



Report Identification Number: NY-17-114

Prepared by: New York City Regional Office

Issue Date: Apr 12, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 1 day(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 10/18/2017
Initial Date OCFS Notified: 10/20/2017

Presenting Information

The OCFS-7065 stated that the male infant was born in the hospital in October 2017. The BM was six months pregnant at the time she gave birth to the infant. At birth the infant was very ill. He received treatment in the hospital until he was pronounced dead on 10/18/17.

Executive Summary

This newborn infant died on 10/18/17. The infant was born prematurely at 24-week gestation and following birth, he remained hospitalized until the time he was pronounced dead. The infant was never released to the BM's care. ACS obtained information from hospital staff who confirmed that the infant died due to natural causes. The infant was pronounced dead by an attending physician. In March 2018, ACS received information indicating that the infant's death was not referred to the ME for autopsy.

At the time of the infant's death, the family had an open service case due to an Article Ten Neglect petition that was filed in the Bronx County Family Court (BxCFC) on behalf of the surviving half-siblings. ACS found that the BM was unwilling and/or unable to provide care of the half-siblings. The half-siblings were placed in foster care in July 2014 and July 2017, respectively. ACS assigned case planning responsibility to the Catholic Guardian Society (CGS) agency.

The family also had an open investigation that began on 10/17/17. ACS initiated the 10/17/17 investigation and learned that the BM did not plan to provide care of the newborn infant. The BF agreed to be the infant's caretaker. There were no other children in the BM's household.

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 included the information pertaining to the infant's death in the open CPS investigation for further exploration

Following the infant's death, ACS contacted hospital staff and verified that the infant was very ill at birth and was in respiratory distress. The infant's health condition had deteriorated and he was not expected to survive. The infant and BM received intensive medical care in the hospital. The infant and BM did not have positive toxicology.

The documentation did not include relevant information to determine whether ACS contacted foster parents, resource relatives, mental health, medical and investigative consultants. There was no information to determine whether there were safety assessments of the half-siblings within 24 hours of notification of the infant's death.

CGS staff visited the foster home, assessed safety of the half-siblings and involved the BM in service planning activities. The service plan included monitoring of the BM's medical, mental health, housing and parenting needs. The BM received parenting and medical services but did not always make herself available for the mental health services. As of 4/9/18, the case remained open for foster care services.

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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

N/A

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

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

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

Explain:

N/A

Required Actions Related to the Fatality

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

Issue:	Required data and official documents
Summary:	ACS did not obtain official documents, including death certificate, to verify details about the infant's death.
Legal Reference:	428.3(b)(2)(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 24 Hour Assessment
Summary:	Neither ACS nor the CGS agency conducted an appropriate assessment of the surviving siblings within the 24-hour time period following the fatality.
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.



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/18/2017

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?

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

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	1 Day(s)
Deceased Child's Household	Mother	No Role	Female	36 Year(s)
Other Household 1	Sibling	No Role	Male	3 Year(s)
Other Household 2	Sibling	No Role	Male	14 Year(s)

LDSS Response

The ACS Specialist engaged the BM in the hospital on 10/18/17. During the visit, the BM said she did not want to discuss the infant's death. She explained that she received support from a religious leader and family members. The Specialist offered assistance with burial arrangements and BM expressed appreciation for the offer. The BM said she signed documentation to request an autopsy to obtain details about the infant's illness. She denied using drugs or alcohol during pregnancy. ACS learned that the BM voluntarily initiated family planning. The Specialist obtained information about the infant's birth records and included the details in the ACS case record.

On 10/20/17, the Specialist interviewed hospital medical staff who said the infant had pre-existing illness in utero. ACS



noted that the infant was born prematurely, he had a critical medical condition, did not have a good chance of survival and the BM could not have taken any action to prevent the infant's death.

ACS planned to meet the BM to discuss autopsy results, bereavement and health needs; however, the meeting did not occur as the BM was very ill for a significant period of time. The documentation showed that the BM no longer resided with the MGF and had relocated to reside with the BF.

The half-siblings resided in their respective non-kinship foster homes. There was no safety assessment of the half-siblings within seven days of notification of the infant's death. On 10/26/17, the CGS staff observed and engaged the half-siblings during a scheduled family visitation. The BM was reportedly too ill to attend the visitation event.

Subsequently, CGS completed the required number of casework contacts to meet the program requirements and engaged the half-siblings and foster parents. There were no safety concerns regarding care of the half-siblings in their respective foster care placements. CGS visited the BM and made diligent efforts to involve her in family visitation, family team conference and concurrent planning for reunification. CGS noted that the BM attended special parenting classes but was not compliant with therapy and mental health appointments. The documentation showed that the BM provided records on 3/8/18 to verify she had attended a mental health appointment.

