



Report Identification Number: NY-18-065

Prepared by: New York City Regional Office

Issue Date: Dec 18, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 6 month(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 06/18/2018
Initial Date OCFS Notified: 06/18/2018

Presenting Information

The 6/18/18 SCR report alleged on 6/18/18, at about 7:10 AM, the 6-month old SC was found unresponsive by the SM in their residence. CPR was attempted and the SC was taken to the hospital where she was pronounced dead. The SC was an otherwise healthy CH with no known medical concerns. There was no known medical explanation for her death.

Executive Summary

The 6-month-old female child (SC) died on 6/18/18. The autopsy listed the cause of death as sudden death in infant with congenital global cerebral dysgenesis and the manner of death as Natural.

At the time of the SC's death, the family had an open ACS investigation that was registered on 5/14/18, and was receiving PPRS. On 6/18/18, ACS was in the process of investigating the 5/14/18 report when the SCR registered a report that included the allegations of DOA/Fatality and IG of the SC by the SM and SF.

The SC had a pre-existing medical condition. ACS learned that on 6/18/18 at midnight, the SM put the SC to bed. The SM said she had recently fed the SC and the SC seemed normal. According to the SM, the SC's health was stable with the prescribed medication. The SC had to take the medication every day twice a day. The SM said she provided the medication at 8:00 AM and 6:00 PM. The SM said she awoke at about 6:45 AM and at about 6:50 AM, she observed there was vomit on the SC's nose. The SC was positioned on her back. She picked up the SC, called shelter staff for help, the staff responded and they attempted CPR. The ambulance arrived and transported the SC to the hospital where she was pronounced dead at 8:12 AM. The SC had two SS who were in the home at the time of the incident.

On 6/19/18, the ME reported no sign of trauma and no injury was found. The cause of death was pending the results of additional tests.

On 6/20/18, a conference occurred at ACS. The participants discussed a service plan that included: parenting training, PPRS referral, clinical health evaluation, and substance abuse screening/treatment. The SM said she would participate in services that were mandated by the Family Court.

On 6/21/18, ACS filed an Article Ten Neglect petition. However, on 6/22/18, Family Court Legal Service (FCLS) indicated there was no basis to file an Article Ten Neglect petition against the SM. The case against the SF was delayed pending ACS investigation of the allegation of DV against the parents.

On 9/19/18, ACS interviewed the physician regarding the case circumstances. ACS learned there were no concerns regarding the SM. The SM followed up every one to two weeks for the SC as instructed. The SM did not miss any appointments.

The 6/19/18 safety assessment was inadequate. The associated comment did not support the selected safety factor about the SS vulnerability, developmental level, health status, and the SM and SF's ability/willingness to provide care.

On 10/29/18, ACS Unsub the allegations of the DOA/Fatality and IG on the basis the SM provided adequate care for the SC. The SM followed up with multiple medical providers for the care of the SC. The SM provided ACS with



documentation of medical visits, prescribed medications for the SC, and provided ACS with updates regarding the SC's well-being. The SF was not the primary caregiver. The SM acknowledged she was the sole person responsible for ensuring the SC receive her medications. There was credible evidence gathered from the ME's office that indicated the SC's death occurred due to multiple pre-existing medical conditions, and not by the actions or inactions of the SM and SF. On the morning of the SC's death, the SM obtained assistance from the shelter staff who attempted CPR on the SC. Her actions permitted the EMS to respond to the SC.

