



**Report Identification Number: NY-15-074**

**Prepared by: New York City Regional Office**

**Issue Date: 4/6/2016**

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
<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
CPR-Cardio-pulmonary Resuscitation		
<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-Others	
<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		

## Case Information



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 09/15/2015  
**Initial Date OCFS Notified:** 09/15/2015

## Presenting Information

The 9/15/15 SCR report alleged that on the morning of 9/15/15, the mother found the 3-month-old infant unresponsive in her bassinet with milk coming out of her nose. The mother attempted CPR at home. The infant was brought into the Emergency Room at 4:00 AM, in cardiac arrest, and was pronounced dead at 7:45 AM. The infant had an issue with digestion, but was an otherwise healthy child.

## Executive Summary

The 3-month-old female infant died on 9/15/15. As of 4/5/16, the NYCRO has not received the autopsy report.

The allegations of the 9/15/15 report were DOA/Fatality and IG of the 3-month-old infant. The deceased infant had a female twin referred to as infant 2 (I2).

During the 6/12/15 report, ACS filed an Article Ten Neglect petition naming the mother as the respondent. The twin infants were released to the mother's care with Court Ordered Supervision (COS). The ACS investigation revealed that the infants were born premature. On 9/4/15, at about 11:30 PM the twin infants awoke and the mother fed them. She burped them and they returned to sleep in the bassinet/Pack n Play. The mother watched television until she went to sleep. At about 3:00 AM, I2 began crying but the mother did not hear any sound from the deceased infant. The mother saw there was milky mucus coming from the infant's nose and mouth. Before 3:15 AM, she cleared the infant's nostrils and mouth with a suction device. The infant was still unresponsive and she tried to revive the infant by breathing air into her by mouth to mouth resuscitation. At about 3:25 AM, the mother called the front desk for help and the Security Guard (SG) came to the apartment immediately. The mother could not recall whether she handed the infant to the SG or laid the infant on the mattress. The mother went to a neighbor and this neighbor came to her apartment. This neighbor was a registered nurse (RN) who performed CPR. The mother said before he left his apartment the neighbor called 911. EMS arrived and transported the infant to the hospital. The infants shared an oversize bassinet.

The SG informed ACS that on the morning of 9/15/15, the mother called the front desk. The mother said that the infant was not breathing. The SG went upstairs with the mother. She called 911 and the mother went to get a neighbor who was an RN. The RN provided CPR.

The mother participated in mandated ACS COS. She received PPRS with University Behavioral Associates (UBA) and had casework monitoring from her CAMBA social worker. She received home making services through Dannelisse Corp. The mother was assessed by the Certified Alcohol and Substance Abuse Counselor (CASAC) and the mother did not meet the criteria for referral to treatment.

On 9/21/15, the ME informed ACS that the preliminary findings were negative as to what could be observed. The infant was normally formed and clear lungs. The ME had interviewed the mother who confirmed the sleeping position, which showed infant was sleeping on her back. This was consistent with the physical findings thus, there were no concerns for safe sleeping practice. The ME did not observe signs of choking and sleeping on the back is the

best practice.

The 24-Hour Safety Assessment was not completed timely as it was not completed until 9/18/15. ACS did not identify the safety factors which actually placed the children in immediate danger. The 7-day, 10/20/15, and 11/13/15 Safety Assessments were not adequate as ACS did not identify the safety factors which actually placed the children in immediate danger. In addition, the Seven Day, 10/20/15, and 11/13/15 Safety Assessments included comments that did not support the selected safety factors.

On 11/19/15, ACS unsubstantiated the allegations of DOA and IG. ACS based the determination on the ME's statement that there were no injuries that could be observed. The ME had explained that the mother confirmed the sleeping position (infant was sleeping on the back). The ME said this was consistent with the physical findings thus, there were no concerns for unsafe sleeping practice. The ME said that the cause and manner of death were not suspicious. The ME had not detected any sign of child abuse or neglect and at that time the death was not believed to be due to any action or behavior on the part of the mother. The mother kept medical appointments and specialty referrals for the deceased infant's medical condition.

