



Report Identification Number: NY-21-004

Prepared by: New York City Regional Office

Issue Date: Jul 12, 2021

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

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

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

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

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

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

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

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



Abbreviations

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 7 month(s)

Jurisdiction: Richmond
Gender: Male

Date of Death: 01/12/2021
Initial Date OCFS Notified: 01/12/2021

Presenting Information

The SCR report alleged on 1/12/21, the SM fed the SC a bottle at 10:00AM. The SC remained awake until 11:00AM when the SM placed him in his bassinet for a nap. The SF went in to check on the SC, at an unknown time and found him unresponsive. The SM noticed mucous coming from the SC's nose and mouth. The SM called 911 and the SF began CPR. EMS arrived at the home and continued CPR on the SC. The SC was transported to the hospital and arrived at 1:00PM. Hospital staff continued attempts to resuscitate the SC, until he was pronounced deceased at 1:40PM. The report alleged the SM and SF failed to provide a plausible explanation as to why the SC became unresponsive and subsequently died.

Executive Summary

The 7-month-old male subject child (SC) died on 1/12/21. The autopsy listed the cause of death as Unexplained Sudden Death (Intrinsic and Extrinsic Factors Identified) and the manner of death was Undetermined.

At the time of the SC's death, there was an open preventive service case and the family had an open ACS investigation that was registered on 12/14/20. On 1/12/21, ACS was in the process of investigating the report when the SCR registered a report that included allegations of DOA/Fatality and IG of the SC by the parents.

ACS learned that on 1/12/21, the SM placed the SC in the bassinet for a nap at 11:00AM. The SM checked the SC at about 11:30AM and found him unresponsive. The SC was laying on his side. There was a white towel in the bassinet, but it was not near the SC's face. The SM brought the SC to the living room and the SF performed CPR. The SC had mucous in his nose and formula exited out of his mouth. The SF was on the phone with 911 until EMS arrived and transported the SC to the hospital.

Contact with the ME and other medical personnel revealed the SC had no broken bones, no marks or bruises and no injuries.

On 1/15/21, the PPRS agency reported they would be referring the family for bereavement counseling. Documentation reflected the parents accepted bereavement counseling and were willing to accept burial assistance. The surviving sibling was deemed physically safe.

On 3/25/21, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the SM and SF on the basis of no credible evidence.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:



- **Approved Initial Safety Assessment?** Yes
- **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

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

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 level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion, was commensurate with the case circumstances.

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 1/13/21 safety assessment form was inadequate. There are comments that did not support the selected safety factors. The comment did not reflect the SM and SF clinical health diagnosis had a negative impact on their ability to care for the SS.
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. There are comments that did not support the selected safety factors. The comment reflected the SM admitted to drug use in the past. It did not reflect a negative impact on her ability to care for the CH
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:	Contact/Information From Reporting/Collateral Source
Summary:	The ACS documentation did not reflect EMS was interviewed.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(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:	Assessment of Services and Maintaining Records
Summary:	The ACS documentation reflected that on 1/12/21, ACS attempted to interview the PGGF; however, there was a language barrier. The documentation of the attempted interview did not reflect an interpreter was obtained by ACS.
Legal Reference:	18 NYCRR 428.1(a)(2), (b)(3) and 428.3(a)
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: 01/12/2021

Time of Death: 01:34 PM

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

11:30 AM

County where fatality incident occurred:

Richmond

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 was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other:

Total number of deaths at incident event:

Children ages 0-18: 1



Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	20 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	7 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	46 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Other Adult - Paternal Great Grandfather	No Role	Male	60 Year(s)
Deceased Child's Household	Other Adult - PGM's paramour	No Role	Male	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

LDSS Response

On 1/12/21, the MGM, and service provider agency confirmed the SC's death.

On 1/12/21, ACS contacted medical personnel and learned the cause and manner of death were not immediately known.

On 1/12/21, ACS interviewed family members. The PGM said she was asleep and awoke when the incident occurred. She said the SF performed CPR on the SC. The PGM's paramour stated the SC was in the room sleeping. The SM checked the SC and he heard her screaming he was not responding, he was not moving, he was not waking. The SF tried CPR and the SC vomited. He said he called 911. The PA said she was asleep in the living room. She heard yelling and the SM stating the SC was not breathing. SF began giving the SC CPR and the SC vomited a liquid which was white and looked like milk.