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 the NYC region.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

CGS staff observed and engaged the half-siblings in the foster homes and at the agency.

The case was not referred to the ME.

ACS and Catholic Guardian Society did not enter progress notes contemporaneously.



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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate 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:
ACS received notification of the fatality on 10/18/17. The half-siblings were not observed within 7 days of notification.

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"/>

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The half-sibling remained in foster care placement for reasons unrelated to the fatality.				

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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 The family received foster care services. The BM initiated family planning without ACS involvement.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

**Explain:**

The half-siblings received foster care services.

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

Explain:

CGS staff engaged the BM and monitored her medical, mental health and housing needs.

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? Yes
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/17/2017	Deceased Child, Male, 1 Days	Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	Yes

Report Summary:

The 10/17/17 SCR report alleged that the BM gave birth to the infant in October 2017. The report also alleged the BM had two other children in foster care placement and there were concerns about her ability to parent the infant. The role of the MGF was unknown.

Determination: Unfounded

Date of Determination: 02/16/2017

Basis for Determination:

ACS unsubstantiated the allegation of IG of the infant by the BM on the basis of findings that showed the infant died due



to illness. According to information provided by the attending physician, the BM could not have prevented the infant's death. ACS added that there were no other children in the BM's home.

OCFS Review Results:

ACS staff observed the infant and interviewed the BM and BF in the hospital. The BM disclosed that she did not receive pre-natal care and had not used prescribed medication during her pregnancy. She said she did not plan to provide care of the infant. The BF said his aunt would provide some of the infant's needs; however, he did not disclose any details or locating information for paternal resources. ACS discussed the half-siblings' care with the case planner but did not attempt to observe the half-siblings in their respective foster homes. There was no home visit or contact with the MGF who was the "other person" named in the 10/17/17 report.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

The 10/17/17 investigation was incomplete as ACS did not assess home condition, obtain details about the BF and MGF, and update the household composition. The ACS case record showed the BM, BF and MGF resided in the same home although the BM said she no longer resided in the MGF's home. ACS did not obtain details about family needs following the infant's death.

Legal Reference:

SSL 424(6); 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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/21/2017	Sibling, Male, 14 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	No

Report Summary:

The 2/21/17 SCR report alleged the BM was diagnosed with illnesses and was incapable of providing adequate care of the 14-year-old half-sibling as a result. The roles of the MGF and other half-sibling were unknown.

Determination: Indicated

Date of Determination: 03/30/2017

Basis for Determination:

ACS substantiated the allegation of IG of the 14-year-old half-sibling by the BM on the basis that the BM had not been attending her health service appointments, did not devise a plan to comply with service needs and appeared unable/unwilling to meet the half-sibling's needs. The BM left the half-sibling with the MGF who did not have the capacity to provide the half-sibling's medical and developmental needs.

OCFS Review Results:

ACS initiated the investigation within the required timeframe and appropriately initiated safety interventions.

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 known to the SCR and ACS in a report dated 5/30/14. The allegation of the report was IG of the SS, who was then a newborn infant, by the BM. On 7/29/14, ACS substantiated the allegation of the report on the basis that the BM was unable to provide care of the her children as she had not addressed her medical and mental health needs.

Known CPS History Outside of NYS



There was no CPS History outside of NYS.

Required Action(s)

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

Yes No

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	ACS did not enter progress notes contemporaneously as events that occurred in July and August 2015 were not entered until November 2015.
Legal Reference:	18 NYCRR 428.5(a) and (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.

Preventive Services History

During the 5/30/14 investigation, ACS found the BM was unwilling to supervise the older half-sibling whom she frequently left in the care of the MGF. The BxCFC judge released the older half-sibling to the MGF with COS and ACS supervision under an Article Ten Neglect petition. Per the Family Services Progress Notes, the BM resided in the MGF's home and was unable maintain a minimum degree of care of the older-half sibling. The MGF no longer had the capacity to support the BM and half-sibling. PPRS ended because the older half-sibling was placed in the care and custody of ACS on 3/2/17. At the time PPRS ended, there were no other children in the BM's home.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

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

Yes No

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	CGS did not enter progress notes contemporaneously, including events that occurred in January 2016 and July 2017 but were not entered until June 2016 and October 2017, respectively.
Legal Reference:	18 NYCRR 428.5(a) and (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.
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Foster Care Placement History

The two half-siblings were placed in foster care under Article Ten Neglect petitions that were filed in the BxCFC on behalf of the half-siblings, naming the BM as the respondent. The half-siblings entered foster care in July 2014 and March 2017, respectively. As of 3/21/18, they continued to reside in separate non-kinship foster care homes.

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