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? No

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:

NA

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:

NA

Required Actions Related to the Fatality

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

| | |
|-----------------|---|
| Issue: | Timely/Adequate 24 Hour Assessment |
| Summary: | The 6/19/18 safety assessment was inadequate. The associated comment did not support the selected safety factor about the SS's vulnerability, developmental level and health status, and the SM and SF's ability/willingness to provide care. |



| | |
|-------------------------|--|
| Legal Reference: | SSL 424(6);18 NYCRR 432.2(b)(3)(i) |
| Action: | ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed. |
| Issue: | Timely/Adequate Seven Day Assessment |
| Summary: | The Seven-day safety assessment was inadequate. The associated comment did not support the selected safety factor regarding the SM and SF's ability/willingness to meet the SS's needs for food, clothing, shelter, medical or mental health care. |
| Legal Reference: | SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c) |
| Action: | ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed. |
| Issue: | Pre-Determination/Assessment of Current Safety/Risk |
| Summary: | The 7/18/18 safety assessment was inadequate. The associated comment did not support the selected safety factor concerning the SM and SF's ability/willingness to meet the SS's needs for food, clothing, shelter, medical or mental health care. |
| Legal Reference: | 18 NYCRR 432.2 (b)(3)(iii)(b) |
| Action: | ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed. |
| Issue: | Pre-Determination/Supervisor Review |
| Summary: | The supervisory review of the 24-Hour, Seven-day, and 7/18/18 safety assessments was inadequate. There were comments that did not support the selected safety factors. |
| Legal Reference: | 18 NYCRR 432.2(b)(3)(v) |
| Action: | ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed. |
| Issue: | Adequacy of Risk Assessment Profile (RAP) |
| Summary: | ACS completed the RAP and included information that did not reflect the accurate age of the SS. |
| Legal Reference: | 18 NYCRR 432.2(d) |
| Action: | ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed. |

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 06/18/2018

Time of Death: 08:12 AM

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

07:10 AM

County where fatality incident occurred:

New York

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?

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Female | 6 Month(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 24 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 3 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 2 Year(s) |
| Other Household 1 | Father | Alleged Perpetrator | Male | 30 Year(s) |

LDSS Response

On 6/18/18, ACS visited the home which was in a shelter. ACS observed a large white crib in which there was no blankets or toys. There was a large pillow at the top of the crib. The SM said she placed the SC's head on the pillow to protect the SC's head from the hard mattress.

On 6/18/18, ACS visited the MGM's home and observed the SS. The SS were observed playing with each other. The SM informed ACS that the SC's last follow-up medical appointment occurred in May 2018. An appointment was scheduled with the medical specialist for 6/22/18; however, the SC died prior to the appointment. According to the SM, the SC's health was stable with the prescribed medication. The SM reported that at midnight, she put the SC to bed and the SC seemed normal. The SM said she awoke at about 6:45 AM, and at about 6:50 AM, she observed the SC had vomit on her nose. The SC was positioned on her back. The SM said she picked up the SC who was still warm, and then called the



shelter staff for help. The SM admitted to marijuana use on occasion, but not in the presence of the CHN. The SM was willing to submit to drug screening. Regarding the sleep position, ACS findings reflected the SM said she placed the head of the SC on the pillow in the crib.

LE said there did not seem to be any foul play, and believed the SC died due to pre-existing medical issues.

On 6/19/18, ACS interviewed a community based agency that monitored the family. ACS learned that the agency conducted Life Checks between 9:00 PM-10:00 PM. Life Checks were conducted to ensure everyone was in the room as required. The SM was required to open the door fully and show all CHN were present and that they were alright. The Life Checks permitted shelter staff to be alerted to any issues in the unit. The agency observed the SM occasionally became frustrated, but she did not hit the CHN. The staff reportedly arrived at the SM's room to complete the Life Check at 9:00 PM. The staff observed all the CHN in the room and the SC was lying on the adult bed on top of a pillow. The staff could not state whether the SC was asleep.

According to the attending physician's account, at the time of arrival at the hospital, the SC's extremities were cold and she was not moving. The SM arrived and brought the SC's medications.

On 6/22/18, ACS interviewed the Medicolegal Investigator (MLI) who said the SM stated she placed the head of the SC on the pillow as on the left side of her head there was a shunt and the SM believed she might hurt the SC if placed on the hard mattress. The MLI said the SM stated the SC was still in the same position when she checked her in the morning.

On 7/2/18, ACS submitted a service referral request. The request could not be accepted until the PPRS agency East New York Support Center (ENYSC) ended their services. On 8/6/18, ENYSC completed a closing home visit. The documentation reflected that the SM did not want services from ENYSC.