On 1/12/21, ACS spoke with the provider agency staff who said the family was referred as the SC was born positive toxicology to marijuana. The family moved to another borough and the services were transferred to another provider agency. The family decided to return to the original borough and the case was re-accepted. The agency said they would continue to work with the family and provide whatever support was needed.

On 1/12/21, the attending physician said the SC was not observed with any marks or bruises. The SC seemed well cared for and seemed healthy. There was no evidence of trauma, no broken bones no bruising and he was clean.

On 1/25/21, ACS obtained the results of a drug test that the SM took on 1/20/21. She tested positive for marijuana. On the same date, ACS contacted the service provider and learned the SM was currently in services with the agency. The SM was admitted into the clinic regarding clinical health. She was not prescribed medication. The father also had a positive drug test.

On 2/26/21, ACS spoke with a Certified Alcohol and Substance Abuse Counselor (CASAC) who said the SM expressed her intention to be reengaged in the substance abuse program. An intake appointment for the SM on 3/3/21. Later, the CASAC inquired whether the SM's case was still open. SM told him it was closed. ACS informed that it was still open. The SM had been receiving tele-services with other counselors. He would continue services with her.

Official Manner and Cause of Death

Official Manner: Undetermined



Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057277 - Deceased Child, Male, 7 Mons	057278 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
057277 - Deceased Child, Male, 7 Mons	057278 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
057277 - Deceased Child, Male, 7 Mons	057279 - Father, Male, 23 Year(s)	DOA / Fatality	Unsubstantiated
057277 - Deceased Child, Male, 7 Mons	057279 - Father, Male, 23 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The documentation did not reflect EMS was interviewed.



Fatality Safety Assessment Activities

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

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
sufficient information was gathered to assess risk to all surviving children in the household. The family was referred to the Family Preservation Program.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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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: No removal was considered regarding the surviving siblings.				

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

Other, specify: Family Preservation Program

Additional information, if necessary:

The SM and SF were referred for a drug test. On 1/27/21, ACS requested a daycare voucher for the SS.



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:

ACS provided the family with a large bag of clothing. Clothing was requested for the SS.

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

Explain:

The parents accepted burial assistance and FPP from ACS.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- 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 fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/14/2020	Deceased Child, Male, 7 Months	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Deceased Child, Male, 7 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 7 Months	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 7 Months	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	



Deceased Child, Male, 7 Months	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 7 Months	Father, Male, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 21 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 2 Years	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 2 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Father, Male, 23 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 2 Years	Father, Male, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

The 12/14/20 SCR report alleged the SM and SF were physically abusive towards the 2-yo. The SM and SF slapped and punched the CH all over his body. The CH sustained bruising as a result of the actions of the parents. There was also no food in the home. Both the 2-yo and SC were going without meals as a result. The SM and SF were abusing marijuana to the point of impairment. They could not provide adequate care for the two CHN while they were under the influence of the drugs.

Report Determination: Unfounded

Date of Determination: 02/22/2021

Basis for Determination:

ACS made several visits to the home and saw sufficient food in the home. The CHN's Dr. stated the CHN were well cared for. The Dr. said there were no marks or bruises on the 2-yo. ACS also did not observe marks or bruises on the 2-yo and he was always supervised by his parents or someone cleared by ACS to supervise him. The SM and SF tested positive for marijuana at a very low level which did not affect their ability to supervise or care for the two CHN. Referrals were made for the SM to complete the CASAC assessment. Referrals were also made for the SF to complete a CASAC assessment when his insurance was reinstated. The SC died on 1/12/21.

OCFS Review Results:

ACS initiated the report in a timely manner and made the appropriate assessments of the children. However, ACS once again took the father's word about his insurance not being reinstated. The father had reported the same concerns in previous investigations. This was not explored or addressed.

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. The associated comments did not support the selected safety factors. For example, the comment reflected the SM admitted to using marijuana in the past, but the comment did not reflect it negatively impacted her ability to supervise, protect, and/or care for 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:

Pre-Determination/Supervisor Review

Summary:

The 2/19/21 safety assessment was inadequate. The associated comments did not support the selected safety factor. For example, although the SM and SF stated they were diagnosed with clinical issues, the comment did not reflect how the clinical issues negatively impacted their ability to supervise, protect and/or care for the child.

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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/11/2020	Deceased Child, Male, 1 Months	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 1 Years	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The SCR report alleged the SM and the CHN were found sleeping under the scaffolding on the outside of the shelter building on the morning of 8/11/20, although the SM had a room upstairs. The report alleged the SM had not made an appropriate plan for the CHN.

