heavy alcohol use
- Smoked tobacco



- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- Used illicit drugs

**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)
05/22/2019	Deceased Child, Male, 1 Days	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 6 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The 5/22/19 report alleged the SM was the sole caretaker of the SS and the SC. The SM had a history of mental health conditions. The SM had a history of abusing medications including Xanax and Suboxone. As a result of her mental health and substance abuse history, the SM was unable to adequately care for the SC and SS.

**Report Determination:** Indicated

**Date of Determination:** 07/18/2019

**Basis for Determination:**

The SM was recommended to therapeutic services by her primary care physician and did not comply with the physician's recommendation. ACS obtained information from collateral contact and verified the SM had a severe mental health condition that required treatment.

**OCFS Review Results:**

On 5/22/19, the SM denied she misused her prescription medication. On 5/30/19, ACS held a conference and determined the family needed preventive services to address the SM's history of drug use. On 5/31/19, the SM's physician said the SM took the medication as prescribed. Another physician said the SM used medication as prescribed. ACS obtained a Family Court Legal Services consultation and attempted to file an Article Ten Neglect petition to request a remand and Court Ordered Supervision. The filing was denied as ACS did not have evidence to indicate the SM misused her prescribed medication.

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

**Issue:**

Appropriate Application of Legal Standards (Abuse/Maltreatment)

**Summary:**

The Investigation Conclusion Narrative did not include information about the physician's recommendation for the SM to receive therapeutic services. ACS did not discuss whether the lack of therapeutic services had a negative impact on the care the SM provided the SC and SS.

**Legal Reference:**

SSL 412(1) and 412(2)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 5/29/19 Safety Assessment was inadequate as the document included comments that did not support the selected safety factors. The comment referenced the SM's mental health conditions and her failure to enroll in services but did not indicate the SM's mental health condition had a negative impact of her ability to supervise, protect and/or care for the SC and SS.

**Legal Reference:**

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

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The 7/18/19 Safety Assessment document was inadequate as the associated comments did not support the selected safety factor. The document did not include information to justify whether or not the SM's mental health condition had a negative impact on her ability to supervise, protect and/or care for the CHN.

**Legal Reference:**

18 NYCRR 432.2 (b)(3)(iii)(b)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

The 5/22/19 investigation reflected notes were not entered contemporaneously. Some events occurred on 5/31/19, but were not entered until 7/17/19. Additionally, the 6/19/19 progress note was incomplete.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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:**

Failure to provide notice of report

**Summary:**

During the 5/22/19 investigation, ACS did not provide a Notice of Existence to the father of the SS.

**Legal Reference:**

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

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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.



# Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/02/2017	Sibling, Female, 4 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 4 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

The 3/2/17 report alleged the SM had a history of drug abuse. On 2/24/17, the SM was impaired on Xanax while being the sole caretaker of the SS. The role of the parent substitute was unknown.

**Report Determination:** Unfounded**Date of Determination:** 04/14/2017**Basis for Determination:**

The SM provided the minimum degree of care for the SS. ACS observed the home and found there were no hazardous conditions. The family had adequate food and sleeping arrangements for the SS. The SS attended school each day and received medical examinations as needed. The SM provided supervision with the assistance of the MGM who helped to care for the SS. The SM denied drug use and submitted to three random drug tests and the results were negative for drugs/alcohol. ACS interviewed the SS's MGM, father, and daycare employee and they said they did not have concerns with the SM or the care she provided to the SS.

**OCFS Review Results:**

On 3/3/17, the father of the SS said he had no concerns regarding the care the SM provided to the SS. He said the SM had a history of using Xanax but she no longer used this drug. ACS visited the SS at her father's home. ACS interviewed the PGM of the SS. The SS said she lived with the SM, and the SM had a male friend. The SS denied the friend lived in the SM's home. On 3/6/17, the SM admitted she had a dependency to opiates years ago. ACS reviewed documentation that showed she completed a drug program. The SM submitted to three drug tests and the results were negative.

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

Overall Completeness and Adequacy of Investigations

**Summary:**

The ACS documentation reflected that on 4/11/17, the SM stated the BF had no expenses other than his gambling habits. However, ACS did not obtain additional information about the BM's statement about the BF's alleged gambling habits.

**Legal Reference:**

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

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The ACS documentation did not reflect ACS interviewed nor attempted to interview the SM's male friend.

**Legal Reference:**

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

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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.



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

The SM was known to the SCR and ACS in three reports dated 11/3/12, 12/29/13 and 8/19/14. The allegations of the 11/3/12 report were IG and PD/AM of the SS by the SM. On 12/7/12, ACS Unsub the allegations.

The allegations of the 12/29/13 report were B/S, IG, LS and PD/AM of the SS by the SM. On 1/29/14, ACS Unsub the allegations. The allegations of the 8/19/14 report were B/S and IG of the SS by the SM and grandparent. The report was UNF. The family received preventive services.

### Known CPS History Outside of NYS

There was no known 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: 05/30/2019**

**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: 05/30/2019**

### 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**  
 ACS opened a preventive services case for the family on 5/30/19. ACS addressed with the SM a referral for PPRS. The SM said she was not interested in additional services.

**Required Action(s)**

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

Yes  No

<b>Issue:</b>	Adequacy of Progress Notes
<b>Summary:</b>	ACS visited the home on 8/1/19. The SM said she attended counseling. However, ACS did not obtain pertinent details about enrollment date, name of counseling organization, and BM's level of compliance
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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.



### Preventive Services History

During the 11/3/12 investigation, ACS opened a preventive services case for the family on 11/14/12. ACS addressed allegations of IG and PD/AM. The SM entered a drug treatment program after her discharge from the hospital. The SS remained in the hospital due to withdrawal symptoms. The family received case management services. ACS filed an Article Ten Neglect petition on behalf of the SS, naming SM as the respondent on 9/24/14. The disposition occurred on 7/16/15, and the SS was released to her father with 12 months ACS supervision. A modification of the disposition order was granted releasing the SS to the care of the SM with supervision on 4/18/16. The supervision expired on 7/16/16. The SM received parent training, clinical health services and drug treatment. The SS received preventive services for children and case management services. The SM completed her drug treatment and continued with clinical health services; she complied with her service plan. ACS closed the preventive services case on 7/19/16.

During the 5/22/19 investigation, ACS opened a preventive services case on 5/30/19. There were concerns for the SM's drug use as she and the SC tested positive for benzodiazepines at the SC's birth. The SM said she had prescriptions for the medications she utilized.

### 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

**Have any Orders of Protection been issued? Yes**

**From:** 09/19/2018

**To:** 09/18/2019

**Explain:**

An OP was issued for the SM who was the petitioner, and the father of the SS was listed as the defendant. The OP expired on 9/18/19.

### 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