On 8/15/18, ACS inquired whether the SF was interested in therapy; he declined. The SF did not deny there was DV in the past between him and the SM. He said he and the SM no longer engaged in DV disputes. The SF admitted he used marijuana, but not in the CHN's presence or while caring for them. He declined to take a drug test.

On 9/19/18, the SM informed ACS that she was no longer willing to participate in ACS services. The SM said shelter staff said she could receive services through the shelter. Later, ACS spoke with the shelter staff who said the services would include therapy or counseling, and referral for other services. The staff said the SM was compliant with appointments.

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: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: The investigation adhered to previously approved protocols for joint investigations.

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

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

SCR Fatality Report Summary



| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|-------------------------------------|-------------------------|--------------------|
| 048221 - Deceased Child, Female, 6 Mons | 048225 - Father, Male, 30 Year(s) | DOA / Fatality | Unsubstantiated |
| 048221 - Deceased Child, Female, 6 Mons | 048225 - Father, Male, 30 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 048221 - Deceased Child, Female, 6 Mons | 048222 - Mother, Female, 24 Year(s) | DOA / Fatality | Unsubstantiated |
| 048221 - Deceased Child, Female, 6 Mons | 048222 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Unsubstantiated |

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"/> |
| Alleged subject(s) interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
| Did the investigation adhere to established protocols for a joint investigation? | <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"/> |

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"/> |



Child Fatality Report

| | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 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 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 |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of the family's need for services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were appropriate/needed services offered in this case | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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



Child Fatality Report

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

Other, specify: The family received community based services.

Additional information, if necessary:
The family received PPRS.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

The documentation reflected the SM said she would participate in services if mandated by the Family Court.

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

Explain:

The documentation reflected the SM said she would participate in services if mandated by the Family Court.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

Yes



Child Fatality Report

- 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? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|----------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 05/14/2018 | Deceased Child, Female, 5 Months | Mother, Female, 24 Years | Inadequate Guardianship | Unsubstantiated | No |
| | Deceased Child, Female, 5 Months | Mother, Female, 24 Years | Lack of Medical Care | Unsubstantiated | |

Report Summary:

The 5/14/18 SCR report alleged the SC was a medically frail child who needed weekly medical visits to monitor her condition and determine treatment. The SM was aware of the need for the SC to attend these appointments, but did not bring the SC for Dr. visits.

Report Determination: Unfounded

Date of Determination: 07/13/2018

Basis for Determination:

ACS unsubstantiated the allegations of the 5/14/18 report on the basis of findings that showed the actions of the SM did not place her CHN at any risk of harm. The SM provided adequate supervision to ensure safety concerns were addressed and took the SC to her medical appointments at the hospital. The medical provider stated the SM was receptive to any changes necessary for treatment of the SC.

OCFS Review Results:

ACS found that at the time the SC was discharged from the hospital in March 2018, the attending physician directed the SM to take the SC to weekly medical visits. ACS interviewed the SM who said she went to every medical appointment with the exception of one for which she needed a referral document. ACS contacted the hospital and verified the SM attended all medical appointments.

The SM told ACS she planned to obtain housing through Prevention Assistance Temporary Housing (PATH). On 5/19/18, the family entered PATH. On 5/23/18, the medical specialist said the SM was compliant with all her visits. On 6/18/18, ACS received notification of the SC's death.

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



| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 11/20/2017 | Deceased Child, Female, 1 Days | Mother, Female, 23 Years | Parents Drug / Alcohol Misuse | Substantiated | Yes |
| | Deceased Child, Female, 1 Days | Mother, Female, 23 Years | Inadequate Guardianship | Substantiated | |
| | Sibling, Female, 2 Years | Mother, Female, 23 Years | Inadequate Guardianship | Substantiated | |
| | Sibling, Male, 1 Years | Mother, Female, 23 Years | Inadequate Guardianship | Substantiated | |

Report Summary:

The 11/20/17 SCR report alleged the SM gave birth to the female SC and tested positive for marijuana.

