



## Report Identification Number: NY-18-105

Prepared by: New York City Regional Office

Issue Date: Apr 09, 2019

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 10 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 10/21/2018  
**Initial Date OCFS Notified:** 10/21/2018

## Presenting Information

The 10/21/18 SCR report alleged the SC had a pre-existing medical condition and suffered from complications that resulted in medical procedures in the past. On 10/21/18, the SC woke up at 5:30 AM in distress and the SM administered oxygen to the SC. An oxygen mask was placed on the SC and the SM placed him into his crib. At 7:30 AM, the SM found the SC unresponsive and called EMS. The SC was dead on arrival at the hospital. The SM failed to adequately monitor the SC and delayed contacting EMS, as a result the SC died.

## Executive Summary

This medically fragile male infant (SC) died on 10/21/18. The autopsy listed the cause of death as Interstitial Pneumonia (probable viral-type) and the manner of death as natural.

The allegations of the 10/21/18 report were DOA/Fatality, IG, and LMC of the SC by the SM.

ACS findings showed the SC had a pre-existing medical condition and was hospitalized from 8/7/18 through 10/16/18. At the time of discharge from the hospital, the medical staff provided prescribed oxygen and gave the required instructions to enable the parents to take care of the SC in the home. Regarding the events surrounding the SC's death, the SM initially said that on the morning of 10/21/18, the SC was fussy, she fed him at about 2:00 AM and went to sleep. He woke again at 4:00 AM, he was fussy, but returned to sleep. The SM said she awoke at 7:00 AM and the SC was not breathing. She woke the BF and contacted 911.

ACS found the SM did not provide a consistent timeline of her activities on 10/21/18. ACS noted the SM provided a different account that reflected she awoke to the SC crying at 5:00 AM. The SM said that at this time the SC was already receiving oxygen. The SM said she awoke at 7:00 AM to change his diaper and administer his medication, and observed the SC was unresponsive. The SC's mouth was open and his lips were blue. The SC was on his back, in the same position she placed him at 5:00 AM. The SM said she woke the BF and immediately contacted 911. The SM administered CPR to the SC, as instructed by the 911 operator, until LE and EMS responded.

The BF said the SC was in stable health during the morning. He said the SM monitored the SC's oxygen and she put the oxygen tank on, as required. The SC seemed restless as he tossed and turned before sleeping. The BF awoke up at about 2:30 AM, the SC was fussing and he returned the SC to sleep. The BF said he became aware of the SC's condition when the SM woke him and said the SC was not breathing.

On 10/23/18, ACS obtained a Family Court Legal Service (FCLS) consultation and discussed plans to file an Article Ten Neglect petition on behalf of the SS against the SM and BF. ACS was unable to file the petition as FCLS determined there was no evidence of child abuse/maltreatment. The documentation reflected the family accepted PPRS. The family temporarily relocated to Orange County and on 11/29/18, the SM informed Orange County Child Protective Services (OCCPS) she did not have any service needs. The SM did not accept services. The documentation did not reflect that the BF was offered services.

The family Dr. said there were no concerns for the family prior to the SC's discharge from the hospital. The Dr. explained that the SM received instructions regarding use of the oxygen in the home.



Between 11/30/18 and 2/27/19, there was no ACS contact with the SS in Orange County. In March 2019, ACS learned that the family returned to reside in the Bronx. ACS visited the home, interviewed the BF and observed the SS on 3/28/19. The BF said the SM was at work. The BF did not allow ACS to assess the home. ACS noted the SS did not have visible marks/bruises.

On 3/29/19, ACS unsubstantiated the allegations of DOA/Fatality, LMC and IG of the SS by the SM on the basis of no credible evidence. ACS explained that the ME listed the manner of death as natural.

