



Report Identification Number: NY-17-103

Prepared by: New York City Regional Office

Issue Date: Apr 03, 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: 0 day(s)

Jurisdiction: New York
Gender: Female

Date of Death: 03/27/2015
Initial Date OCFS Notified: 10/10/2017

Presenting Information

On 3/27/15 the SM, who had medical complications related to her pregnancy, was transported to the hospital by EMS. The SM delivered the female infant via C-section at 4:16 AM; however, at birth, the infant had labored breathing and was not moving. Medical staff initiated CPR and the infant was kept alive until the BF arrived. The infant did not respond to medical treatment and was pronounced dead at 11:44 A.M. on the same date. The SM had three other children removed from her care as a result of abuse and neglect allegations. There were concerns about SM's ability to safely care for the infant. The SM had a 2-year-old sibling who resided in the home. The roles of the 2-year-old sibling and the BF were unknown.

Executive Summary

This full-term newborn female infant died a few hours after birth on 3/27/15. ACS did not receive a final autopsy related to the infant's death; however, medical personnel at the hospital where the infant was born, reported the SC's death was related to complications at delivery . At the time of the SC's death, on 3/27/15, the family had an open Family Services Stage, which included COS and monitoring by an ACS Family Service unit.

On 3/27/15, the SCR registered a report with allegations of IG of the infant by the parents and IG of the 2yo SS by the SF. The death of the infant was mentioned in the report; however, there was no DOA/Fatality allegation made against the parents. The report alleged that the SM delivered a newborn baby and in the past, had three SSs removed from her care, due to abuse and neglect. There were concerns for the SM's ability to safely care for the newborn child. The SF and SS had unknown roles.

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; however, this was not done within the required 72 hours of notification of the infant's death. The information regarding the infant's death was included in the open 3/27/15 investigation.

During the investigation, ACS gathered information from the mother, medical personnel, and the foster care agency about the circumstances surrounding the SM's condition and the death of the SC. According to the ACS case record, the SM was susceptible to high risk pregnancies because of her medical conditions. The SM was 40 weeks pregnant at the time of the SC's delivery. The infant was successfully extracted by C-section; however, the infant had no brain activity. There was no LE involvement regarding the death of the SC. The ME determined there was no criminality and therefore concluded that a LE investigation would not be conducted.

ACS learned the parents had made plans for the 2yo SS to remain with the PGM while they were at the hospital with the infant. ACS established the other three SSs were in the care of their BFs at the time of the incident. ACS learned from the foster care agency the three SSs had been placed in care on 4/2/11. ACS was informed of the services the mother and children were provided and learned the mother had been engaged in counseling. ACS's investigation also revealed the SM had prenatal care and both the SM and SC tested negative for illicit substances at the time of the infant's birth.

ACS made collateral contacts with neighbors, medical, and social service staff. The medical staff confirmed that a C-Section was performed on the BM and the SC was kept alive for several hours by use of hospital medical equipment until the BF arrived at the hospital; the BF and the 2yo arrived at the hospital together; however, the 2yo left with the PGM



who arrived later. Medical personnel also reported the infant weighed 5lbs 12oz at birth.

Neighbors and other family members did not have any concerns regarding the care the mother had been providing the 2yo SS. ACS did not document contact with the pediatrician for the SS.

Following the investigation, ACS unsubstantiated the allegations of the report on the basis of no credible evidence that the parents' actions or inactions caused the death of the child. Additionally, the parents had made appropriate plans for the care of the 2yo SS while the mother was in the hospital.

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?** 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:

The decision to unsubstantiate the allegations of the 3/27/15 report was appropriate; however, the determination safety assessment was not completed as required.

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:

The allegation of IG of the newborn SC against the SM and SF was unsubstantiated. The allegation of IG of the 2yo SS by the SF was unsubstantiated. The investigation of the 3/27/15 report was unfounded and remained open for services.