Report Determination: Indicated

Date of Determination: 10/02/2020

Basis for Determination:

ACS substantiated the allegation of the report on the basis of some credible evidence that the SM was not providing the minimum degree of care as she fell asleep outside of the shelter while the SC and 1-yo CH were in her care.

OCFS Review Results:

ACS initiated the investigation of the report in a timely manner and made the appropriate contacts. ACS conducted an assessment of the children and ultimately indicated the report. The investigation of the report was completed in a timely manner.

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

Issue:

Assessment as to need for Family Court Action

Summary:

Although the family accepted services, ACS should had requested a legal consultation to ascertain whether an Article Ten Petition could be filed as the SM had a history with drug use and the SM and SF both tested positive for marijuana with the 8/11/20 investigation.

Legal Reference:

SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)

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)
05/19/2020	Deceased Child, Male, 1 Days	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 1 Days	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

The 5/19/20 report alleged that the SM gave birth to the SC. The SM had a positive toxicology for marijuana at the time of delivery. The SC's toxicology was pending. The SF, grandparent, and 1-yo CH had unknown roles.

Report Determination: Indicated

Date of Determination: 07/02/2020

Basis for Determination:

The physical, mental, and emotional condition of the SC had been placed in imminent danger of impairment as a result of the SM smoking marijuana while pregnant with the SC. The SM and SC tested positive for marijuana upon giving birth. It was learned the SM last smoked marijuana four months prior to giving birth to the SC, but ACS did not address that marijuana would only show in a drug test if it had been within one month of smoking. The SM also had clinical health issues that had never been addressed as she had been hospitalized several times. The family accepted COS Enhanced, but the SM was not willing to participate at first as she did not believe she had any clinical health issues.

OCFS Review Results:

ACS initiated the investigation in a timely manner and made the appropriate collateral contacts. However, ACS did not complete a Plan of Safe Care for the child and did not ask the hospital if one was completed at the time the child tested positive. On 5/26/20, a conference occurred and the family would accept PPRS. A service case was opened on 5/20/20

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

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

The 7/2/20 safety assessment was inadequate. An associated comment did not support the selected safety factor. For example, ACS did not document how the SM and SF's clinical health negatively impacted their ability to supervise, protect and/or care for the CHN.

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. There were comments that did not support the selected safety factors. For example, regarding the SM and SF clinical health, the comment di not reflect how their clinical health negatively impacted their ability to supervise, protect, and/or care for 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:

Failure to complete, document, and monitor a Plan of Safe Care

Summary:

The documentation did not reflect ACS completed a Plan of Safe Care as the SC had a positive toxicology for marijuana.

Legal Reference:

17-OCFS-LCM-03 & 18-OCFS-LCM-06

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)
06/12/2019	Sibling, Male, 9 Months	Grandparent, Female, 44 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 9 Months	Grandparent, Female, 44 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 9 Months	Aunt/Uncle, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Months	Aunt/Uncle, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 9 Months	Father, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Months	Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Grandparent, Female, 44 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Grandparent, Female, 44 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Aunt/Uncle, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Aunt/Uncle, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Father, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

The 6/12/19 SCR report alleged that the SF of the 1-yo, the mother of the other CH and the grandmother were smoking marijuana and using other drugs while the CHN were present in the home. As a result the drug residue was left accessible to the CHN. On a regular basis, the SF got into arguments which escalated into physical altercations with SM while the CH was present. On at least one occasion, the SF physically harmed the SM which resulted in her getting "a fat lip" and



the 1-yo CH was present and got in the way. The CH did not sustain any physical injuries during the incident. The role of the aunt and SM were unknown.

Report Determination: Unfounded

Date of Determination: 07/26/2019

Basis for Determination:

The SM denied the allegations and refused to provide any additional information to ACS. The PGM had a medical marijuana card and did not smoke in the home. The PGM was also compliant with her treatments. The SF also denied the allegations. ACS also documented the 4-yo CH did not make any disclosures about her parents or caretaker smoking inside the home or around him. The CHN were usually well cared for during the visits and their basic needs were being met. The mother of the 4-yo CH gave birth to a newborn and did not test positive at birth. The newborn did not have a positive toxicology.

OCFS Review Results:

The report was completed in a timely manner. There was evidence of supervisory input and involvement.

