



Report Identification Number: NY-18-087

Prepared by: New York City Regional Office

Issue Date: Feb 14, 2019

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: 5 day(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 08/25/2018
Initial Date OCFS Notified: 08/27/2018

Presenting Information

The OCFS-Form 7065 stated the BM gave birth to a male infant, 26 weeks gestation, in August 2018. The infant died in the hospital on 8/25/18. The cause of death was listed as prematurity.

Executive Summary

This newborn male infant died in the hospital on 8/25/18. According to the ACS case record, the infant's death was due to natural causes. He was pronounced dead by the attending physician. The infant was never released to the BM. Following his birth, he was admitted to the hospital where he remained until the time of his death.

At the time of the infant's death, the family had an open preventive services case effective 2/28/18. ACS opened the preventive services case to address the BM's history of drug misuse and domestic violence. The family had an open ACS investigation that began on 8/20/18. The 8/20/18 investigation was in progress at the time ACS received notification of the infant's death.

ACS findings showed the infant was born prematurely at 26 weeks gestation. The BM tested positive for opiates at the time she gave birth to the infant. The medical staff screened the infant for substances and the test results were negative. ACS reviewed medical records that showed the infant had low birth weight and feeding concerns. He received medication and was placed on a ventilation tube. Initially, he was expected to be discharged 6 to 10 weeks after his date of admission. He received treatment in the neo-natal intensive care unit, his condition deteriorated and he died on 8/25/18. There was no suspicion of abuse/maltreatment concerning his death.

On 8/27/18, ACS submitted 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. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006. ACS incorporated the information in the 8/20/18 CPS investigation for further exploration.

The infant had two SS who resided with the BM in New York City Department of Homeless Services shelter housing. The BF did not reside with the family. ACS did not assess safety of the SS within 24 hours of notification of the infant's death; however, the agency made subsequent safety assessments. ACS sought Family Court intervention and addressed concerns of the BM's drug misuse, DV, violation of an existing OP and adequacy of child supervision. ACS staff and CP observed the BM and SS in the home and verified the family had adequate sleeping arrangements, food, clothing and shelter.

The preventive services case remained open at the time of issuance of this fatality report.

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:

There were no allegations of abuse/maltreatment regarding the infant's death.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The case remained open for preventive services at the time of issuance of the fatality report.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/25/2018

Time of Death: 11:40 PM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? No

Did EMS 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: Hospitalized

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0



Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	5 Day(s)
Deceased Child's Household	Mother	No Role	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Father	No Role	Male	34 Year(s)

LDSS Response

On 8/27/18, ACS contacted medical staff at the hospital by telephone; however, the staff did not provide updated information about the infant's death.

ACS visited the hospital, interviewed an attending physician, and reviewed medical records on 8/28/18. The medical records showed on 8/20/18, the BM tested positive for opiates and the infant tested negative, and the BF and BM were in the hospital when the infant was in distress. The infant was pronounced dead at 11:40 PM on 8/25/18 and the hospital completed an autopsy referral on 8/26/18. The cause of death was listed as prematurity and other medical condition. There was no suspicion of abuse/maltreatment of the infant. The progress notes did not reflect whether ACS obtained additional information about the referral for an autopsy.

On 8/29/18, ACS held a Child Safety Conference (CSC). The BM was unable to attend the CSC. During the CSC, ACS noted that despite the active full stay away OPs, issued by Family Court and Criminal Court, the BM allowed the BF to supervise the SS in the home. ACS determined the BF violated the OP, he was non-compliant with DV counseling and case management services, and the BM needed substance abuse treatment. ACS filed an Article Ten Neglect petition in Kings County Family Court requesting addition of the BM to the existing petition. The BM attended the court hearing. The judge added the BM as a respondent, released the two SS to the BM, and ordered the BM to attend drug treatment and DV counseling programs.

The BM, accompanied by the two SS, visited ACS office on 8/31/18. The BM said she experienced shock due to the infant's death. ACS staff discussed the service plan with the BM and provided support services and supplies for the SS.

Between September 2018 and January 2019, ACS and Jewish Child Care Association monitored the BM's drug treatment and family's child care, housing, and financial needs. The BM said she was not ready to participate in bereavement counseling. The progress notes showed the family strength included positive interaction between the BM and two SS, and the SS attendance in school and daycare. Regarding risk concerns, the BM tested positive for illicit drugs on 10/18/18 and 10/24/18. The BM did not comply with drug treatment screening and related services. The BF and father of the female SS were not involved with the care of the SS and did not provide support to the family. On 1/28/19, ACS visited the home and observed the BM and SS. ACS and the BM discussed adequacy of adult supervision in the home, the BM's enrollment in drug treatment program, and the health and well-being of the SS. ACS noted the SS did not have observable marks/bruises.

On 12/20/18, the SCR registered a report regarding the family. The 12/20/18 investigation was in progress at the time of issuance of this fatality report.

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

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

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 documentation did not reflect whether ACS obtained an autopsy report.

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



Child Fatality Report

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain:
The documentation did not include safety assessment of the SS within 24 hours of notification of the infant's death.

Fatality Risk Assessment / Risk Assessment Profile

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

Explain:
The family received preventive services.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
There was no removal regarding the SS.

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality



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

Additional information, if necessary:
The family received preventive services.

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:

On 10/2/18, ACS referred the male SS for Early Intervention services.

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

Explain:

The BM received COS including: referrals for drug screening, housing and case management services. The BF did not accept ACS offer for 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? 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? 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)	Allegation Outcome	Compliance Issue(s)
08/20/2018	Deceased Child, Male, 1 Days	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 1 Days	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 5 Years	Father, Male, 34 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The 8/20/18 SCR report alleged in August 2018, the BM delivered a male infant. The report also alleged the BM tested positive for opiates at the time of delivery.