## 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:

NA

**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:

NA

## Required Actions Related to the Fatality



# NYS Office of Children and Family Services - Child Fatality Report

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The 24-Hour Safety Assessment was not completed timely as it was not completed until 9/18/15. ACS did not identify the safety factors which actually placed the children in immediate danger.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a corrective action plan 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>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The 7-day Safety Assessment was not adequate as ACS did not identify the safety factors which actually placed the children in immediate danger.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	ACS must submit a corrective action plan 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>	Investigation Conclusion Safety Assessments
<b>Summary:</b>	The 10/20/15 and 11/13/15 Safety Assessments were not adequate as ACS did not identify the safety factors which actually placed the children in immediate danger.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(iii)(b)
<b>Action:</b>	ACS must submit a corrective action plan 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 ACS documentation did not reflect that EMS or the EMS Liaison was interviewed regarding the incident.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must submit a corrective action plan 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



# NYS Office of Children and Family Services - Child Fatality Report

**Date of Death:** 09/15/2015

**Time of Death:** 07:45 AM

**Time of fatal incident, if different than time of death:** 03:00 AM

**County where fatality incident occurred:**

BRONX

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

Yes

**Time of Call:**

03:40 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver

1

**At time of incident supervisor was:** Not impaired.

**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	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	43 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Month(s)
Other Household 1	Father	No Role	Male	39 Year(s)

## LDSS Response

During the investigation, ACS interviewed the hospital social worker (SW) mother, LE, ME, mother's neighbors, UBA CP, SG, children's Dr. and a Program Director (PD).

On 9/15/15, the hospital SW informed ACS staff that the mother said she fed the infant at 11:30 PM on 9/4/15 and then they all went to sleep. At 3:00 AM, I2 began to cry and the mother checked the two infants. She found the deceased infant had milk coming out of her nose. She lifted her and observed she was not moving. She administered CPR, went out of the apartment and called her neighbor who was a nurse. This neighbor responded and provided CPR but the infant remained unresponsive. They then called EM. The SW said LE and ME interviewed the mother and both did not find the mother liable for the infant's death. The SW said that their statement thus far reflected that the infant had a sudden death and the

mother was not responsible. The SW stated they found the mother kept her children's medical appointments and her own clinical health services.

The mother informed ACS that on 9/4/15, at about 11:15 PM the twin infants woke and she fed them. She burped them and they returned to sleep. The mother watched television until she went to sleep. At about 3:00 AM, I2 began crying but the mother did not hear any sound from the infant. She picked her up but she was lifeless. She attempted CPR and called her name a couple of times. There was no response. She called the Security Guard (SG) who came to watch I2. The mother went to a neighbor for assistance. Later, the mother said that at 11:30 PM, she fed the infants. She returned them to bed before midnight and she also went to bed. At about 3:00 AM, mother heard the I2 cry and got up to what was happening. The deceased infant did not make any sound. She saw there was milky mucus coming from the infant's mouth and nose. She cleared out the infant's nostrils and mouth. The infant was still unresponsive and she tried to revive her by breathing air into the infant. At about 3:25 AM, she called the front desk for help and the SG came to the apartment immediately. The mother could not recall whether she handed the infant to the SG or laid the infant on the mattress. The mother went to a neighbor and the neighbors came to her apartment. The neighbor was a registered nurse (RN) who performed CPR. The mother said the neighbor before he left his apartment called 911. The infants shared an oversized bassinet. The ME measured it; it was 41 inches by 27 inches. The infants were placed six inches apart from one another. The mattresses were 3 ½ inches thick and there were about six mattresses to raise the infants up to the mother. The father was incarcerated at the time of the incident.

The neighbor was a registered nurse (RN) who said that at about 3:20 AM, the mother knocked on his door. This RN said the mother told him something was wrong the infant. He entered the mother's home and observed the infant lying down on her back in the crib; milk was around her nostril and corner of her mouth. He tried to clear her airways for breathing and circulation. He turned her on her side and pushed her stomach; fluid came out. He provided CPR by that time, the mother called 911.