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)
10/14/2018	Other Child - PA, Female, 16 Years	Grandparent, Female, 43 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - PA, Female, 16 Years	Grandparent, Female, 43 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - PA, Female, 16 Years	Aunt/Uncle, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - PA, Female, 16 Years	Aunt/Uncle, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - PA, Female, 16 Years	Aunt/Uncle, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - PA, Female, 16 Years	Aunt/Uncle, Male, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - PA, Female, 16 Years	Unrelated Home Member, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - PA, Female, 16 Years	Unrelated Home Member, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Grandparent, Female, 43 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Grandparent, Female, 43 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Aunt/Uncle, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Aunt/Uncle, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Aunt/Uncle, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - cousin, Male, 4 Years	Aunt/Uncle, Male, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



Other Child - cousin, Male, 4 Years	Unrelated Home Member, Female, 22 Years	Inadequate Guardianship	Unsubstantiated
Other Child - cousin, Male, 4 Years	Unrelated Home Member, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

The 10/14/18 report alleged that the PA, PGM, SF, and an unrelated home member often drank alcohol and used marijuana and cocaine around the 4-yo cousin and 15-yo CH and often became impaired. The 4-yo had a medical condition which was exacerbated by marijuana and cigarette smoke. It was also alleged the 15-yo CH physically attacked a disabled CH in the neighborhood. The adults were failing to monitor and hold the 15-yo accountable for her actions.

Report Determination: Unfounded**Date of Determination:** 12/13/2018**Basis for Determination:**

ACS made collateral contact with neighbors, primary care physician, and the school; there were no concerns regarding the PA's ability to care for the CH. ACS did not observe the PA under the influence and the CH was always supervised by an adult in the home. ACS conducted announced and unannounced visits to the home and the home was always clean; there were no safety concerns.

OCFS Review Results:

While ACS initiated the investigation in a timely manner, there were subjects and collaterals who were not interviewed. ACS also did not provide appropriate comments to justify the selection of some safety factors. Furthermore, ACS did not update the case record to reflect where relatives who were allegedly living in the home actually resided.

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

Issue:

Pre-Determination/Supervisor Review

Summary:

The Investigation Conclusion Narrative reflected that it was incomplete. The narrative addressed the PA; however, there were three other subjects named and the narrative did not reflect these subjects.

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:

Timely/Adequate Seven Day Assessment

Summary:

The 10/22/18 safety assessment was inadequate. There were comments that did not support the selected safety factors. For example, the comment regarding the PGM and PA having a clinical diagnosis did not reflect the negative impact on 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:

Overall Completeness and Adequacy of Investigations

Summary:



The documentation did not reflect that two subjects of the report were not interviewed and the grandmother's physician was not interviewed regarding a medical condition that would necessitate use of medical marijuana.

Legal Reference:

SSL 424.6 and 18 NYCRR 432.2(b)(3)

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:

Case record contains information that is relevant, useful, factual and objective

Summary:

The documentation did not reflect a clear household composition. For example, on 10/14/18, the grandmother said the PA (mother of the 4-yo) did not reside in the home and the SF did not reside in the home. The notes did not reflect where they resided.

Legal Reference:

18 NYCRR 428.1(a) and 18 NYCRR 428.1(b)(1)

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

There was no CPS investigative 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 preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 05/20/2020

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: 05/20/2020

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

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



Child Fatality Report

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"/>
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Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

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

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 5/19/20 investigation, ACS opened a services case on 5/20/20. The family was receiving PPRS from a provider agency.

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

Yes No

Issue:	Adequacy of Preventive Services casework contacts
Summary:	The Family Service Progress Notes reflected that in the month of August 2020 the PPRS agency did not observe the SC and SS.
Legal Reference:	18 NYCRR 423.4(c)(1)(ii)(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 abovementioned report. ACS must meet with the staff involved with this case and inform NYCRO of the date of the meeting, who attended and what was discussed.

Preventive Services History

ACS opened an FSS on 12/11/18 due to address the 6-yo male CH's behavior. ACS closed the FSS on 3/7/19.

Regarding both parents, during the 5/19/20 investigation, ACS opened an FSS on 5/20/20 to address concerns regarding the mother's clinical health and drug use. The initial FASP reflected the family was referred to COS - Enhanced and agreed to PPRS. The parents were expected to submit to random drug screenings and a Certified Alcohol Substance Abuse Counselor (CASAC) assessment. Both agreed to parenting classes and clinical evaluations with follow up of the recommendations. In addition, the parents agreed to complete early intervention (EI) assessment for the SS. The 12/16/20 FASP reflected that the family had engaged in therapy services. The SM was referred to clinical health services. The SM was consistently in a attendance for therapy sessions. SF was also referred but was working on activating his health insurance.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No