

NYS Office of Children and Family Services - Child Fatality Report

Report Identification Number: NY-14-087

Prepared by: New York City Regional Office

Issue Date: 2/12/2015

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.

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Abbreviations

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

Case Information

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Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 08/15/2014
Initial Date OCFS Notified: 08/15/2014

Presenting Information

On 8/15/14, the SCR registered a report alleging that on 8/14/14 @ 11:00P.M., the BM placed the SC to sleep with her on the queen size bed. The report noted that the BM awoke @ 7:00 A.M. and found the SC cold and unresponsive. The BM called 911 for EMS. Upon arrival, the EMS' technicians administered cardiopulmonary resuscitation (CPR) and transported the BM with the SC to Bronx Lebanon Hospital. The hospital staff continued resuscitation efforts to no avail. The SC was pronounced dead at the hospital at 8:10 A.M.

There was no information provided pertaining to the father or the surviving sibling.

Executive Summary

The SC was 5-months old at the time of death. The autopsy revealed the cause of death was due to accidental asphyxiation and the manner of death accidental. The BM reported that the SC always slept with her on the BM's bed.

ACS' investigation revealed that on 8/14/14 the BM placed the SC to sleep with her on the bed as usual. However, when the BM awoke at 7:00 A.M on 8/15/14 the SC was cold and unresponsive. The BM called 911 for EMS at 7:12 A.M. The 911 operator instructed the BM on performing CPR, which she did up until the EMS arrived at the home at 7:36 A.M. It was noted that EMS' delay in response was due to being dispatched to the wrong address. EMS left the home at 7:46 A.M. and continued resuscitation efforts as the SC was transported to the hospital. The SC was pronounced dead at Bronx Lebanon Hospital at 8:10 A.M.

On 10/14/14, ACS IND the report based on the cause of death because the mother had received information of safe sleep practices by the staff at the hospital where the SC was born. ACS documented that the mother exercised poor judgement when she shared the bed with the child on a regular basis.

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.

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• 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.

Required Actions Related to the Fatality

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

Issue:	Failure to provide notice of report
Summary:	NOE was not issued for the non custodial parent.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	ACS must meet with the staff involved in this fatality investigation and inform the NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	Timely/Adequate Seven Day Assessment
Summary:	The 7- Day safety assessment was completed timely. However, the safety decision, safety factors and comments did not reflect the case circumstances nor were relevant to the information requested.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	ACS must meet with the staff involved in this fatality investigation and inform the NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/15/2014

Time of Death: Unknown

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

County where fatality incident occurred: BRONX

Was 911 or local emergency number called? Yes

Time of Call: 07:12 AM

Did EMS to 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

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- Playing Eating Unknown
 Other

Did child have supervision at time of incident leading to death? Yes
How long before incident was the child last seen by caretaker? 7 Hours
Is the caretaker listed in the Household Composition? Yes - Caregiver

At time of incident supervisor was:
 Drug Impaired Absent
 Alcohol Impaired Asleep
 Distracted Impaired by illness
 Impaired by disability Other:

Total number of deaths at incident event:
Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)

LDSS Response

The SC was 5-months old at the time of death. The autopsy revealed the cause of death was due to accidental asphyxiation and the manner of death accidental. The BM reported that the SC did not like sleeping in her bassinet. Therefore, the BM always slept with the SC on the BM's queen size bed.

ACS' investigation revealed that on 8/14/14, the BM last fed the SC at 10:30 P.M.

As accustomed, the BM placed the SC to sleep on her back on top of a pillow that was on the BM's bed. Details of the size of the pillow or additional items present on the bed were not documented.

The BM reported that on 8/15/14, she awoke at 7:00 A.M and found the SC on the pillow face down, cold and unresponsive. The SC had her mouth open and her lips were blue. The BM called 911 at 7:12 A.M for EMS and began CPR as instructed by the 911 operator. There was an error with the family's address when EMS was dispatched; therefore, EMS arrived at the home at 7:36 A.M. EMS left the home at 7:46 A.M. and continued resuscitation efforts as the SC was transported to the hospital. The hospital's medical staffs' efforts to resuscitate the SC were to no avail. The SC was pronounced dead at hospital at 8:10 A.M.

