



**Report Identification Number: NY-21-068**

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

**Issue Date: Nov 29, 2021**

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

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

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

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

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

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

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

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



## Abbreviations

| <b>Relationships</b>                                 |  |   |
|--|--|---|
| BM-Biological Mother                                 | SM-Subject Mother                              | SC-Subject Child                        |
| BF-Biological Father                                 | SF-Subject Father                              | OC-Other Child                          |
| MGM-Maternal Grand Mother                            | MGF-Maternal Grand Father                      | FF-Foster Father                        |
| PGM-Paternal Grand Mother                            | PGF-Paternal Grand Father                      | DCP-Day Care Provider                   |
| MGGM-Maternal Great Grand Mother                     | MGGF-Maternal Great Grand Father               | PGGF-Paternal Great Grand Father        |
| PGGM-Paternal Great Grand Mother                     | MA/MU-Maternal Aunt/Maternal Uncle             | PA/PU-Paternal Aunt/Paternal Uncle      |
| FM-Foster Mother                                     | SS-Surviving Sibling                           | PS-Parent Sub                           |
| CH/CHN-Child/Children                                | OA-Other Adult                                 |   |
| <b>Contacts</b>                                      |  |   |
| LE-Law Enforcement                                   | CW-Case Worker                                 | CP-Case Planner                         |
| Dr.-Doctor   | ME-Medical Examiner                            | EMS-Emergency Medical Services          |
| DC-Day Care  | FD-Fire Department                             | BM-Biological Mother                    |
| CPS-Child Protective Services                        |  |   |
| <b>Allegations</b>                                   |  |   |
| FX-Fractures   | II-Internal Injuries                           | L/B/W-Lacerations/Bruises/Welts         |
| S/D/S-Swelling/Dislocation/Sprains                   | C/T/S-Choking/Twisting/Shaking                 | B/S-Burns/Scalding                      |
| P/Nx-Poisoning/ Noxious Substance                    | XCP-Excessive Corporal Punishment              | PD/AM-Parent's Drug Alcohol Misuse      |
| CD/A-Child's Drug/Alcohol Use                        | LMC-Lack of Medical Care                       | EdN-Educational Neglect                 |
| EN-Emotional Neglect                                 | SA-Sexual Abuse                                | M/FTTH-Malnutrition/Failure-to-thrive   |
| IF/C/S-Inadequate Food/ Clothing/<br>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<br>Service           | ACS-Administration for Children's<br>Services  | NYPD-New York City Police<br>Department |
| PPRS-Purchased Preventive<br>Rehabilitative Services | TANF-Temporary Assistance to Needy<br>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:** 06/15/2021  
**Initial Date OCFS Notified:** 06/15/2021

## Presenting Information

Two fatality reports were registered by the SCR on 6/15/21 regarding the death of the 3-month-old male subject child (SC). The reports alleged on 6/14/21, the SM left the SC alone in an unknown location of the residence at approximately 11:00PM. On 6/15/21, at approximately 6:50AM, the SM went to check the SC and discovered he was not breathing, unresponsive, in cardiac arrest, and asystole. At 7:08 AM, the SM contacted emergency medical services. They arrived shortly after initiated CPR and transported the SC to the hospital. At 7:37AM, the SC was pronounced dead at the hospital. The SC was an otherwise healthy child and the SM and uncle had no explanation for the child's death.

## Executive Summary

This fatality report concerns the death of a 3-month-old male SC who died on 6/15/21. No autopsy was conducted due to the family's objection on the grounds of their religious beliefs. However, a Report of External Examination was completed, and the immediate cause and manner of death were listed as undetermined.

At the time of the fatality the SC resided with his mother and three female SSs ages 2, 4, and 5 years old. The family had an open Advocates Preventive Only case at the time of the fatality.