On 9/15/15, ACS informed the Family Court Legal Service of the infant's death. The ACS documentation reflected that LE was initially involved, but, there were no criminal charges filed against the mother

On 9/17/15, the mother's clinical Dr. informed ACS that the mother was followed up on a monthly basis for treatment by a clinical team. The Dr. saw the mother once on 8/31/15. The mother informed the Dr. that the medications prescribed were working well for her. The Dr. said the mother reported being stable on the medications and would be evaluated on a monthly basis. The Dr. was unaware that the mother cut a medication in half and was not using a full pill. The Dr. invited the mother to come in and to discuss the information.

## Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

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

## Multidisciplinary Investigation/Review

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

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



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

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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
024501 - Deceased Child, Female, 3 Mons	024503 - Mother, Female, 43 Year(s)	DOA / Fatality	Unsubstantiated
024501 - Deceased Child, Female, 3 Mons	024503 - Mother, Female, 43 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 ACS documentation did not reflect that EMS or the EMS Liaison was interviewed regarding the incident. ACS attempted to interview the father but the call was unclear and ACS could not understand him. The father wrote correspondence to ACS.

## Fatality Safety Assessment Activities



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

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

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

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



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foster care at any time during this fatality investigation?				
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"/>

**Explain as necessary:**  
At the time the fatality occurred, a case was open in Family Court with COS.

### Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input 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"/>



# NYS Office of Children and Family Services - Child Fatality Report

Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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**Additional information, if necessary:**  
 The mother received PPRS with UBA. The mother was in receipt of homemaking services and was assessed by the CASAC.

**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:**  
 At the time of the fatality, the family was in receipt of PPRS and had homemaking services.

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

**Explain:**  
 At the time of the fatality, the family was in receipt of PPRS and had homemaking services.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

- Drug exposed
- With 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	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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# NYS Office of Children and Family Services - Child Fatality Report

Report	Victim(s)	Perpetrator(s)			Issue(s)
06/12/2015	7172 - Sibling, Female, 1 Days	7171 - Mother, Female, 43 Years	Inadequate Guardianship	Indicated	Yes
	7173 - Deceased Child, Female, 1 Days	7171 - Mother, Female, 43 Years	Inadequate Guardianship	Indicated	

**Report Summary:**  
 The report alleged that the mother gave birth to twin infants. The mother previously had a child removed from her care. The child had not returned to the mother's care; therefore, there was concern for the safety and wellbeing of the newborn children.

**Determination:** Indicated **Date of Determination:** 07/24/2015

**Basis for Determination:**  
 ACS substantiated the allegations of the report based on the findings which showed that the mother had a protracted history with ACS, with two neglect findings that resulted in termination of parental rights, most recently 2012. The infants were released in the mother's care under Court Ordered Supervision (COS). Thus far, the mother had been compliant with the recommended service plan of Home making, drug testing, and maintaining the mother's clinical health and children's medical appointments. A referral was made for intensive preventive services and the mother was willing to comply with whatever was needed to have the infants remain in her care.

**OCFS Review Results:**  
 ACS initiated the investigation in a timely manner. The 7-day safety assessment was inadequate as ACS did not identify the safety factors which actually placed the infants in immediate danger. On 6/24/15, ACS filed an Article Ten Neglect petition in the Bronx Family Court. The infants were paroled to the mother with supervision. On 6/25/15, ACS submitted a homemaking referral. The mother was provided with visiting nurse services (VNS) upon the infants discharge from the hospital. The mother was referred for COS: clinical health and substance abuse. The mother submitted to a drug test on 7/14/15 and the result was negative. On 7/15/15, a referral was made for PPRS.

**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 as ACS did not identify the safety factors which actually placed the infants in immediate danger.

**Legal Reference:**  
 SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**  
 ACS must submit a corrective action plan 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 mother was known to the SCR and ACS as a subject in ten reports from 1993 to 2008. Of the total of ten reports there were four reports dated 2/2/93, 4/1/93, 4/16/93 and 5/4/93. These four reports included the allegations of MN and Other of the female half sibling (now an adult). ACS substantiated the allegations of these reports. The reports were indicated and closed.