ACS investigated and learned that the BM was not under the influence of drugs or alcohol. Neither the NYPD nor the medical staff found any signs of abuse or neglect concerning the SC. Collateral contacts with neighbors and family members did not disclose any concerns for the manner in which the BM cared for either of the children.

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On 10/14/14, ACS IND the report based on the cause of death and manner of death. ACS cited that the BM received safe sleep education for infants, yet she slept with the infant on the bed on a regular basis. The mother was referred for preventive services.

ACS did not issue a notice of existence for the father or the notice of indication for either of the parents.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external 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 this LDSS area.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child Female 5 Month(s)	Mother Female 33 Year(s)	DOA / Fatality	Substantiated
Deceased Child Female 5 Month(s)	Mother Female 33 Year(s)	Inadequate Guardianship	Substantiated

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"/>
The SCR Report source contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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observation and comments in case notes)?				
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 safety 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input 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 and 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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 BM was already engaged in a substance abuse program and doing well. The BM had an active OOP against an ex-boyfriend that expires in 2019. The BM refused DV services, but knows how to obtain it if needed. The BM accepted 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? N/A

Explain:

There were no immediate needs identified for the five-year-old sibling.

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

Explain:

There were no immediate needs identified for the parents. However, the family was referred for preventive 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? | No |
| 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:

- | | |
|--|---|
| <input type="checkbox"/> Had medical complications / infections
<input type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input checked="" type="checkbox"/> Used illicit drugs |
|--|---|

Infant was born:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Drug exposed
<input type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> With fetal alcohol effects or syndrome |
|---|---|

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/17/2012	582-Sibling, Male, 2 Years	581-Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	No
	582-Sibling, Male, 2 Years	581-Mother, Female, 31 Years	Lack of Supervision	Unfounded	
	582-Sibling, Male, 2 Years	581-Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:
 The report alleged that the BM was using alcohol and illicit drugs, which made her unable to adequately care for the child. It was also alleged that the BM would leave the child unsupervised in the home to purchase drugs.

Determination: Unfounded **Date of Determination:** 03/20/2012

Basis for Determination:
 ACS based their determination on the account provided by the BM's caseworker (CW) who noted that the BM had not tested positive for any illicit substances and did not leave the child unsupervised to buy drugs.

OCFS Review Results:
 ACS' investigation revealed that the mother was residing in a residential program for women who had completed a drug treatment and remained drug free. The mother was screened for drug use on a biweekly basis and had not tested positive for any illicit drug. The CW also noted that the mother never left the child unsupervised in the home.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/02/2014	621-Deceased Child, Female, 1 Days	623-Mother, Female, 32 Years	Inadequate Guardianship	Indicated	Yes
	621-Deceased Child, Female, 1 Days	623-Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:
 A report was registered with the SCR because the BM gave birth to her 2nd child (SC) who tested positive for cocaine. There was concerns about the mother's drug history.

Determination: Indicated **Date of Determination:** 04/27/2014

Basis for Determination:
 ACS based their decision to substantiate the allegations against the BM solely on her drug use and the SC's positive toxicology. However, the documentation made no mention on how the mother's drug use impacted her ability to care for the SC and/or sibling.

OCFS Review Results:
 NYCRO's review revealed that there was insufficient collateral contacts to properly assess the BM's ability to care for the children. According to the documented observations, there were no safety concerns present for either child; yet the safety decision in both safety assessments completed noted that there was immediate and impending danger of serious harm. This was not supported by selected safety factors or a safety plan.

A CASAC assessment was completed. The BM was referred to a drug program and the SC for early intervention. There was no assessment of the mother's untreated clinical diagnosis.