Required Actions Related to the Fatality

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

Issue:	Overall Completeness and Adequacy of Investigation
Summary:	The safety assessment narratives were inadequate. During the investigation ACS was notified by the District Attorney about concerns of domestic violence in the SM and SF's home. ACS did not thoroughly investigate the DV concern.
Legal Reference:	SSL 424(6); 18 NYCRR 432.2(b)(3)



Action:	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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 will attend and what was discussed.
Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	ACS did not complete the Investigation Determination Safety Assessment for the 3/27/15 report.
Legal Reference:	18 NYCRR 432.2 (b)(3)(iii)(b)
Action:	ACS must submit a Performance Improvement Plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the report. ACS must meet with the staff involved with this investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Failure to Offer Services
Summary:	ACS did not offer services to the family in response to the death of the child.
Legal Reference:	SSL 424(10); NYCRR 428.6
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 report. ACS must meet with the staff involved with this investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Failure to report death of child in open CPS or Preventive/CPS services case in timely manner
Summary:	ACS did not submit the information (OCFS-7065) regarding the death of this child in a timely manner. The child died in 2015, but ACS did not notify OCFS until October 2017.
Legal Reference:	06-OCFS-LCM-13
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 report. ACS must meet with the staff involved with this investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Failure to provide notice of report
Summary:	The case documentation did not reflect the parents were notified of the existence of the 3/27/15 report as required.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
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 report. ACS must meet with the staff involved with this 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 case documentation did not reflect the father of the newborn infant was interviewed during the course of the investigation.
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 report. ACS must meet with the staff involved with this 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: 03/27/2015

Time of Death: 11:44 AM

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

04:16 AM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

04:00 AM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Newborn

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: 001

Adults: 000

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	0 Day(s)
Deceased Child's Household	Father	No Role	Male	028 Year(s)
Deceased Child's Household	Mother	No Role	Female	034 Year(s)
Deceased Child's Household	Sibling	No Role	Female	002 Year(s)

LDSS Response

On 3/27/15, the SCR registered a report alleging IG of the newborn infant by the parents and IG of the 2yo SS by the SF.

Following the receipt of the 3/27/15 report, ACS met with medical personnel and learned that the SM arrived by EMS, to Harlem Hospital emergency room at approximately 4:00 A.M. Medical personnel reported that the SM's delivery was high risk and the SC was barely breathing, had no brain activity and was non-responsive at birth. Medical staff reported that the SC's death was not caused by the actions or inactions of the SM; therefore, the ME declined a review of the case.

During the 3/27/15 investigation, ACS learned that the SM had a 2yo child in her home and three other children in foster



care. The SM reported that the 2yo SS was cared for by the PGM, while she was at the hospital. ACS conducted a clearance of the PGM prior to visiting her home. ACS then visited the PGM's home and assessed the 2yo SS. ACS documented that the home was clean, had protective equipment, and food. The 2yo SS was free from marks and bruises. The PGM reported that she was a resource for the 2yo SS. ACS addressed the allegation of IG of the 2yo SS by the SF and it was revealed that the SF planned for the SS to be cared for by the PGM while the parents were at the hospital.

ACS made collateral contact with the community service provider, DA, and the SSs' foster care agency. On 3/30/15, ACS spoke with Children's Aid Society and learned that the three SS's were final discharged and released to their BFs. ACS did not document face-to-face contact or assessments of the other three SSs. ACS was unsuccessful in speaking with the SM's medical provider after two attempts.

On 3/31/15, ACS spoke with Harlem Children's Zone (HCZ) regarding the SM's community based services. ACS learned that HCZ was monitoring the family and providing the SM with individual counseling, housing advocacy, day care referral, and homemaking services. ACS did not document services for the SF.

The District Attorney's office contacted ACS on 4/7/15, with concerns of domestic violence in the SM's home in the presence of the 2yo SS. ACS did not document further information in the case record regarding DV in the home.

On 4/14/15, ACS unsubstantiated the allegations of the 3/27/15 report and unfounded the case which remained open for COS services. ACS unsubstantiated the allegations of the report on the basis of no credible evidence that the parents' actions or inactions caused the death of the child. Additionally, the parents had made appropriate plans for the care of the 2yo SS while the mother was in the hospital.

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



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Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information:

ACS made appropriate contacts. Medical staff reported that the ME rejected the case because there was no criminality. The case documentation did not reflect contact with the three surviving siblings during the 3/27/15 investigation.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
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Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input 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 SM had three older surviving siblings in foster care prior to the death of the infant; the SSs were placed in 2011 and were final discharged to their respective fathers. The 2yo SS lived with the SM at the time of the SC's death. The 2yo SS remained with the SM.				

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Other, specify: Services were in place prior to death.

Additional information, if necessary:

The SM, SF, and the three older surviving siblings were engaged in multiple individual and family 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:
There was no documentation that ACS offered the surviving siblings any additional services beyond the services that they received. The three SSs were engaged individual and family counseling.