## 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

### Explain:

N/A

Was the decision to close the case appropriate? Yes

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 family refused ACS' offer for services.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
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<b>Summary:</b>	ACS did not complete the 30-Day Child Fatality Summary Report in a timely manner. The 30-Day Child Fatality Summary report did not include updated details about the case circumstances.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	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.
<b>Issue:</b>	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The 24-Hour Child Fatality Summary Report was inadequate. There were fields that were not completed appropriately, including the Child's Legal Status at Time of Death.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-1
<b>Action:</b>	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.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	The documentation did not reflect whether ACS made diligent efforts to obtain information from EMS.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	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.
<b>Issue:</b>	Face-to-Face Interview (Subject/Family)
<b>Summary:</b>	The interview of the SM on 10/21/18 did not reflect ACS addressed the timeline of events regarding the administration of prescribed oxygen.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(a)
<b>Action:</b>	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.
<b>Issue:</b>	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
<b>Summary:</b>	Between 11/30/18 and 3/7/19, there was no casework contact with the SS in Orange County.
<b>Legal Reference:</b>	432.1 (o)
<b>Action:</b>	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:** 10/21/2018

**Time of Death:** 08:03 AM

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

07:30 AM

**County where fatality incident occurred:**

Bronx

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

07:46 AM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

N/A

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**At time of incident supervisor was:** 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	Aunt/Uncle	No Role	Female	10 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	10 Month(s)
Deceased Child's Household	Father	No Role	Male	23 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	40 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)

### LDSS Response

On 10/21/18, the hospital staff said the family found the SC unresponsive at about 7:30 AM and contacted 911. This hospital staff had interviewed the SM who said at about 5:30 AM she heard the SC cry so she fed the SC. She then placed the SC in the crib and put his oxygen on him. Later, the staff reported the SM fed the SC at 4:00 AM, and the SM heard the SC cry at 5:00 AM. The SM reportedly returned to sleep between 5:30 AM-7:30 AM.

LE said the SC had an extensive medical history. LE provided some details about the 10/21/18 incident involving the SC's death. According to LE, the family awoke at 7:30 AM and found the SC not breathing. The SM started CPR and contacted



911 for assistance. The SC was transported to the hospital and pronounced dead. LE's findings showed there was no foul play. There was an oxygen tank in the room and prescribed medication in the home. The SM observed the SC alive at 5:30 AM; the SC was fed. The SM placed the SC on oxygen and then returned to sleep. The SM awoke at 7:30 AM and found the SC unresponsive.

On 10/21/18, ACS visited the home and observed the PGM and SS. The SM and BF were not at home. During the interview with ACS, the PGM said on 10/21/18 she was in her room when the SM entered and stated the SC was not breathing. The PGM said the SM then contacted 911 while the BF held the SC to his chest and rubbed his back. The PGM did not have concerns about the SM and BF. ACS observed the medical documentation from the hospital. The documentation included the prescribed medical equipment. The SS was in the home at the time of the incident. Later, the SS said the SC was very ill. ACS noted the SS seemed sad when ACS spoke about the SC. The SM said the SS did not fully understand death due to his age.

On 10/21/18, ACS interviewed the SM and BF. The SM said after his birth, the SC required a medical procedure. He was home for three weeks then returned the hospital, where he remained from 1/8/18 until 8/7/18. He was transferred to a different hospital and later discharged on 10/16/18. The SM said she received instruction from the hospital prior to his discharge. She was provided with the oxygen and instructed on how to care for the SC. The SM said the SC was fussy, she fed him at about 2:00 AM on 10/21/18 and went to sleep. The SC awoke at 4:00 AM and again he was fussy, but returned to sleep. The SM said she awoke at about 7:00 AM and observed the SC was not breathing. She woke the BF and contacted 911 for assistance. She did chest compressions on the SC. The 10-yo PA said she did not believe the SC died. The PGM (the mother of the 10-yo PA) was interviewed by ACS. The documentation did not include a safety assessment of the PA. The interview of the SM on 10/21/18 did not reflect ACS addressed the time the SC was provided with oxygen.

