



**Report Identification Number: NY-22-025**

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

**Issue Date: Sep 19, 2022**

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

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

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

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

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

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

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

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



## Abbreviations

<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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 04/15/2022  
**Initial Date OCFS Notified:** 04/15/2022

## Presenting Information

An SCR report was received which alleged that on 4/15/22, at 7:59AM, the 4-month-old subject child was found blue and not breathing. The 1-year-old sibling was found sleeping on top of the infant in the bed. The mother called 911 and the subject child was pronounced dead on arrival when first responders arrived at the home.

## Executive Summary

This report concerns the death of the 4-month-old subject child who died on 4/15/22. At the time of the child’s death, he resided in a shelter with his mother and 1-year-old sibling. There was an order of protection in place against the subject child’s father for the mother, subject child, and sibling. The father of the sibling was unknown. The family was known to the Administration for Children Services (ACS) as there was an open services case and an ongoing CPS investigation regarding an unrelated matter at the time of the child's death.

The investigation revealed the mother, subject child, and sibling were in the shelter on the evening of 4/14/22. The mother placed the subject child to sleep in bed with her at an unknown time and checked on him at 2:00AM. The mother fed the child around 5:00AM and placed him back to sleep in her bed. The mother woke sometime after 8:00AM and found the sibling lying on top of the subject child. Upon moving the sibling, the mother observed the subject child to be unresponsive. The mother immediately called 911 but was unable to articulate the situation so a roommate at the shelter took over the call. Resuscitation efforts were made while awaiting the arrival of first responders. First responders transported the child to the hospital, and he was pronounced dead on arrival at 8:52AM.

Due to inconsistencies with the mother’s account of the fatality, ongoing discord between the mother and father, the mother’s substance misuse, and her inability to care for the sibling, an immediate safety plan was needed. The sibling was placed in foster care as the mother was unable to come up with an alternate plan of care.

ACS coordinated investigative efforts with law enforcement upon receipt of the SCR report. An autopsy was performed; however, the final autopsy report was not yet received at the time this report was written. The medical examiner noted it was probable the child’s death was a result of an unsafe sleeping environment as the child was placed to sleep on his stomach in bed with the mother. The criminal investigation remained open as the final autopsy report was pending; however, law enforcement did not suspect criminality.

ACS gathered information surrounding the fatality from collateral sources which included law enforcement, medical staff, the medical examiner, and relatives. ACS provided fatality-related services to the family upon receipt of the fatality report. ACS filed an article 10 Neglect Petition against the mother, and the sibling remained in foster care.

### PIP Requirement

ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

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

### Explain:

The case was appropriately indicated and remained opened for foster care services at the time of this writing.

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:

There was sufficient supervisory consultation during the investigation. Following the death, the sibling was removed and placed in foster care. The case remained open for foster care services at the time of this writing.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 04/15/2022

Time of Death: 08:52 AM

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

Unknown

County where fatality incident occurred:

Kings



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

**Time of Call:** Unknown

**Did EMS respond to the scene?** Yes

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

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

Sleeping       Working       Driving / Vehicle occupant

Playing       Eating       Unknown

Other

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

**How long before incident was the child last seen by caretaker?** 6 Hours

**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	4 Month(s)
Deceased Child's Household	Father	No Role	Male	23 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)

### LDSS Response

On 4/15/22, ACS received the SCR fatality report regarding the subject child. Upon receipt of the fatality report, ACS initiated their investigation within 24 hours and coordinated efforts with their MDT. ACS reviewed the family's history which revealed significant CPS and law enforcement involvement including current OPs, an open CPS investigation and corresponding Preventive Services case, and an active warrant for the mother on an unrelated matter.

