



## Report Identification Number: NY-19-112

Prepared by: New York City Regional Office

Issue Date: Jan 23, 2020

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:** 2 day(s)

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 09/30/2019  
**Initial Date OCFS Notified:** 10/02/2019

## Presenting Information

According to OCFS-7065, the BM gave birth to the male infant in September 2019. Following his birth, he was admitted to the hospital for medical care. He was not released to the BM and was in the hospital at the time he was pronounced dead.

## Executive Summary

This male infant was two days old when he died on 9/30/19. ACS documentation showed he was born with a congenital heart defect and the cause of death was due to complications of his medical condition. The case was not referred to the ME for an autopsy.

At the time of the infant's death, the family had an open preventive services case that began on 7/11/17. The case was opened to monitor the parental supervision of the SS, use of corporal punishment, BM's mental health needs, BF's marijuana use, and medical needs of the SS. The family received Court Ordered Supervision with ACS, and PPRS.

ACS findings showed the infant was admitted to a local hospital following his birth in September 2019. He received routine medical care and was expected to be discharged from the hospital on 9/30/19. However, during preparation for discharge, the medical staff observed he had irregular breathing. The medical staff completed additional evaluations and diagnosed the infant with a congenital heart defect. As a result, the local hospital transferred him to another hospital where he was expected to receive intensive medical care. His condition deteriorated, and he died on 9/30/19.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006. ACS incorporated the information into the open preventive case for further exploration.

The infant had five SS who resided with the BM in a shelter. The BF no longer resided in New York State. ACS and provider agency made ongoing safety assessments and risk assessments of the SS through visits to the home, school and day care. ACS provided Family Preservation Program (FPP), Early Intervention (EI), case management, and addressed child development and household needs. The family received housing and other community-based services.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Safety assessment due at the time of determination?** N/A

### Determination:



- Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

There was no CPS investigation concerning the infant's death.

**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:**

The case remained open for preventive services at the time of issuance of this fatality report.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

**Date of Death:** 09/30/2019

**Time of Death:** Unknown

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

**County where fatality incident occurred:** Queens

**Was 911 or local emergency number called?** No

**Did EMS respond to the scene?** No

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

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

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: hospitalized

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

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

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality



Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	2 Day(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Other Household 1	Father	No Role	Male	22 Year(s)

### LDSS Response

On 10/2/19, ACS interviewed an attending physician who provided care of the infant at the local hospital. ACS verified on 9/30/19, the infant was transferred from the local hospital to another hospital where he was pronounced dead. ACS learned that the infant's death was due to complications of heart syndrome. The infant's medical condition was not been detected prior to the time of birth. There was no suspicion of abuse/maltreatment of the infant.

On 10/3/19, ACS interviewed the BM at the MGM's home. ACS discussed the case circumstances with the BM. The BM agreed to accept bereavement counseling. She provided documentation for the burial that was scheduled for 10/11/19. ACS assisted the family with securing the burial assistance.

In October 2019, ACS and CP reviewed school records indicating there were concerns about the SS's hygiene, attendance and punctuality. ACS and CP addressed the issue in a meeting with school staff. The BM did not attend the meeting although she received the notification. The participants discussed the use of family to assist the BM with transporting the SS to the school. ACS provided FPP to assist the family with household needs. The BM enrolled the two older SS in therapeutic services.

ACS assisted the family in relocating to another shelter on 11/1/19. ACS observed the new shelter and reviewed support services and guidelines with the BM. ACS monitored the sleeping arrangements and found they were satisfactory. ACS obtained and reviewed the medical records. These records showed the medical professionals did not have concerns of abuse/maltreatment of the SS. During home, school and day care visits, ACS observed the SS and noted they did not have visible marks/bruises indicative of abuse/maltreatment.

### 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 NYC.

### 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"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



<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 checked="" type="checkbox"/>	<input 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"/>
<b>Explain:</b> The family received Court Ordered Supervision with ACS.				

### 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"/>
<b>Explain as necessary:</b> There was no removal regarding the SS.				

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Early Intervention</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The family received Court Ordered Supervision and PPRS.

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

**Explain:**  
 The SS received EI, case management and monitoring of medical needs.

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

**Explain:**  
 The BM received FPP, casework counseling, housing and support services. The BF resided out of New York State.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/16/2019	Sibling, Male, 4 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 4 Years	Mother, Female, 27 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 27 Years	Lack of Supervision	Substantiated	

**Report Summary:**

The 8/16/19 report alleged the BM did not provide adequate supervision to the 5-year-old and 4-year-old SS. On 8/16/19, these two SS climbed out their window unattended, and played on the fire escape for a few minutes. The BM supervised the other SS while the 5-year-old and 4-year-old SS were outside unattended. The two SS remained on the fire escape until staff directed them to return inside. The roles of the other three SS were unknown.