On 10/22/18, ACS contacted hospital staff and learned the SM was listed as the primary caretaker. There were no concerns for the family. The SM demonstrated appropriate skills prior to the SC being discharged. The family was referred to Early Intervention, Visiting Nurse Service of NY, and an ambulette transportation for non-emergency/specialty medical appointments. The SM received CPR training. The documentation did not reflect the BF received CPR training.

On 11/26/18, ACS interviewed the BF who said the SM and SS relocated upstate with his family members on 11/24/18. On 11/27/18, ACS contacted OCCPS and requested a courtesy home visit. On 11/29/18, OCCPS CW visited the family, and observed the SS who said he started school. The SM said she did not want services.

On 3/28/19, ACS visited the home and observed the BF and SS. The BM was not in the home. The BF said the family returned from Orange County to reside in their home in the Bronx. ACS observed the SS did not have visible marks/bruises.

ACS closed the preventive services case on 3/29/19.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

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



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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049181 - Deceased Child, Male, 10 Mons	049182 - Mother, Female, 24 Year(s)	Lack of Medical Care	Unsubstantiated
049181 - Deceased Child, Male, 10 Mons	049182 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
049181 - Deceased Child, Male, 10 Mons	049182 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input 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"/>
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"/>

**Additional information:**

The documentation did not reflect whether ACS made diligent efforts to contact EMS.

### 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"/>



<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 Following the SC's death, the family temporarily resided in Orange County, NY. The Orange County LDSS visited the SM in Orange County and she informed LDSS that she did not have any service needs.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 The SS was not removed from the parents' care.



### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> The family refused ACS offer for 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? No

Explain:

The SM declined services.

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

Explain:

The SM declined services. ACS offered burial assistance. It was unknown whether the family utilized this service.



## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

#### During pregnancy, mother:

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

#### 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)
07/05/2018	Deceased Child, Male, 7 Months	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 7 Months	Mother, Female, 24 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 7 Months	Father, Male, 23 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 7 Months	Father, Male, 23 Years	Lack of Medical Care	Substantiated	

#### Report Summary:

The 7/5/18 SCR report alleged the SM was the primary caretaker of the SC. The report also alleged the SC had significant health issues and was hospitalized. Since January 2018, there was increasing difficulty contacting the SM. For the past nine days, there was no contact with the SM. The SC was in need of a medical procedure; however, was unable to receive the required procedure without consent. The SM failed to cooperate and ensure the SC's overall needs were met.

**Report Determination:** Indicated **Date of Determination:** 09/04/2018

#### Basis for Determination:

ACS substantiated the allegations of IG and LMC of the SC by the SM and SF on the basis of credible evidence. ACS noted the SM said she did not visit the SC due to the cost of commuting. The SM then admitted the hospital provided her



with metro cards to defray the cost of transportation. The SM did not collaborate with medical staff on the SC's treatment plan. The SM reported she did not see the purpose of visiting daily. The SM was able to visit the SC while the SS was at school. The SM, SC and SS were discharged from the shelter due to curfew violations. The SM said she violated 9:00 PM curfew due to visiting the SC at the hospital and having to pick up the SS from family members.

**OCFS Review Results:**

ACS began the investigation within the required timeframe. ACS found the SC was hospitalized, the hospital staff was unable to contact the SM, and had not seen the SM since 6/28/18. ACS verified that the frequency of SM's visits declined beginning February 2018. The SC needed a medical procedure and the SM was required to sign an agreement, but the SM did not respond to request for contact. The SM said the SC was in the hospital since 1/12/18. The SM said she visited the SC more frequently, but decreased the number of visit as she was unable to meet the cost of transportation. The SM said she received some funds for transportation fares.

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. In the safety assessment document, ACS included an associated comment that did not support the selected safety factor pertaining to the child's vulnerability, developmental level and medical status.