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

Explain:
The SM had been engaged in services since 2011. There was no documentation that ACS offered additional services because of the fatality. The BF completed a parenting workshop and engaged in other services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- 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 Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/23/2015	Sibling, Female, 7 Years	Father, Male, 29 Years	Lack of Supervision	Unfounded	No
	Sibling, Female, 10 Years	Father, Male, 29 Years	Lack of Supervision	Unfounded	



Sibling, Male, 5 Years	Father, Male, 29 Years	Lack of Supervision	Unfounded
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Report Summary:

On 2/23/15, the SCR registered a report that alleged the SF allowed three subject children then ages 5, 7 and 10 to walk three blocks to school. The SM was not named as a subject in this report. ACS launched the investigation timely and made appropriate contacts with the entire family and multiple service providers and educational staff. At the time of this report, these three children were released with ACS supervision to the SF from foster care by Family Court.

Determination: Unfounded**Date of Determination:** 04/14/2015**Basis for Determination:**

ACS determined there was no credible evidence to support the allegations of the report. ACS documented that the SF had walked with the children to school and there were no further concerns.

OCFS Review Results:

ACS made significant collateral contacts during this investigation and established there were services in place for the family. By the end of the investigation there were no safety or risk concerns.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/03/2014	Sibling, Male, 6 Years	Mother, Female, 32 Years	Inadequate Guardianship	Indicated	No
	Sibling, Male, 6 Years	Mother, Female, 32 Years	Lack of Medical Care	Unfounded	
	Sibling, Male, 6 Years	Mother, Female, 32 Years	Lacerations / Bruises / Welts	Indicated	

Report Summary:

On 3/3/14, the SCR registered a report that alleged LMC, LBW and IG of the then six-year-old SC by the SM. ACS' investigation revealed the SM caused the bruise on the SC's head when she was angry with the child. ACS conducted the investigation appropriately and the three siblings in the home who were on a trial discharge to the SM were returned to foster care.

Determination: Indicated**Date of Determination:** 05/01/2014**Basis for Determination:**

ACS' investigation revealed the bruise on the SC's head was caused by the actions of the SM. ACS appropriately substantiated the allegations LBW of the SC by the SM.

OCFS Review Results:

ACS conducted the investigation timely and took appropriate action to end the trial discharge to the SM and return the three siblings to foster care.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/09/2013	Sibling, Female, 1 Days	Mother, Female, 31 Years	Inadequate Guardianship	Indicated	No

Report Summary:

On 3/9/13, the SCR registered a report that alleged IG of the newborn; the SC of the 3/29/13 report. ACS initiated the investigation to see if the SM could care for the SC because she had three children in foster care since 4/2/11.

ACS documented the SM had not fully complied with the then existing Family Court orders in effect because of her three



Child Fatality Report

older children still in foster care. On 3/12/13 ACS filed a Neglect petition against the SM and the BF and the newborn SS was released to the SM with ACS supervision.

During the investigation, ACS assessed the SM, BF, the conditions of the home and visited the family numerous times in addition to obtaining information from service provid

Determination: Indicated **Date of Determination:** 05/07/2013

Basis for Determination:
ACS determined there was credible evidence to support the allegations of the report. The investigation revealed the SM was still engaged in services but had not yet completed the mandates required by Family Court.

OCFS Review Results:
ACS made the appropriate contacts, assessed the SM's home for provisions for the newborn SC and filed a neglect petition to monitor the SM's care of the newborn SC.

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

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

Between 2005 and 2012 there were ten intake reports involving the family. Five of the ten reports were consolidated into one investigation. The reports had allegations of Parent's Drug/Alcohol Misuse, Lack of Supervision of the SSs, Lacerations, Bruises, Welts, Inadequate Food, Clothing, Shelter, Burns and Scalding, Lack of Medical Care and overall Inadequate Guardianship of the SSs. All except one of the reports between 1/13/2005 and 12/31/2012 were indicated; the 3/2/2010 report was unfounded.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Services Open at the Time of the Fatality

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: 04/11/2011

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

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

Casework Contacts

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<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
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Preventive Services History

The family was in receipt of preventive Services through the Harlem Children's Zone. Services began on 6/3/14 and included individual counseling, housing advocacy, referrals for day care services, and homemaking services. The case documentation reflected the mother was in compliance with the services. Prior to 2014, the mother was in receipt of drug treatment services through the Samaritan Village.

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



Foster Care Placement History

The case documentation reflected the older surviving siblings were placed into FC in 2011 and were released to their fathers on 1/7/15.

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:
03/12/2013	Not Adjudicated	Return to Parent
Respondent:	044521 Mother Female 034 Year(s)	
Comments:	Family Court released the SC of the 3/9/13 report to the SM with ACS supervision with conditions she continue attending therapy, submit to random drug screenings.	

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