



Report Identification Number: NY-15-066

Prepared by: New York City Regional Office

Issue Date: 2/18/2016

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



Report Type: Child Deceased
Age: 19 day(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 07/13/2015
Initial Date OCFS Notified: 07/14/2015

Presenting Information

According to the information submitted via the OCFS-7065, Agency Reporting Form for Serious Injuries, Accidents, or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases, in June 2015, the mother gave birth to a male infant at 24 weeks gestation. The infant weighed 1 pound, 5 ounces at birth, was born with a positive toxicology for cocaine, had pre-existing medical conditions, and had an approximate 50 percent chance of survival. The information also stated that the mother tested positive for cocaine at the time of the infant's birth, and that the mother admitted to ACS staff that on 6/23/15, she drank three glasses of red wine. Additionally, the mother said she was not engaged in any drug rehabilitative program. On 6/29/15, an Article Ten Neglect petition was filed on behalf of the infant.

Executive Summary

This medically fragile 3-week-old male infant died on 7/13/15. There was no autopsy performed. According to information provided by the ME, the infant's death was only referred to the ME for cremation clearance.

The ACS findings showed that in June 2015 the mother gave birth to the infant at 24 weeks gestation. At birth, the infant was diagnosed with a medical condition; he weighed 1.5 pounds and had a positive toxicology for cocaine. Following his birth, the infant remained hospitalized at St. Barnabas Hospital for treatment. A report was registered by the SCR at the time of the infant's birth. The allegations included IG and PD/AM of the infant and half siblings by the mother.

The Child Care Review Services reflected that the infant was placed in ACS' care on 6/24/15. He was added to the existing Family Court case and on 6/29/15 the infant and two half siblings were remanded to the care and custody of the Commissioner of ACS. The infant continued to require hospitalized care. His medical condition deteriorated and on 7/11/15 he was transferred from St. Barnabas Hospital to Montefiore Children's Hospital where he remained until the time of his death.

On 7/14/15, the SCR received additional information regarding the infant's death. The SCR noted that the additional information would be merged to the open case. According to the information provided to the SCR, the infant had been in the hospital since he was born. The initial report showed that the mother tested positive for cocaine when the infant was born. The cause of death was listed as unknown.

ACS submitted the completed OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive cases, notifying OCFS of the infant's death, within the required timeframe. The information regarding the infant's death was submitted to OCFS under Chapter 485 of the Laws of 2006. ACS included the information in the open CPS investigation case for further exploration.

ACS staff made adequate contact with family members and collaterals. The staff contacted Montefiore Hospital medical staff who said the parents did not request an autopsy and there were no concerns pertaining to the infant's

death and as a result, there was no autopsy for the infant. The medical staff stated beginning 7/11/15, the infant's condition became critical. The infant was removed from the respirator with the parents' consent. The parents and PGM were in the hospital at the time the infant was pronounced dead. The hospital staff provided the family with referrals for bereavement services. ACS' documentation showed that the agency requested the hospital medical records. However, the case documentation did not establish that ACS actually received these records.

Following the infant's death the Jewish Child Care Association (JCCA) foster care agency appropriately maintained case planning responsibility for the two surviving half siblings. The Family Services Progress Notes showed that the 7-year-old half sibling received inpatient care at a children's hospital. This half sibling was expected to remain in the hospital where he received treatment and medication monitoring to regulate his behavior. He received group, individual and family therapy. The 5-year-old half sibling remained in the non-kinship therapeutic foster home under the supervision of JCCA. His placement was stable as this was his only placement since 7/13/15. The non-kinship foster parent met this half sibling's needs, including supervision of sibling visits.

The case planner documented that the mother complied with the service plan and she continued to test negative for all substances. On 12/21/15, the Family Court judge approved extended liberal visitation between the mother and 5-year-old half sibling; with some provisions.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

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:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities



NYS Office of Children and Family Services - Child Fatality Report

Incident Information

Date of Death: 07/13/2015

Time of Death: 06:30 PM

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

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

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Not

impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	19 Day(s)
Other Household 1	Grandparent	No Role	Female	54 Year(s)
Other Household 1	Mother	No Role	Female	27 Year(s)
Other Household 2	Sibling	No Role	Female	5 Year(s)
Other Household 2	Sibling	No Role	Male	7 Year(s)

LDSS Response

ACS obtained information through interviews with the household members and collaterals. ACS reviewed medical record and educational records; monitored the foster care services and provided updated information to the Bronx County Family Court as required. ACS learned that prior to closing the PPRS case, the Mental Health Association Family Link Program provided funds to the family to cover the cost and process of the cremation for the infant.