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The six additional reports were dated 3/26/06, 12/26/06, 6/19/07, 9/10/07, 9/27/07 and 4/28/08. These reports included the allegations of IG, PD/AM, LS, PD/AM and EdN of the male half sibling. This half sibling was subsequently removed from the mother's care and placed in the care and custody of the Commissioner of ACS. The 12/26/06 and 6/19/07 reports were unfounded. The 3/26/06, 9/10/07, 9/27/07 and 4/27/08 were indicated and ACS substantiated the allegations of IG, PD/AM and LS of the male half sibling by the mother. The 9/27/07 report was closed as a Duplicate report.

During the 3/26/06 investigation, ACS referred the family to the Family Preservation Program. ACS addressed drug misuse and counseling needs.

## 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: 06/22/2015**

**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: 06/22/2015**

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

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

### Provider

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

**Additional information, if necessary:**  
 The ACS documentation reflected that on 7/15/15 a referral was made for PPRS. The PPRS agency was the University Behavioral Associates (UBA).

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**  
Yes No

### Preventive Services History

As a result of the investigation of the 12/26/06 report, the family received PPRS with the Jewish Child Care Association (JCCA) agency. On 12/29/06, JCCA informed ACS that the mother was compliant with services.

On 7/15/15, a referral was made for PPRS during the 6/22/15 investigation. ACS also referred the family for Homemaking services. The mother was referred to the University Behavioral Associates (UBA) agency and she received services related to her clinical health and substance abuse needs. A joint home visit occurred on 8/4/15 with the case planner (CP) . The Family Services Stage (FSS) was opened on 6/22/15. The UBA staff conducted a home visit on 9/14/15; the day prior to the fatality. During the visit, the mother said the infants cried at about 6:00 AM and she placed the infants in the bed with her. The CP discussed the importance of having the infants sleep in their crib/bassinet and about the dangers of co-sleeping. The mother reported she met with her clinical Dr. and received individual therapy. She took her medication as prescribed.

Prior to the fatality, the ACS staff observed the infants during an office visit on 9/10/15. The ACS staff discussed safe sleep with the mother. The mother denied co-sleeping with the infants and she said the infants slept in the crib.

### Required Action(s)

**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**  
Yes No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
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<b>Summary:</b>	The Mercy First Family Service Progress Notes reflected that notes were not entered within the 30-day timeframe. There were events that occurred in January 2013 but were not entered until May 2013.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)
<b>Action:</b>	ACS must submit a corrective action plan 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.

### Foster Care Placement History

The ACS case record reflected that the mother had her parental rights terminated for a female child as of 9/27/95. The child was now an adult.

During the 9/10/07 investigation, ACS filed an Article Ten Petition on 11/7/07 and obtained Court Ordered Supervision (COS) for the family. The household composition included the mother and the male half sibling, who was then 6 years old. During the 4/27/08 investigation, the mother was incarcerated due to her drugs misuse and for violating an order of protection (OOP). On 6/13/08, an Order to Show Cause was filed against the mother and a remand of the male sibling was granted. The foster care agency was Little Flower Children and Family Services (LFCFS). On 9/14/10, the case was transferred to Mercy First (MF). The MF Family Service Progress notes reflected that notes were not entered contemporaneously as there were events that occurred in January 2013 but were not entered until May 2013. The 6/6/13 FASP reflected that the mother was not compliant with her service plan goals of parenting, housing/income, individual/family counseling, medication management and drug treatment which included random drug screening. The mother's parental rights were terminated on 6/24/13. Subsequently, the half sibling was completely freed for adoption.

### Legal History Within Three Years Prior to the Fatality

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

- Family Court
  Criminal Court
  Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
06/24/2015	There was not a fact finding	There was not a disposition
Respondent:	024503 Mother Female 43 Year(s)	
Comments:	On 6/24/15, an Article Ten Neglect petition was filed in the Bronx County Family Court naming the mother as the respondent. Court Ordered Supervision was granted.	

### 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