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

Issue:

Appropriate Application of Legal Standards (Abuse/Maltreatment)

Summary:

ACS' narrative to support the determination of the allegations was based on the SC's positive toxicology at birth, BM's drug history and admission to relapsing days prior to SC's birth. ACS has IND this case as well as the 2009 reports for IG & PD/AM without addressing the element of impairment or imminent risk of impairment.

Legal Reference:

SSL 412(1) and 412(2)

Action:

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-Day and Determination safety assessments were completed timely; however, the content did not reflect the family's circumstances. ACS noted that there was immediate and impending danger of serious harm to the children. This was not reflected in the notes, selected safety factors nor comments. In addition, no safety plan was completed.

Legal Reference:

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

Action:

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

ACS did not make collateral contacts to the children's pediatrician, sibling's school or the mother's former providers. ACS did not make diligent efforts to locate the SC's BF who was listed with . The mother reported that they separated while she was pregnant; which is the same reason she did not provide contact information for the sibling's father.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

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

Issue:

Failure to provide notice of report

Summary:

The event list reflected that a NOE was generated for the BF. However, the documentation does not reflect that contact information was obtain. The CONNECTIONS database did not reflect an address or identifying information for him.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

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

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

In 1997, the BM was listed in report as a SC. The BM was 15 years old smoking marijuana, truant and sexually active. The report was IND. ACS cited that the MGM filed a PINS, but did not follow through with the petition. In 1999, the BM was listed as a SC in and UNF report.

The BM had a long history of drug use, clinical issues, domestic violence, arrests and sexual abuse. In 2001, the BM completed a 13-month in-patient program for substance abuse. In 2007, BM was clinically diagnosed and prescribed medication. From 2007 to 2008, the BM resided in a shelter for women with clinical issues. The BM discontinued her treatment when she left the shelter in 2008. The BM entered a community access housing program in 2008.

In 2009, the BM had her first child who tested positive for cocaine at birth. Based on the BM's history, she was assessed clinically at the hospital prior to being discharged with the child. The mother was cleared and referred for clinical services.

The BM was staying in the MGM's home in the Bronx because the room she had in Manhattan was too small. The BM and the MGM both used cocaine and tested positive at the inception of the investigation. However, there were no safety concerns documented about their ability to care for the child. The BM was referred to preventive services.

The report was IND; ACS cited the BM's drug use and the child's positive toxicology. However, there were no concerns about the MGM or BM's ability to care for the child.

Known CPS History Outside of NYS

The family had no known CPS history outside NYS.

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

The family was referred to preventive services (PPRS) by ACS; and received services from 6/23/09 through 9/21/09.

At the time of the referral, the BM was residing in the MGM's home with a MA and her child (BM's). The home visit contacts did not include interaction with the MGM or the MA.

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The PPRS assigned the BM a team that included a case planner, Credentialed Alcoholism and Substance Abuse Counselor (CASAC), mental health and domestic violence consultants.

The mother received substance abuse services, but did not comply with the referrals for drug screening. However, the BM admitted that she continued to use cocaine on occasion. The BM did not follow through with mental health referrals for an assessment. The child was referred for an early intervention evaluation and it was determined that he did not need the services. The team met with the family as required and monitored the well-being of the child. The child was assessed as being well cared for by the BM and his medical care was up-to date.

The BM was assisted in stabilizing her public assistance and visiting residential programs. The BM entered a residential drug treatment program with the child on 9/14/09 where she would receive comprehensive services. Therefore, the PPRS case was closed.

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Have and Orders of Protection been issued? Yes

From: 04/10/2013

To: 01/19/2019

LDSS: Pertinent Information Related to the Fatality

All the safety assessment were inadequate. This matter was not addressed in supervision.

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

Explain: OCFS is recommending that ACS Supervisory Team review with the Specialists the CONNECTIONS' Step-by-Step Guide: Training for CPS Workers (rev 3/1/07) page 204, which addresses Safety Assessments, and to review the Safety Assessments submitted for this report.