ACS interviewed the mother and she confirmed she had access to a bassinet and toddler crib for the sibling as she was residing in a shelter and they were provided to her. The mother reported she, the subject child, and sibling were sleeping in the same bed on the night leading up to the death. The mother reported it was easier to have the children sleep in bed with her due to their feeding schedules, though she was aware of safe sleep practices. The mother reported she woke to feed the subject child at 5:00AM and then placed him back to sleep in her bed. She reported he was placed on his stomach and she did not consistently place the child in a specific position but based it on how he was comfortable sucking his thumb. The mother and children fell back to sleep. When the mother woke around 8:00AM, she found the sibling lying on the subject child. Upon moving the sibling, she observed the subject child to be blue and unresponsive. The mother dialed 911 and began screaming. The mother's roommate took over the phone call and pressed a button in their unit that connects to security. Security arrived at the room and assisted in CPR while awaiting the arrival of first responders. The subject child was transported to the hospital where he was pronounced dead upon arrival. The father was interviewed and reported he



was not present at the time of the incident and did not have further information regarding the death. The father was combative with ACS, and law enforcement was notified as the father made threats to ACS.

The sibling was assessed and it was determined a safety plan was necessary. The grandparents assisted in safety planning for the sibling as ACS was unable to locate the mother immediately following the death. Due to the grandparents' history with ACS as well as their self-disclosed substance misuse, they were deemed an inappropriate safety plan. A neighbor was utilized as an immediate safety plan while ACS located the mother and completed an emergency removal of the sibling. A petition was filed in court following the emergency removal and a corresponding article 10 neglect petition was filed against the mother and father. The mother was unable to come up with an alternate plan of care for the sibling and the Family Court judge remanded the child to foster care on 4/21/22. The child was placed in a certified foster home. Appropriate fatality-related services were offered to the family and ongoing court-ordered services were put in place. ACS determined there was a fair preponderance of evidence to indicate the allegations of DOA/Fatality and Inadequate Guardianship against the mother regarding the subject child. The mother was co-sleeping with the subject child and sibling and preliminary information from the medical examiner revealed the unsafe sleeping environment was likely the cause of death.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

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

### Multidisciplinary Investigation/Review

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

**Comments:** ACS coordinated efforts with law enforcement and notified the DA's office of the death.

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
061107 - Deceased Child, Male, 4 Mons	061108 - Mother, Female, 22 Year(s)	DOA / Fatality	Substantiated
061107 - Deceased Child, Male, 4 Mons	061108 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated

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



Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

All relevant collateral sources were interviewed. Due to the age of the surviving sibling, an interview was not conducted, though her safety was assessed.

**Fatality Safety Assessment Activities**

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

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
ACS offered fatality-related services and additional support through a court ordered services case following the removal and placement of the sibling.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
Safety was assessed and the sibling was deemed unsafe remaining in the care of the mother. The sibling was removed and placed in a certified foster home.

### Legal Activity Related to the Fatality

**Was there legal activity as a result of the fatality investigation?**

- Family Court                       Criminal Court                       Order of Protection

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
04/19/2022	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	061108 Mother Female 22 Year(s)	
<b>Comments:</b>	ACS completed an emergency removal of the sibling and filed a 1026 pre-petition in family court following the removal. The decision was made to remand the sibling to foster care and a full stay away order of protection was issued against the mother for the sibling. On 4/21/22, an article 10 Neglect Petition was filed against the mother and father regarding the sibling and was pending at the time of this writing. The sibling remained in foster care.	

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

<b>From:</b> 04/19/2022	<b>To:</b> Unknown
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**Explain:**  
Family Court issued an order of protection against the mother for the sibling following the death of the subject child, allowing for agency supervised visitation only.



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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

ACS provided the family with appropriate fatality-related services. The mother was ordered to engage in a mental health evaluation, parenting classes, substance abuse treatment, domestic violence counseling, and random drug testing. At the time of this writing, the mother was engaged in services and compliant with her court orders.

**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 sibling was removed and foster care services were provided.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes**

**Explain:**

The parents were offered community-based services related to mental health and grief counseling. Additional services related to parenting skills were deemed necessary following the removal of the sibling.

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

#### Infant was born:

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/16/2022	Deceased Child, Male, 2 Months	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 2 Months	Father, Male, 23 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Father, Male, 23 Years	Inadequate Guardianship	Substantiated	

#### Report Summary:

ACS received a report from the SCR alleging that on 2/15/22, the mother went to the grandparents' home and a physical altercation took place between the mother and grandmother. While the mother and grandmother were fighting at the door, the father and another adult went into the home and became aggressive with family members. This occurred in the presence of the subject child and sibling. The father then took the children and left the home. It was cold out and the children were not dressed accordingly. When the father was angry, he was physically abusive towards the sibling. He had forcefully hit the sibling on the buttocks, legs, and arms.