**Report Determination:** Indicated

**Date of Determination:** 09/16/2019

**Basis for Determination:**

ACS substantiated the allegations of IG and LS of the 4-year-old and 5-year-old SS by the BM on the basis of credible evidence. ACS explained that the BM did not properly supervise the SS and thereby created an opportunity for them to climb on the fire escape.

**OCFS Review Results:**

ACS visited the home, interviewed the BM and observed four SS on 8/16/19. The documentation did not include information about the 2-year-old male SS. The BM denied the allegations of the report. ACS obtained information from one of the SS, shelter staff and other collateral contacts. The findings showed the SS often wandered in the hallways, threw objects out of an open window, and went on a fire escape. ACS discussed safe sleep practices, and reviewed safety plans that corrected access to the fire escape, windows and hallways, to prevent accidents. ACS observed the BM and five SS on 9/8/19 prior to determining the 8/16/19 investigation. The BF resided out of New York State.

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

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

During the home visit on 8/16/19, ACS did not include information to determine whether the 2-year-old SS was observed or engaged. The Investigation Progress Notes did not indicate ACS assessed the safety of this SS until 9/8/19.

**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:**

Failure to Provide Notice of Indication

**Summary:**

During the 8/16/19 investigation, ACS did not provide a Notice of Indication to the BF.

**Legal Reference:**

18 NYCRR 432.2(f)(3)(xi)

**Action:**

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/19/2019	Sibling, Male, 9 Months	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Substantiated	Yes
	Sibling, Male, 9 Months	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The 6/19/19 report alleged on an ongoing basis the five SS resided in unsanitary home conditions which posed a health concern. The SS were left in dirty diapers for long periods of time and overnight. The SS took off their own diapers and threw them on the floor. The SS's bedding consisted of feces and urine. There was no food in the home. As a result the SS were hungry and crying. There were multiple interventions put in place, yet the conditions continued to exist. The role of the BF was unknown.

**Report Determination:** Indicated

**Date of Determination:** 08/16/2019

**Basis for Determination:**

ACS substantiated the allegations of IG and IF/C/S of the five SS by the BM on the basis of credible evidence. ACS explained that the BM kept the home in unsanitary conditions which posed a health concern, and the SS were left with dirty diapers for long periods and overnight. The BM was non-compliant with securing services for the SS.

**OCFS Review Results:**

ACS observed the BM and five SS in the MGM's home. The BM denied the allegations of the report. ACS obtained information from collateral contacts and found the SS wore diapers with feces and urine for significant periods of time, and the BM did not provide food for the SS. The BM temporarily resided in the MGM's home with ACS supervision. ACS and homemaking agency provided support services that addressed safety factors and risk issues, thereby enabling the BM to return to the family's home on 8/6/19. ACS did not enter progress notes contemporaneously.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**



ACS did not enter Investigation Progress Notes contemporaneously. There were notes with event dates of 6/19/19 and 6/20/19 that were not entered until 8/15/19.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/22/2019	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 26 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 6 Months	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 6 Months	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Months	Mother, Female, 26 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 26 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Substantiated	
Sibling, Male, 2 Years	Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Substantiated		



Sibling, Male, 6 Months	Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 5 Years	Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 3 Years	Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 1 Years	Father, Male, 22 Years	Lack of Supervision	Substantiated
Sibling, Male, 2 Years	Father, Male, 22 Years	Lack of Supervision	Substantiated
Sibling, Male, 6 Months	Father, Male, 22 Years	Lack of Supervision	Substantiated

**Report Summary:**

The 3/22/19 report alleged on 3/21/19, the BM did not provide adequate supervision of the five SS. As a result, the SS caused water to overflow into the living room area. The SS opened the door and the BM was in her bed while these incidents occurred. The BM failed to intervene. On 3/21/19, there was clutter through the home and the SS had head lice. The BM and BF failed to address these concerns in a timely manner.

**Report Determination:** Indicated

**Date of Determination:** 05/21/2019

**Basis for Determination:**

ACS substantiated the allegations of IG and IF/C/S of the five SS by the BM and BF, LS of the five SS by the BM and LS of the three younger SS by the BF on the basis of credible evidence. ACS explained that the condition of the home remained dirty and in an unsanitary condition. The lack of supervision placed the SS in danger of being harmed on multiple occasions, and the BM and BF did not meet the SS's basic needs for a safe home environment.