ACS' investigation revealed that on 6/14/21, the mother placed the SC on the king-sized bed with the other three children. The SC was placed to sleep on the lower right side of the bed while the other children slept on the upper left side of the same bed. The SM went to sleep on the same bed at approximately 1:00AM after cleaning and finishing the laundry. The SM woke up at 6:00AM and took care of the three surviving siblings then went to check the SC. The SC was unresponsive. The SM ran outside to hail a taxi to transport the SC to the hospital. A neighbor saw her and assisted by calling 911. EMS arrived shortly thereafter and attempted resuscitation. EMS transported the SC to the hospital where he was pronounced dead. The SSs were left with the landlord while the SM took the child to the hospital.

During the investigation, ACS contacted family members, medical providers, and law enforcement. Law enforcement indicated no foul play was suspected and there would be no arrests.

The SSs were aware of the child's death and showed the Specialist where each person was sleeping on the night of the SC's death. ACS made the decision that there was no need for Family Court intervention and referred the family for PPRS and bereavement counseling. The SM declined bereavement counseling.

On 8/6/21, ACS unsubstantiated allegations of DOA fatality and IG of the SC by the SM. ACS based their determination on a lack of credible evidence. ACS documented the SM put the SC in a supine position to sleep the night before and found him unresponsive the next morning.

ACS also unsubstantiated the allegations against the landlord "uncle" who was named as an alleged subject of the report. ACS determined the landlord was not a person legally responsible for the children.

NYCRO does not agree with the determination to unsubstantiate the allegation of IG. The mother stated she was aware of safe sleeping practices for infants; she had a Pack 'n Play for the infant, but opted to place the child on the bed with three other minor children and herself. The sleeping arrangement placed the infant at increased risk of harm.



## 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? No

### Explain:

NYCRO does not agree with the determination to unsubstantiate the allegation of IG. The mother stated she was aware of safe sleeping practices for infants; she had a Pack 'n Play for the infant, but opted to place the child on the bed with three other minor children and herself. The sleeping arrangement placed the infant at increased risk of harm.

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:

Prior to the fatality, the SM and her CHN were receiving preventive services from a service provider. However, the CP stated the general preventive was changed to Solution Based Casework.

## Required Actions Related to the Fatality

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

|                         |  |
|-------------------------|--|
| <b>Issue:</b>           | Contact/Information From Reporting/Collateral Source   |
| <b>Summary:</b>         | The documentation did not reflect diligent efforts to interview ER personnel, and the SC's physician.  |
| <b>Legal Reference:</b> | 18 NYCRR 432.2(b)(3)(ii)(b)  |
| <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. |



|                         |  |
|-------------------------|--|
| <b>Issue:</b>           | Appropriateness of allegation determination  |
| <b>Summary:</b>         | ACS unsubstantiated the allegation of Inadequate Guardianship of the SC by the mother although there was some credible evidence to substantiate the allegation on the basis of unsafe sleep practices.   |
| <b>Legal Reference:</b> | FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)  |
| <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. |
| <b>Issue:</b>           | Overall Completeness and Adequacy of Investigations  |
| <b>Summary:</b>         | In addition to the failure to contact some pertinent collaterals, supervisory directives that could have enhanced the overall investigation were not completed.  |
| <b>Legal Reference:</b> | SSL 424.6 and 18 NYCRR 432.2(b)(3)   |
| <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. |

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 06/15/2021

**Time of Death:** 07:37 AM

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

06:50 AM

**County where fatality incident occurred:**

Bronx

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

Yes

**Time of Call:**

07:08 AM

**Did EMS respond to the scene?**

Yes

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

N/A

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

**At time of incident supervisor was:**

Distracted

Absent

Asleep

Other:



**Total number of deaths at incident event:**

**Children ages 0-18: 1**

**Adults: 0**

**Household Composition at time of Fatality**

| Household                  | Relationship                     | Role                | Gender | Age        |
|----------------------------|----------------------------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child                   | Alleged Victim      | Male   | 3 Month(s) |
| Deceased Child's Household | Mother                           | Alleged Perpetrator | Female | 30 Year(s) |
| Deceased Child's Household | Other - Landlord                 | Alleged Perpetrator | Male   | 73 Year(s) |
| Deceased Child's Household | Other Adult - mother of 1-yo CH  | No Role             | Female | 22         |
| Deceased Child's Household | Other Child - CH of Landlord     | No Role             | Female | 16 Year(s) |
| Deceased Child's Household | Other Child - CH of 22-yo Mother | No Role             | Female | 1 Year(s)  |
| Deceased Child's Household | Sibling                          | No Role             | Female | 6 Year(s)  |
| Deceased Child's Household | Sibling                          | No Role             | Female | 4 Year(s)  |
| Deceased Child's Household | Sibling                          | No Role             | Female | 2 Year(s)  |
| Other Household 1          | Father                           | No Role             | Male   | 55 Year(s) |

**LDSS Response**

Upon receipt of the report, the Specialist contacted law enforcement and the mother. LE said the SM fed the SC and put him on the king-sized bed to sleep at 11:00PM on 6/14/21. The SC was placed to sleep on the lower right side of the bed while the other children slept on the upper left side of the same bed. The SM then went to sleep on the same bed at 1:00AM after cleaning and finishing folding the laundry. The SM awoke at 6:00AM, and after caring for the other children, she checked the SC, and found him unresponsive. She ran down to get a taxi and go to the hospital. EMS was called and the SC was transported to the hospital where he was pronounced dead. The medical team in the hospital found no trauma to the SC. The SC was healthy and had no medical condition. LE said no criminality was found.

On 6/15/21, the Specialist visited the home to interview the family and assess the safety of the SSs. The SM and four children resided in one bedroom in a two-bedroom apartment. All family members slept on the king-sized bed. The Specialist observed a half-folded Pack-n-Play by the side of the bed. The SM explained since there was a lot of laundry to be folded, there was not enough space to keep the Pack-n-Play on the floor. ACS provided a toddler bed for the 2-yo SS and the Specialist assisted the landlord in assembling the bed. The SM denied substance abuse or alcohol use.

On 6/15/21, during a home visit, the SM explained the landlord did not have childcare responsibility for the children. ACS observed the family friend's 1-yo child who was with her mother; the child appeared well. The mother of the 1-yo child refused to participate in the investigation.

On 6/17/21, ACS convened a conference and decided no court intervention was necessary. It was further determined the family could benefit from parenting skills training, Early Intervention for the 2-yo SS, bereavement counseling and housing assistance.

On 7/15/21, the Specialist contacted the neighbor who had called 911. The neighbor said when he approached the mother to assist her, he thought the SC was still alive, but just unconscious. He stated he remained on the phone with the 911 operator until an ambulance arrived.



On 7/15/21, the SM's CP informed the Specialist, the agency spoke with the SM about entering a family shelter. The SM agreed to go to a family shelter. The SM entered the shelter on 7/23/21 and was relocated to a new apartment.

On 8/3/21, ACS visited the SM and SSs at the new apartment. The Specialist documented the children were observed to be free from marks and bruises and appeared well. There were no safety hazards noted. The children had separate beds and the necessities. The SM said the BF should return from outside the country in about one month. The Specialist provided the SM with the referrals for parenting and bereavement counseling.