The Jewish Child Care Association (JCCA) agency was assigned case planning responsibility for the family. Regarding



the family member resources, the mother refused to provide information about the infant's father. ACS contacted (by telephone) the father of the 5-year-old half sibling, conducted database checks and advised this father to attend the next Family Court hearing pertaining to plans for this half sibling. However, this half sibling's father did not make himself available to the agency and was not involved in planning for this half sibling's care. There was no information concerning the father of the 7-year-old half sibling. The MA was a possible kinship resource, but she resided in the same home as the mother, and the case record identified that factor as a conflict of interest. According to the ACS case record, since 2009, the MGM had been receiving treatment for her mental health condition and she complied with the therapeutic and other related appointments. ACS noted that due to the MGM's diagnosis, she was unable to provide care of the half siblings.

An Investigative Progress Note dated 7/14/15 reflected that ACS contacted Montefiore Children's Hospital and requested the infant's hospital records. However, on 1/6/16, NYCRO received written information from ACS indicating that a formal request for the hospital records had not been made. ACS did not provide a clear explanation for the failure to request the hospital records.

ACS reviewed the 5-year-old half sibling's medical records which reflected that this child had a well-child evaluation on 2/27/15, there were no medical concerns and no medication was prescribed. The Dr. had recommended follow up with medical specialist for developmental evaluation. The case planner visited this child's educational program in October 2015 and was informed that he required support services. This half sibling received tutoring services to improve academic performance. The 7-year-old half sibling received inpatient care with Bronx Lebanon Hospital. Subsequently, on 9/3/15, he was discharged from Bronx Lebanon Hospital and transferred to a children's hospital where he was expected to remain until his behavior was regulated. He showed improvement and was recommended for transfer to a residential treatment facility upon release from the hospital.

As a result of the Family Court stipulations, the mother was mandated to substance abuse and mental health services. ACS verified that on 7/23/15 and 7/29/15, the mother attended her therapeutic and drug treatment programs, respectively. In September and October 2015, the mother did not attend the programs as required. However, the JCCA case record showed that a report dated 12/12/15 reflected that the mother was compliant with her service plan and she tested negative on all toxicology screenings. ACS' review of the mother's DV history revealed she was listed as a victim in three domestic incident reports (DIR) and a suspect in one DIR. The mother did not receive DV services.

The JCCA staff completed the required quantity of casework contacts. During December 2015, the case planner last visited the foster home and observed the 5-year-old half sibling was fine. The home was clean, there was sufficient food stored in the refrigerator and cabinet and the sleeping arrangement was satisfactory. The staff monitored the care of the 7-year-old half sibling who resided in the children's hospital.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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



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Comments: There is no OCFS approved Child Fatality Review Team in the New York City region.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The ACS case record did not include information to determine whether there was contact with the ME; however, ACS provided information to NYCRO which stated there was no autopsy performed for the infant.

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 safety 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 and placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
Prior to the infant's death, the Family Court remanded the half siblings to the care and custody of Commissioner of ACS.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided	Offered,	Offered,	Needed	Needed	N/A	CDR
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	After Death	but Refused	Unknown if Used	but not Offered	but Unavailable		Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
 At the time of the infant's death, there were no children in the mother's care.

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 half siblings received case management, mental health and developmental disability services.

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

Explain:
 The mother received mental health and drug treatment services.

History Prior to the Fatality

Child Information



Did the child have a history of alleged child abuse/maltreatment? Yes
Was there an open CPS case with this child at the time of death? Yes
Was the child ever placed outside of the home prior to the death? Yes
Were there any siblings ever placed outside of the home prior to this child's death? Yes
Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/28/2014	6555 - Sibling, Male, 3 Years	6554 - Mother, Female, 25 Years	Inadequate Guardianship	Indicated	No
	6556 - Sibling, Male, 6 Years	6554 - Mother, Female, 25 Years	Inadequate Guardianship	Indicated	

Report Summary:

The 1/28/14 SCR report alleged that the mother had a long history of having mental health concerns. On 1/28/14, at approximately 3:00 A.M., the mother attempted to harm herself with an unknown sharp object while the 6-year-old and 3-year-old half siblings were in the apartment. The SCR report noted that there were no injuries to either of the half siblings. The grandmother had an unknown role.

Determination: Indicated

Date of Determination: 03/27/2014

Basis for Determination:

ACS substantiated the allegation of IG of the two half siblings by the mother on the basis that these children observed the mother attempting to hurt herself. ACS noted that the mother was willing to participate in services for the family.