Report Determination: Indicated

Date of Determination: 02/02/2018

Basis for Determination:

ACS substantiated the allegations of the report on the basis the SM tested positive for marijuana when she gave birth to the SC. The SM's positive toxicology indicated she smoked marijuana while caring for the 2-yo and 1-yo CHN.

OCFS Review Results:

On 11/20/17, SM acknowledged she had a history of marijuana misuse but denied she continued to use marijuana. The SM refused to participate in an ACS interview. The SM agreed to random drug screenings and was willing to comply with PPRS. ACS interviewed hospital staff and learned the SC was diagnosed with a severe medical condition. The MA said there were no concerns regarding the SM caring for the CHN. On 2/2/18, ACS held a conference and discussed the case circumstances. The two older CHN were placed in the nursery. The staff found a marijuana grinder containing marijuana in the baby's bag. The SM said the grinder belonged to a relative.

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

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

The 2/2/18 safety assessment was inadequate. The 2/2/18 safety assessment document included comments that did not support the selected safety factor concerning the impact of the drug use on the care the SM and SF provided the CH.

Legal Reference:

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

Action:

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The Seven Day safety assessment was inadequate as the document included comments that did not support the selected safety factor. The comment concerning the CHN's significant level of vulnerability did not state whether the SM had the ability and willingness to provide adequate care to the CHN.

Legal Reference:

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

Action:



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

Issue:

Appropriate Application of Legal Standards (Abuse/Maltreatment)

Summary:

ACS Sub the allegations of IG and PD/AM; however, the Investigation Conclusion Narrative did not include an explanation to support the determination. ACS did not appropriately apply the legal standards of abuse/maltreatment to the case circumstances.

Legal Reference:

SSL 412(1) and 412(2)

Action:

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 07/20/2015 | Sibling, Female, 1 Years | Father, Male, 27 Years | Inadequate Guardianship | Substantiated | Yes |
| | Sibling, Female, 1 Years | Father, Male, 27 Years | Parents Drug / Alcohol Misuse | Substantiated | |
| | Sibling, Female, 1 Years | Mother, Female, 21 Years | Inadequate Guardianship | Substantiated | |
| | Sibling, Female, 1 Years | Mother, Female, 21 Years | Parents Drug / Alcohol Misuse | Substantiated | |

Report Summary:

The 7/20/15 SCR report alleged on the morning of 7/20/15, the SF assaulted the SM in the presence of the 1-yo CH. The SF punched the SM and then hit her multiple times in the head with a kitchen chair. There was a history of DV between the parents.

Report Determination: Indicated

Date of Determination: 09/25/2015

Basis for Determination:

ACS substantiated the allegations of IG and PD/AM of the CH by the SF and SM on the basis the SF and SM were violent towards each other while the CH was in the home. ACS noted the SF punched the SM in the mouth causing a laceration, and hit the SM in the head causing swelling and pain. The SM had swelling to the forehead and back of the head. The SM admitted she had a knife which she utilized to threaten the SF. The SF and SM admitted to smoking marijuana and caring for the CH under the influence of marijuana on a regular basis. Their ability to provide adequate care for the CH could be adversely impeded while under the influence of the drug.

OCFS Review Results:

On 7/22/15, the SM admitted there was a DV incident between her and the SF. According to the SM, the CH was in the bedroom with the PGM when the SF punched her in the face. The SM said she used a knife for self defense. She denied the SF hit her with a chair or that he hit her while she held the CH a week prior to 7/20/15. The SM said she contacted LE but was not afraid of the SF. The SF admitted there was an incident with the SM, but declined to give a detailed account of the incident. The SF and SM admitted to using marijuana. ACS held a conference and filed an Article Ten Neglect petition in Family Court, naming the SF as the respondent.