**OCFS Review Results:**

ACS observed the five SS, interviewed the BM and observed the home conditions on 3/22/19. The BF was not in the home as he was reportedly at work. The BM denied the allegations of the report. ACS obtained information from collateral contacts and verified the SS allowed the water in the apartment to overflow, opened the door to individuals, and were observed without adult supervision. Subsequently, the family received FPP, home making, casework counseling, safe sleep practices and parenting education, and referrals for child 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)	Allegation Outcome	Compliance Issue(s)
01/02/2019	Sibling, Male, 5 Years	Mother, Female, 26 Years	Educational Neglect	Substantiated	No
	Sibling, Male, 5 Years	Father, Male, 22 Years	Educational Neglect	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 26 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 22 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

The 1/2/19 report alleged the five SS resided with the BM. On 12/3/18, the 5-year-old SS was observed with a suspicious looking black right eye. This SS sustained the injury while in the BM and BF's care. The explanation was inconsistent; therefore, the injury was suspicious. It was unknown which adult caused the injury, so both adults were subjects of the report. The SM and SF did not seek medical care for the SS's black eye. The other SS had unknown roles.

**Report Determination:** Indicated

**Date of Determination:** 03/04/2019

**Basis for Determination:**

ACS substantiated the allegation of EdN of the of the 5-year-old SS by the BM and BF on the basis the SS had excessive



school absences. ACS explained that the BM and BF did not act in the best interest of the SS by not sending the SS to school.

ACS unsubstantiated the allegations of IG and L/B/W of the SS by the BM and BF on the basis of no credible evidence. ACS noted this SS sustained an injury/black eye when he accidentally fell on a bike. The SS was taken for medical treatment after he sustained the injury.

**OCFS Review Results:**

ACS interviewed BM, observed the five SS, and obtained information from collateral contacts. The results of CAC forensic interviews showed the five SS appeared to have received adequate care and were healthy. The MGM assisted with child care. There was an OP directing the BM and BF to refrain from using corporal punishment when disciplining the SS. ACS completed the required safety assessments and risk assessments. The family received preventive services to address the BF's history of drug use, child care, medical and housing needs.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/05/2017	Sibling, Male, 2 Years	Mother, Female, 25 Years	Lack of Supervision	Substantiated	No
	Sibling, Male, 3 Years	Mother, Female, 25 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 20 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 3 Years	Father, Male, 20 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 9 Months	Father, Male, 20 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 20 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 3 Years	Father, Male, 20 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 9 Months	Mother, Female, 25 Years	Lack of Medical Care	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 25 Years	Lack of Medical Care	Substantiated	
	Sibling, Male, 9 Months	Father, Male, 20 Years	Lack of Medical Care	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 20 Years	Lack of Medical Care	Substantiated	

**Report Summary:**

The 7/5/17 report alleged the BM was asleep and thus failed to adequately supervise the 3-year-old SS as he was able to let himself out the family's apartment and wander around the floor of their building for an unknown period of time. The SS was not physically injured as a result of the incident. The BF and two other SS had unknown roles.

**Report Determination:** Indicated **Date of Determination:** 09/01/2017

**Basis for Determination:**

ACS substantiated the allegation of LS of the 2-year-old and 3-year-old SS, and LMC of the 9-month-old and 2-year-old SS by the BM and BF. ACS explained that the BM was asleep while two SS opened the front door and roamed in the hallway until an individual observed them. The BF was aware the BM was asleep and left the home without a plan to supervise the SS. Regarding the allegation of LMC, the three SS did not have updated vaccinations and medical evaluations.

ACS substantiated the allegation of PD/AM of the three SS by the BF on the basis the BF smoked marijuana near the shelter and refused to submit to drug testing.

**OCFS Review Results:**

The BM and BF denied all the allegations of the report although investigative findings showed they often left the SS in the home while they went out of the home to purchase items or use drugs. ACS findings showed the SS did not attend day care and were often times confined to the shelter unit. The BF informed ACS that approximately three times a week



he used marijuana. The BF refused drug testing or assessment. The BM and BF missed scheduled medical appointments for the SS. ACS provided safe sleep practices education and addressed concerns prior to closing the investigation. The family received Court Ordered Services with ACS.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/20/2016	Sibling, Male, 1 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 2 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 20 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The 10/20/16 report alleged the BM and BF were involved in a physical altercation in the presence of two SS. The BM sustained scratches and bruises on her right arm. It was unknown if the BF or SS sustained any marks or injuries.