OCFS Review Results:

ACS verified that the half siblings observed the mother attempting to cut herself. ACS staff observed the mother had injuries on her arms resulting from her hurting herself. The mother received medical/mental health evaluation. The hospital attending Dr. said the mother had a mental health condition but was not prescribed medication. On 3/13/14, ACS verified the mother began outpatient therapy services.



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The half siblings had no injuries and they were medically cleared at the hospital. The 8-year-old cousin was fine. The safety assessments did not identify the safety factor which placed the children in immediate danger. However, ACS provided intervention services and initiated PPRS.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/26/2014	6551 - Sibling, Male, 6 Years	6550 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	No

Report Summary:

The 8/26/14 SCR report alleged that the half sibling who was then 6 years old was diagnosed with mental health conditions and was admitted to the hospital on 8/7/14. The report also alleged that since then the mother had refused to follow up with the hospital. The half sibling was expected to be released within the week following 8/26/14 and the whereabouts of the mother were unknown. In addition, the report alleged that the mother did not make an alternate plan for the half sibling and the half sibling had nowhere to go as a result. The roles of the MGM and other half sibling were unknown.

Determination: Indicated **Date of Determination:** 10/25/2014

Basis for Determination:

ACS substantiated the allegation of IG of the half sibling who was then 6 years old on the basis that the mother did not provide a valid reason for not contacting the hospital and for not making herself available when hospital staff made numerous attempts to contact her regarding this half sibling.

OCFS Review Results:

ACS found that the mother did not respond to some hospital attempts to contact her. The mother denied the allegation of the report. She subsequently visited the hospital and the half sibling was discharged to her care on 9/3/14. On 9/4/14, ACS staff interviewed this half sibling who said the mother visited him twice and she also contacted him by telephone. ACS obtained medical records which showed the 4-year-old half sibling was diagnosed with developmental disability and was healthy. The Dr. informed ACS that the mother did not follow up with recommendations and the mother missed deadlines for the 6-year-old half sibling. The case remained open for PPRS.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/06/2015	6548 - Sibling, Male, 7 Years	6546 - Mother, Female, 26 Years	Educational Neglect	Indicated	No
	6548 - Sibling, Male, 7 Years	6546 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	
	6547 - Sibling, Male, 4 Years	6546 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	

Report Summary:

The 2/6/15 SCR report alleged that the 7-year-old half sibling was absent from school 20 days and failed classes as a result. The mother was aware and she said the child refused to go to school and the child also fought with her. The other half sibling had no role.

Determination: Indicated **Date of Determination:** 03/06/2015

Basis for Determination:

ACS substantiated the allegations of EdN of the 7-year-old half sibling by the mother. ACS added to the report and substantiated the allegation of IG of the two half siblings by the mother on the basis that the mother was non-compliant with the PPRS service plan, she failed to ensure that the 7-year-old half sibling attend school on a regular basis and she did not follow up with the recommendations of the medical provider and developmental specialist. ACS added that the mother had a mental health condition and had not followed up with the prescribed treatment and medication regime.

OCFS Review Results:

ACS found that the 7-year-old half sibling had excessive school absences. The mother said this child exhibited uncontrollable behavior. ACS noted that the mother was provided with school transport service but she was not outside of her home and/or available to place this child on the school bus. She did not follow up with mental health appointments for this child and she failed to follow the physician's recommendation for the 4-year-old half sibling. Also, the mother had not re-engaged in her own mental health treatment plan. The family continued to receive PPRS services. In the CPS Investigation Summary, ACS did not note that the 7-year-old half sibling failed classes.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/25/2015	6543 - Sibling, Male, 5 Years	6542 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	6544 - Sibling, Male, 7 Years	6542 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	
	6541 - Deceased Child, Male, 19 Days	6542 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	
	6541 - Deceased Child, Male, 19 Days	6542 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Indicated	
	6543 - Sibling, Male, 5 Years	6542 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	
	6544 - Sibling, Male, 7 Years	6542 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

The 6/25/15 SCR report alleged that the infant was born in June 2015, at 24 weeks gestation. The report also alleged the infant weighed 1 pound 5 ounces and tested positive for cocaine. The mother also tested positive for cocaine at delivery.

Determination: Indicated

Date of Determination: 08/24/2015

Basis for Determination:

ACS substantiated the allegations of IG and PD/AM of the infant by the mother. ACS added to the report and substantiated the allegations of IG and PD/AM of the two half siblings by the mother. ACS noted the mother and infant tested positive for cocaine and the mother had been using alcohol since she was 19 years old. The mother failed to receive prenatal care. She did not follow up with the mental health services for the 7-year-old half sibling which resulted in extended hospitalization for this child. The mother did not fully comply with her mental health service, including the scheduled mental health and therapeutic appointments.