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

Issue:

Timely/Adequate Seven Day Assessment

**Summary:**

The Seven Day safety assessment was inadequate. ACS stated there was no safety factor that placed the CH in immediate danger. However, ACS selected the safety decision that stated one or more safety factors placed the CH in immediate harm.

Legal Reference:

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

Action:

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

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

The 9/24/15 safety assessment was inadequate. In the safety assessment document, ACS noted there was no safety factor that placed the CH in immediate danger. However, ACS selected the safety decision that stated one or more safety factors placed the CH in immediate danger.

Legal Reference:

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

Action:

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

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

The SM and SF were not known as subjects to the SCR or ACS 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 preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 02/01/2018

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: 02/01/2018

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

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



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 East New York Support Center approved the FASP on 9/13/18. The FASP due date was 8/31/18. | | | | |
| Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the FASP consistent with the case circumstances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Closing

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

Provider

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were Services provided by a provider other than the Local Department of Social Services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional information, if necessary: During the 11/20/17 investigation, ACS opened a preventive services case on 2/1/18. On 3/13/18, the SM signed an agreement for services with East NY Family Support Center (ENYFSC) agency. | | | | |

Required Action(s)

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

Yes No

| | |
|-------------------------|--|
| Issue: | Timely/Adequate Case Recording/Progress Notes |
| Summary: | ACS did not enter progress notes contemporaneously, including events occurred on 9/2/15 and 9/18/15, but were not entered until 11/9/15. |
| Legal Reference: | 18 NYCRR 428.5 |
| Action: | ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed. |
| Issue: | Adequacy of Risk Assessment Profile (RAP) |
| Summary: | The East New York Support Center agency approved the FASP on 9/13/18. The FASP due date was 8/31/18. |
| Legal Reference: | 18 NYCRR 432.2(d) |



| | |
|----------------|--|
| Action: | ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed. |
|----------------|--|

Preventive Services History

ACS opened a preventive services case on 7/22/15 to address the SM and SF's drug use, DV and other family needs. On 7/24/15, ACS filed an Article Ten Neglect petition in Family Court, naming the SF as the respondent. The CH was released to the SM with ACS supervision. The service plan included: batterer's counseling for the SF, DV services for the SM, drug counseling/treatment and parents training for SF and SM, and case management for the family. The progress notes reflected the family achieved their goals and COS ended. The family participated in PPRS with Women's Prison Association (WPA) agency. The WPA case record showed the SF and SM tested negative for all substances. The documentation showed the SM understood the importance of practicing safe sleep. The preventive case was closed on 3/13/17.

ACS opened a preventive services case on 2/1/18 after the SM gave birth to SC and tested positive for marijuana. The SM attended a conference at ACS and a marijuana grinder was found in the baby's bag. The plan was for the SC to be placed in acute care. ACS documentation reflected ACS went to Kings County Family Court to file an Article Ten Neglect petition against the SM on 2/5/18. The petition was deferred by FCLS. The SM signed an agreement to participate in PPRS.

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: |
| 07/24/2015 | Adjudicated Neglected | Order of Supervision |
| Respondent: | 048225 Father Male 30 Year(s) | |
| Comments: | <p>On 7/24/15, ACS filed an Article Ten Neglect petition in Family Court naming the SF as the respondent. ACS requested the release of the SS, who was then one year old, to the SM with ACS supervision. The Family Court denied the full stay away OP, and issued a limited OP. There was a criminal OP, but it was subject to the Family Court.</p> <p>The SS was released to the SM with ACS supervision. The SF accepted a 1051a and the SS was released to the SM under nine months of supervision.</p> | |

| Have any Orders of Protection been issued? Yes | |
|--|--------------------|
| From: 07/24/2015 | To: Unknown |
| Explain: ACS documentation reflected that on 7/24/15, ACS filed an Article Ten Neglect petition naming the SF as the respondent. | |



ACS requested the release of the SS, who was then one year old, to the SM with ACS supervision. The Family Court denied the full stay away OP, and issued a limited OP. There was a criminal OP, but it was subject to the Family Court.

The documentation reflected the SF had seven expired OPs with the SM.

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