**Report Determination:** Unfounded

**Date of Determination:** 12/19/2016

**Basis for Determination:**

ACS unsubstantiated the allegation of IG of the two SS by the BM and BF on the basis of no credible evidence. The BM and BF denied DV occurred in the home. There were no records of Domestic Incident Reports listed for the BM and BF's relationship.

**OCFS Review Results:**

Per ACS findings, the BM, BF and two SS resided in a shelter unit at the time LE responded to the allegation of DV on 10/20/16. The BF left the shelter prior to LE's response. There was no arrest. ACS interviewed the BM and BF who both denied there was DV in their relationship but said they had verbal arguments. The BM agreed to accept community-based services to address DV in her prior relationship.

The BM gave birth to a male SS in October 2016. ACS completed the required safety assessments and provided safe sleep education to the BM and BF. The family became ineligible for the shelter and needed housing; however, ACS did not include the family's unstable housing in the RAP.

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

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

During the 10/20/16 investigation, ACS completed a RAP that did not include the family's unstable housing 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.

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

The family was known in a report dated 10/20/16. The allegation of the report was IG of two SS by the BM and BF. On 12/19/16, ACS unfounded the report on the basis of no credible evidence.



### Known CPS History Outside of NYS

There was no known CPS history outside of NYC.

### 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: 07/11/2017

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: 07/11/2017

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

### Casework Contacts

	Yes	No	N/A	Unable to Determine
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"/>

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input 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"/>

**Provider**

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

**Additional information, if necessary:**  
The family received PPRS.

**Required Action(s)**

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

Yes  No

<b>Issue:</b>	Adequacy of case recording in FASP
<b>Summary:</b>	The FASP dated 8/6/19 did not include the family's history of unstable housing.
<b>Legal Reference:</b>	18 NYCRR 428.6(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>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	ACS and provider agency did not enter progress notes contemporaneously. Events occurred on 12/29/17, 2/2/18, 4/30/18, 7/9/18, 8/31/18, 1/2/19, 3/22/19 and 4/2/19, but were not entered until 2/8/18, 3/13/18, 6/13/18, 8/13/18, 2/5/19 and 7/9/19.
<b>Legal Reference:</b>	18 NYCRR 428.5
<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

During the 7/5/17 investigation, ACS found the BM and BF did not provide adequate supervision of the SS. ACS opened a preventive services case for the family on 7/17/17. The family received Court Ordered Services under an Article Ten Neglect petition filed on behalf of the SS on 7/24/17. The BM and BF received FPP (Intensive Home Based), day care, casework counseling and mental health services, the BF received employment services and drug treatment counseling. The BM received parenting education and the SS received EI services. The BF left the home in May 2019 and relocated out of New York State. He no longer assisted with the supervision of the SS. The BM experienced challenges with maintaining a clean/organized home environment.

ACS and provider agency made the required number of casework contacts to meet the program requirement. ACS and provider agency did not enter progress notes contemporaneously.

## 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:
07/24/2017	There was not a fact finding	Order of Supervision
<b>Respondent:</b>	052310 Mother Female 27 Year(s)	
<b>Comments:</b>	ACS filed an Article Ten Neglect petition on behalf of the SS naming the BM and BF as the respondent on 7/24/17. The judge released the SS to the parents with ACS Court Ordered Supervision. ACS filed a petition in Family Court citing derivative neglect in March 2018. The Family Court issued an adjournment in contemplation of dismissal in June 2018, and the SS were released to the BM and BF with six months of ACS supervision. In June 2019, ACS filed for remand of the SS due to allegations of hazardous home conditions. The judge released the SS to the BM with ACS supervision.	

### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
07/24/2017	There was not a fact finding	Order of Supervision
<b>Respondent:</b>	052316 Father Male 22 Year(s)	
<b>Comments:</b>	ACS filed an Article Ten Neglect petition on behalf of the SS naming the BM and BF as the respondent on 7/24/17. The judge released the SS to the parents with ACS Court Ordered Supervision. ACS filed a petition in Family Court citing derivative neglect in March 2018. The judge issued an adjournment in contemplation of dismissal in June 2018, and the SS were released to the BM and BF with six months of ACS supervision. In June 2019, ACS filed for a remand of the SS due to allegations of hazardous home conditions. The judge released the SS to the BM with ACS supervision.	

## Recommended Action(s)



Are there any recommended actions for local or state administrative or policy changes?  Yes  No

Are there any recommended prevention activities resulting from the review?  Yes  No