On 8/6/21, ACS unsubstantiated the allegations of the report and referred the family for community-based services only.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

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

### Multidisciplinary Investigation/Review

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

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

### SCR Fatality Report Summary

| Alleged Victim(s)                     | Alleged Perpetrator(s)                      | Allegation(s)           | Allegation Outcome |
|---------------------------------------|---|-------------------------|--------------------|
| 058569 - Deceased Child, Male, 3 Mons | 058570 - Mother, Female, 30 Year(s)         | DOA / Fatality          | Unsubstantiated    |
| 058569 - Deceased Child, Male, 3 Mons | 058570 - Mother, Female, 30 Year(s)         | Inadequate Guardianship | Unsubstantiated    |
| 058569 - Deceased Child, Male, 3 Mons | 058576 - Other - Landlord, Male, 73 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 058569 - Deceased Child, Male, 3 Mons | 058576 - Other - Landlord, Male, 73 Year(s) | Inadequate Guardianship | Unsubstantiated    |

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



|  |                                     |                                     |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Emergency Room Personnel   | <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"/> |
| Medical Examiner / Coroner   | <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>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 that family members or EMS/EMS Liaison were contacted. The documentation did not reflect diligent efforts were made to interview ER personnel, and the SC's doctor.

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

### Fatality Risk Assessment / Risk Assessment Profile

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Was the risk assessment/RAP adequate in this case?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Child Fatality Report

|  |                                     |                                     |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 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"/> |

**Explain:**  
At the time of the fatality, the SM and family were receiving preventive services.

### 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"/> |

### 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 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 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



|   |                          |                          |                                     |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Alcohol/Substance abuse</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 documentation reflected that an Early Intervention referral was made for the 2-yo SS and 1-yo CH. The documentation did not reflect ACS offered the family burial assistance. ACS provided the SM with an advocacy letter to present to PATH.

**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? Yes**

**Explain:**

The documentation reflected that an Early Intervention referral was made for the 2-yo SS.

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

**Explain:**

SM declined bereavement counseling for herself and the SSs.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

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



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

There is no CPS investigative history in NYS within three years prior to the fatality.

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

The SM was not known to the SCR or ACS as a subject.

The landlord was known to the SCR and ACS in one report dated 5/23/17. The allegations of the 5/23/17 report were IG and LMC of the now 16-yo female by the landlord (who was listed as her father) and her mother, and XCP, S/D/S, and L/B/W by the landlord. On 5/24/17 an Article Ten Neglect Petition was filed in Family Court and a remand of the CH was granted. The landlord was named as the respondent. An OP was issued for the CH. On 7/13/17, ACS Sub the allegations of XCP, S/D/S, L/B/W, LMC, and IG by the landlord and Unsub the allegations of IG and LMC by the mother.

## 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: 07/25/2019

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

## Services Provided

|  | Yes | No | N/A | Unable to Determine |
|--|-----|----|-----|---------------------|
|  |     |    |     |                     |



# Child Fatality Report

|  |                                     |                                     |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Were services provided to parents as necessary to achieve safety, permanency, and well-being?  | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>If not, how many days was it overdue?</b><br>The number of days it was over due was unable to be determined. |                          |                                     |                                     |                          |
| Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?                            | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Additional information, if necessary:</b><br>On 7/25/19, a Family Service Stage (FSS) was opened as an Advocates Preventive Only (ADVPO) case by a service provider. The SM requested services from the SP's general preventive program. The requested services were housing services, day care services, community advocacy, and childcare. As of 11/15/21, the FSS remained open. |                                     |                          |                          |                          |

### 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 case recording in FASP   |
| <b>Summary:</b>         | FASPs were incomplete and inaccurately completed. In all FASPs the BF was not included in the case stage composition; he was in the home per PN's of 10/17/19 up to 6/4/21. The Non-CPS Safety Assessment was blank in the Initial and Comprehensive FASPs   |
| <b>Legal Reference:</b> | 18 NYCRR 428.6(a)  |
| <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. |
| <b>Issue:</b>           | Timely/Adequate Case Recording/Progress Notes  |
| <b>Summary:</b>         | The documentation in the Family Service Progress Notes regarding the landlord and the 16-yo CH did not reflect notes were entered contemporaneously. For example, an event occurred on 8/31/18 and it was not entered until 11/20/18.  |