**Report Determination:** Indicated

**Date of Determination:** 05/04/2022

#### Basis for Determination:

ACS determined there was credible evidence to substantiate the allegation of inadequate guardianship against the mother and father regarding the sibling and subject child. The mother engaged in a physical altercation with the grandmother in the presence of the children during a routine pickup. When the grandmother refused to give the children to the mother,



the father arrived at the home and became involved in the altercation. The father was arrested and an OP was issued against him for the grandmother and children. The mother and children moved to a shelter prior to case closure due to DV. The record did not reveal the father used physical discipline on the sibling.

**OCFS Review Results:**

ACS spoke with relevant collateral sources and provided community-based referrals related to housing and counseling. ACS investigated new concerns as they arose, consulted their legal department, and attempted to file an Article 10 Neglect Petition. Due to the pending criminal case against the father, the Neglect Petition was delayed. The subject child died during the open case and ACS investigated the fatality during an investigation opened concurrently. ACS did not exhaust efforts to identify, locate, or interview the father of the sibling.

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

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

The record lacks identifying information regarding the biological father of the sibling. Case conference notes reflect instruction to gather information for the biological father of the sibling, though the record does not reflect he was identified, added, or interviewed.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

ACS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/28/2021	Deceased Child, Male, 1 Days	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

**Report Summary:**

ACS received a report from the SCR alleging the mother gave birth to the subject child and the mother tested positive for marijuana at the time of birth. At the time the report was registered, the toxicology of the subject child was unknown.

**Report Determination:** Unfounded

**Date of Determination:** 01/13/2022

**Basis for Determination:**

ACS determined there was no credible evidence that the mother's use of marijuana had an impact on the subject child. The mother was able to meet the child's needs and the child was doing well in her care.

**OCFS Review Results:**

ACS completed a Plan of Safe Care and spoke with all relevant collateral sources. ACS addressed new information as it was received and completed casework within the required time frames. Once case objectives were met, the investigation was appropriately determined and closed.

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

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

The father had an indicated history dating back to 2017. The father was indicated regarding his child who was 11-months-old at the time. The father was misusing illicit substances and was not treating his mental health, which impacted his ability to provide adequate care for his 11-month-old child. The father perpetrated physical violence against the mother of the half-sibling in the presence of the sibling.



## 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: 03/08/2022

### Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The most recent required FASP was completed 41 days after the due date.				



# Child Fatality Report

<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Provider

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

**Additional information, if necessary:**  
 A contract agency provided additional Preventive Services to the family.

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	The initial FASP was completed untimely on 5/17/22, 41 days after the due date.
<b>Legal Reference:</b>	18 NYCRR428.3(f)
<b>Action:</b>	ACS will complete timely and accurate FASPs.

<b>Issue:</b>	Adequacy of Child Protective Services casework contacts (open services)
<b>Summary:</b>	The record did not reflect the family was seen, including face-to-face contact as required by regulations. The record did not reflect the family was seen during March 2022 or April of 2022. Contact resumed in May of 2022 with consistent contact.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(4)(vi)
<b>Action:</b>	In cases where the child protective service is the primary service provider to children named in indicated child protective services cases and their families, LDSS must make at least two separate face-to-face contacts per month with the subject(s) and other persons named in the report, one of which one must take place in the subject's home.

### Preventive Services History

Preventive services were provided to the family beginning on 3/8/22 and remain open at the time of this writing. Services were initially mandated following a dispute between the mother, father, and maternal grandmother. The dispute turned physical when the mother assaulted the grandmother and the father became physical with other adults in the home. Both parents were arrested as a result of the attack. A Neglect Petition was filed on behalf of the sibling and the parents were ordered to engage in services. During the Preventive Services case, the subject child died and the sibling was placed in foster care. The family services stage remained open at the time of this writing to provide foster care services to the family.

### 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:** 04/25/2022

**To:** 12/30/2022

**Explain:**

A stay away order of protection was issued against the father for the mother and sibling.

**From:** 02/24/2022

**To:** 08/26/2022

**Explain:**

A stay away order of protection was issued against the father for the mother, subject child, and sibling.

**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