OCFS Review Results:

ACS verified the mother and infant tested positive for cocaine. ACS observed the infant in the hospital Neonatal Intensive Care Unit. On 6/25/15, the mother informed ACS staff she was aware of her pregnancy but did not obtain prenatal care nor plan for the infant's care. She denied she used drugs but she said she drank three glasses of wine prior to the infant's birth. The MGM and MA said the mother often used alcohol. The infant and half siblings were remanded to ACS.



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Although the infant was never in the mother's care, ACS substantiated the allegations of IG and PD/AM of the infant by the mother. ACS did not update CONNECTIONS records to include the MGM, MA and minor cousin.

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

Issue:

Appropriateness of allegation determination

Summary:

The infant was in the hospital and he was not released to the mother's care. ACS substantiated the allegations of IG and PD/AM of the infant by the mother. However, in the Investigation Conclusion Narrative, ACS discussed the mother's drug use prior to the infant's birth. ACS did not provide an explanation of the impact of the care the mother provided the infant.

Legal Reference:

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

Action:

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

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

There was no CPS history more than three years prior to the fatality.

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 Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 02/21/2014

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"/>



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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"/>
If yes, was the response appropriate to the circumstances?	<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"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<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/other children in the household as necessary to achieve safety, permanency, and well-being?	<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 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"/>



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Required Action(s)

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

Yes No

Preventive Services History

During the investigation of the 1/28/14 report, ACS found that the mother was non compliant with her mental health treatment. In 2013, the mother was evicted from her home and she relocated to reside in the MGM's home where she experienced family conflicts. The two half siblings were diagnosed with developmental disabilities and the mother expressed her inability to manage the half siblings' behavior. On 2/21/14, ACS opened the Family Services Stage and monitored the family until 4/14/14 when the agency referred the family for PPRS. On 4/25/14, the mother signed the agreement for PPRS.

The Family Services Progress Notes (FSPN) showed ACS and the PPRS agency completed the required quantity of casework contacts. However, the mother did not follow up with educational evaluation for the half sibling who was then 4 years old and she did not comply with the 7-year-old half sibling's mental health services. In December 2014, the mother discontinued her own mental health treatment services. On 2/13/15, ACS filed an Article Ten Neglect petition in the Bronx County Family Court and the judge paroled the half siblings to the mother with ACS supervision. The family received homemaking and intensive management services. In June 2015, the mother gave birth to the infant and PPRS ended after the infant and half siblings were remanded to the care and custody of ACS.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 06/24/2015

Date of placement with most recent caregiver? 06/24/2015

How did the child(ren) enter placement? Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the State Central Register?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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Date:				
Was a check completed through the Staff Exclusion List?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date:				
Additional information, if necessary: As of 1/7/16, the surviving half siblings remain in foster care placement.				

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

Following the infant's birth in June 2015, he remained in the hospital and he was placed in the care of ACS. The infant was on a ventilator and it was anticipated that he would remain hospitalized for about 15 weeks. On 6/29/15, during a Family Court hearing, ACS requested remand of the newborn infant due to the mother and infant testing positive for cocaine and the mother's non-compliance with Family Court mandates. The judge remanded the infant and two half siblings to the care and custody of the Commissioner of ACS.

At the time of the infant's birth, the 7-year-old half sibling was in a medical facility where he received treatment for his developmental and mental health needs. The 5-year-old half sibling was in the informal care of the maternal aunt. On 6/29/15, ACS transported the 5-year-old half sibling to the Children's Center for placement in a foster home. ACS explored family resources for foster care or parole purposes. Also, ACS' Office of Placement Assistance worked towards the goal of placing the siblings together. On 7/13/15, the 5-year-old half siblings was placed in a therapeutic foster home under the supervision of the Jewish Child Care Association agency. The 7-year-old half sibling remained hospitalized pending placement in the same foster home. On the same day, ACS received notification of the infant's death.

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

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
02/13/2015	Adjudicated Neglected	There was not a disposition
Respondent:	023043 Mother Female 27 Year(s)	
Comments:	According to information provided to NYCRO by ACS, on 12/21/15, ACS withdrew the Article Ten Neglect petition regarding the deceased infant. Foster care placement continued for the two surviving half siblings, and it appeared that the mother was working towards the goal of reunification. The disposition hearing was scheduled for 3/7/16.	



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