|                         |  |
|-------------------------|--|
| <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. |
| <b>Issue:</b>           | Failure to Complete a Plan Amendment   |
| <b>Summary:</b>         | ACS did not complete a Plan Amendment upon closing of the FSS stage on 12/3/18.  |
| <b>Legal Reference:</b> | 18 NYCRR 428.7   |
| <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. |
| <b>Issue:</b>           | Timely/Adequate Case Recording/Progress Notes  |
| <b>Summary:</b>         | The ADVPO case was assigned the CP role on 7/26/19. Supervisory progress notes were recorded on 11/15/19, 12/15/19, 1/15/20, 2/15/20, 10/31/20, 1/28/21, & 3/1/21. Progress notes with an event date of 6/30/21 had an entry date of 9/15/21.  |
| <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. |
| <b>Issue:</b>           | Adequacy of case planning  |
| <b>Summary:</b>         | The ADVPO did not record notes for August & September 2019. Notes of a 1/13/20 Family Team Conference was recorded. There were no notes recorded for March, April, and up to 5/12/20. No PN's were recorded for July, August and November 2020.  |
| <b>Legal Reference:</b> | 18 NYCRR 432.2 (b)(2)  |
| <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. |
| <b>Issue:</b>           | Pre-Determination/Supervisor Review  |
| <b>Summary:</b>         | Supervisory notes were recorded on 11/15/19, 12/15/19, 1/15/20, 2/15/20, 10/31/20, 1/28/21, & 3/1/21. Notes with an event date of 6/30/21 notes had an entry date of 9/15/21.  |
| <b>Legal Reference:</b> | 18 NYCRR 432.2(b)(3)(v)  |
| <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



According to the documentation, on 5/30/19 the SM walked into the PPRS agency and asked for assistance/advocacy with obtaining housing, childcare, and entitlement benefits for her family. The SM stated she was referred by friends. The services case was opened on 7/25/19; the PPRS agency was assigned case planning responsibility on 7/26/19. The family had no prior involvement with CPS or PPRS.

The PPRS CP assessed safety and risk of the CHN during casework contacts that occurred via video-conference due to the COVID-19 pandemic; in-person home visits also occurred.

The CP assisted the family with entitlement benefits, obtaining daycare vouchers, finding a childcare provider, and registering the 4-yo SS in kindergarten. The SM was assisted with completing housing applications for NYC Connect (electronically), Section 8, and NYCHA. The CP ordered one bunk and twin bed for the SS's that were delivered to the home. Prior to the SC's birth, a car seat, playpen, and stroller were requested and provided to the SM by the CP. Additionally, the SM was provided a smoke detector. Collateral contacts occurred with the SS's medical health providers for updated child health status, and school regarding academic performance and attendance. The CP scheduled conferences with the SM during which progression of services were discussed/assessed. Casework counseling was provided to the SM.

### Foster Care Placement History

During the 5/23/17 investigation, ACS opened a service case on 5/31/17. The initial FASP reflected the landlord reported his 16-yo CH had behavioral issues, not doing well academically, and he continued to receive calls from her school about her behavior. He confronted the 16-yo CH as he believed she was lying about an after school program that she claimed she was attending and also she falsified his signature. During this altercation, the 16-yo claimed that he hit her with a wire, choked, and punched her in her face and body. The 16-yo CH was removed from the home due to this incident. On 5/24/17, an Article Ten Petition was filed. The FASP reflected the Family Service Plan included case management services for the 16-yo CH. The 6/21/18 FASP reflected the 16-yo CH was released to the landlord's care under ACS supervision on 5/17/18. The conditions of the release were that the landlord complete parenting classes, the landlord and 16-yo attend family therapy, the landlord complete a clinical health evaluation, and the landlord was not to use corporal punishment against the 16-yo. The landlord was referred for services for the family therapy and the clinical health evaluation. The 16-yo was referred for individual therapy in the community. The notes reflected the foster care agency did not visit the foster home between 6/21/17 and 8/22/17. On 12/3/18, the service case was closed.

### 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