**Legal Reference:**

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

**Action:**

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

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The 8/31/18 safety assessment was inadequate. In the safety assessment document, ACS included an associated comment that did not support the selected safety factor related to the child's vulnerability, developmental status and medical condition.

**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:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

ACS included inaccurate information in the RAP. The information reflected the family did not have a current or recent history of housing of unstable housing. However, the documentation showed the SM resided in a shelter.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

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

**Issue:**

Pre-Determination/Supervisor Review

**Summary:**

The ACS supervisor did not adequately review the 8/31/18 safety assessment. There was an associated comment that did not support the selected safety factor of the child which had a significant vulnerability, is developmentally delayed or medically fragile.

**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:**

Face-to-Face Interview (Subject/Family)

**Summary:**

The documentation did not reflect the SF was interviewed although ACS added him as a subject of the report.

**Legal Reference:**

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

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

The ACS interview with the hospital staff did not include pertinent details about the frequency of the SM's or SF's visits to the SC during the SC's period of hospitalization.

**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:**

Appropriateness of allegation determination

**Summary:**

ACS inappropriately substantiated the allegations of LMC and IG. The documentation reflected the hospital staff said the medical procedure was not an emergency and the SM could decline the procedure. In addition, ACS did not obtain the frequency of the visits regarding the SM and SF contact with the SC.

**Legal Reference:**

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

**Action:**



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

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

The SM was known to the SCR and ACS as a subject in four reports dated: 12/21/12, 12/22/12, and 3/20/13 (two reports). The report registered on 12/22/12, and one of the reports registered on 3/20/13 were consolidated into ongoing investigations, respectively.

The allegations of the 12/21/12 report were LMC, IG, and IF/C/S of the female cousin by the SM, mother of the female cousin, uncle, and grandmother; L/B/W by the SM, MGM, and uncle; and XCP by the mother and MGM. On 2/19/13, ACS unsubstantiated the allegations.

The allegations of the 3/20/13 report were IF/C/S, II, IG, LS, PD/AM, and SA. On 4/26/13, ACS unsubstantiated all the allegations.

### 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: 09/05/2018**

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes**

**Date the Child Protective Services case was opened: 09/05/2018**

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

### Casework Contacts

	Yes	No	N/A	Unable to Determine
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# Child Fatality Report

<b>Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Services Provided

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
<b>Was the most recent FASP approved on time?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If not, how many days was it overdue?</b> CONNECTIONS reflected that the FASP was due on 9/11/18 and it was approved on 10/16/18.				
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

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

### Provider

	Yes	No	N/A	Unable to Determine
<b>Were Services provided by a provider other than the Local Department of Social Services?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> ACS opened a preventive services case on 9/5/18. The initial FASP of 9/11/18 reflected the SM agreed to accept PPRS. However, documentation did not reflect that the family was referred to a PPRS agency.				

### Required Action(s)

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

Yes  No



<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	CONNECTIONS reflected that the FASP was due on 9/11/18 but was not approved until 10/16/18.
<b>Legal Reference:</b>	18 NYCRR428.3(f)
<b>Action:</b>	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

On 9/5/18, ACS opened a preventive services case for the family. ACS held a Child Safety Conference, reviewed safety concerns and discussed safety interventions. The Initial FASP dated 9/11/18 reflected the SM agreed to accept PPRS. The service plan included case management services. The Family Service Progress Notes (FSPN) did not reflect the family received a referral for PPRS. The FSPN reflected that on 10/17/18, ACS visited the family in a new home, observed the SC and SS and interviewed the SM. The SM said the SC was released from the hospital on 10/16/18. The SM said she received training from the hospital to prepare for the SC's discharge. The SM stated the hospital provided her with many referrals which she planned to follow up. The SC was prescribed medications and medical devices. ACS observed the medical equipment.

On 10/21/18, the SCR registered a report regarding the SC's death.

### 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