Report Determination: Indicated

Date of Determination: 10/18/2018

Basis for Determination:

ACS substantiated the allegation of IG of the two SS by the BM and BF, and PD/AM of the female SS by the BM on the basis the BM had a history of abusing prescription drugs and marijuana. The BM declined drug screening and in August 2018, she tested positive for opiates at the time she gave birth to the infant. ACS explained that the BF violated an OP as he supervised the two SS during the time the BM was not in the home.

ACS unsubstantiated the allegation of IG and PD/AM of the infant by the BM on the basis of no credible evidence.



OCFS Review Results:

On 8/20/18, ACS interviewed the BM and observed the two SS and infant in the hospital. The BM admitted that on 8/19/18 she misused drugs before she gave birth to the infant. ACS interviewed an attending physician and reviewed the infant's records. ACS verified the BM did not receive prenatal care, the infant was born at 26 weeks gestation, and the BM tested positive for opiates. The infant was hospitalized for treatment of prematurity, his condition deteriorated and he died on 8/25/18.

ACS interviewed collateral contacts and found in two instances, the BM left the two SS alone in the shelter unit. ACS also found the BM violated an active OP as she allowed the BF to supervise the SS.

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

Issue:

Appropriateness of allegation determination

Summary:

During the investigation of the 8/20/18 SCR report, ACS found that on 10/23/18 the BM left the 2-year-old and 5-year-old SS without adult supervision. However, ACS did not add the allegation of LS to the 8/20/18 report. ACS provided an explanation for substantiating the allegation of PD/AM of the male SS by the BM. However, ACS did not add the allegation the 8/20/18 report.

Legal Reference:

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

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)
02/22/2018	Sibling, Male, 1 Years	Father, Male, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No
	Sibling, Female, 2 Years	Father, Male, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Father, Male, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 2 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The 2/22/18 SCR report alleged the BF became physically violent with an adult individual in the presence of the male SS. The BF punched the adult in the face. The BM had an unknown role.

Report Determination: Indicated

Date of Determination: 04/06/2018

**Basis for Determination:**

ACS substantiated the allegation of IG of the two SS by the BF on the basis the BF admitted he hit an employee in the face while exiting a residence. ACS findings showed the BF kicked a door, and threatened to harm other persons. The SS was present at the time the altercations occurred on 2/21/18.

ACS unsubstantiated the allegations of IG of the SS by the BM and PD/AM of the SS by the BM and BF on the basis the BM took proper actions when she developed a safety plan for the SS on 2/21/18. ACS added that during the investigation, the agency was unable to verify the BM and BF misused any substances.

OCFS Review Results:

ACS interviewed the BM and female SS and engaged the male SS in the home. The BM said on 2/21/18, the BF assaulted her, and the neighbors contacted LE, who subsequently arrested the BF. ACS observed the household conditions and discussed safe sleep practices with the BM. The SS had no suspicious marks/bruises. ACS interviewed the BF in the LDSS office. The BF said he assaulted the BM and an adult male individual.

ACS obtained relevant information from LE, medical staff, housing employees and neighbors. ACS filed an Article Ten Neglect petition on behalf of the SS naming the BF as the respondent on 3/2/18. The judge released the SS to the BM with ACS supervision.

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

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

The BM was named as a subject in five SCR reports dated 7/8/14, 9/10/14, 2/22/18, 3/1/18 and 8/20/18. The allegations of the five reports were a combination of IG, IF/CS, PD/AM, and XCP pertaining to the BM's children. ACS consolidated the investigations of the 2/22/18 and 3/1/18 reports. ACS investigated the reports and substantiated the allegations of IG and PD/AM. The 9/10/14, 2/22/18 and 8/20/18 reports were indicated. The 7/8/14 report was unfounded. The family received preventive services.

Known CPS History Outside of NYS

N/A

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: 02/28/2018

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: 02/28/2018

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Provider

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

Additional information, if necessary:
 Jewish Child Care Association provided general preventive services.

Preventive Services History

As a result of the 9/10/14 investigation, ACS found the BM misused drugs and needed support from the MGM to provide care of the female SS. The BM, female SS and MGM received preventive services from 11/10/14 through 11/30/15. The services ended after the family received individual and family counseling, substance abuse treatment for the MGM, day care of the SS, employment and education services for the BM, case management, and referral to community based organizations for drug treatment and mental health services.

On 3/1/18, ACS opened a preventive services case for the family and addressed concerns of DV and drug misuse in the home. ACS referred to family to Jewish Child Care Association for PPRS on 4/23/18. The family received monitoring of day care, housing and medical needs, and the BM received case management to address substance misuse, education and employment needs. The BF did not respond to the agency's request for contact. Jewish Child Care Association maintained adequate communication with the family, completed ongoing safety and risk assessment, addressed concerns and completed the required number of casework contacts to meet the program requirements. The preventive services case was open at the time the hospital staff informed ACS 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:
03/02/2018	There was not a fact finding	There was not a disposition
Respondent:	049086 Father Male 34 Year(s)	
Comments:	ACS filed an Article Ten Neglect petition in Kings County Family Court on behalf of the two SS naming the BF as the respondent. The judge released the SS to the BM with ACS supervision. The BF had supervised visits due to an existing OP.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
08/29/2018	There was not a fact finding	There was not a disposition
Respondent:	049083 Mother Female 32 Year(s)	
Comments:	ACS named the BM as a responded in an Article Ten Neglect petition filed in Family Court. The judge released the SS to the BM with ACS supervision.	

Have any Orders of Protection been issued? Yes	
From: 03/02/2018	To: Unknown
Explain: An OP was issued against the BF. The BF had supervised visits with the SS.	

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