



## Report Identification Number: NY-19-121

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

**Issue Date: Feb 04, 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

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 5 day(s)

**Jurisdiction:** Queens  
**Gender:** Female

**Date of Death:** 11/14/2019  
**Initial Date OCFS Notified:** 11/15/2019

## Presenting Information

According to the OCFS-7065, the BM gave birth to the female infant in November 2019. Following her birth, she was admitted to the hospital for medical care. She was in the hospital at the time she was pronounced dead.

## Executive Summary

The newborn female infant was five days old when she died on 11/14/19. ACS documentation showed the death was due to natural causes.

At the time of the infant's death, the family had an open foster care case. The case was opened to address the BM's history of alcohol misuse and mental health needs. The family also had an open investigation beginning 11/11/19.

ACS investigative findings showed the infant was born prematurely at 24 weeks gestation. She was hospitalized following her birth in November 2019. During her period of hospitalization, she remained in critical condition, and needed medical devices to breathe. The infant was not expected to survive. She received medical care until she was pronounced dead on 11/14/19.

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 CPS investigation for further exploration.

The infant had three SS ages two, three and seven years old, who were in foster care placement. The three SS were removed from the BM's care prior to the infant's death, due to abuse or neglect. The BM's parental rights were terminated for two of the three SS. ACS discussed the case circumstances with the case planner and noted the BM ceased planning for the three SS.

The BM refused ACS referral for services. There were no surviving children in the BM's care. The BF did not accept ACS referral for services.

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

## 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 report and no investigation regarding 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:**

There was no investigation regarding the fatality.

### 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: 11/14/2019

Time of Death: 10:36 AM

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	Female	5 Day(s)
Deceased Child's Household	Mother	No Role	Female	32 Year(s)

**LDSS Response**

Following the infant's death, ACS interviewed hospital personnel and discussed the case circumstances. Per hospital personnel, the infant's heart stopped, and she was then pronounced dead on 11/14/19. The hospital provided the BM with a referral for bereavement. The BM declined the offer and refused to discuss the death with hospital personnel.

ACS established separate telephone contact with the BM and BF on 11/14/19. The BM asked ACS to refrain from contacting her telephone number. She referenced the infant's death and then discontinued the telephone call. The BF informed ACS that he was not interested in bereavement counseling. He said he did not have burial information regarding the infant.

ACS and CP discussed the service plan for the family on 12/4/19. The discussion showed that since December 2018, the BM stopped actively planning for the SS. The two older SS were legally freed for adoption and no longer in the BM's custody. The youngest SS remained in foster care. There were no other children in the BM's household.

On 12/17/19, ACS obtained information from collateral contacts and noted that at birth, the infant had negative toxicology results. The documentation reflected the cause of the infant's prematurity was unknown.

ACS requested the infant's medical records from the hospital on 11/15/19. The documentation did not reflect the hospital responded to the ACS request.

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

**Additional information:**

The BM refused to discuss the case circumstances with ACS and she did not provide location for a possible home visit. There were no surviving children in the BM's household. The SS were in foster care placement.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Legal Activity Related to the Fatality**

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

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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

**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 foster care services.

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

**Explain:**

The BM and BF refused services.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/11/2019	Deceased Child, Female, 5 Days	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	Yes

**Report Summary:**

The 11/11/19 report alleged the BM had a history of polysubstance abuse, mental health conditions, and multiple visits to



the ER. The BM did not receive mental health treatment or take medication. The SS were removed from her care due to her mental health and substance abuse. She gave birth to a female infant in November 2019. There was concern for the BM's ability to care for the infant since the BM did not have custody of her own children.

**Report Determination:** Indicated

**Date of Determination:** 12/20/2019

**Basis for Determination:**

ACS substantiated the allegation of IG of the infant by the BM on the basis of ongoing concerns about the BM's ability to adequately care for the infant. ACS referenced the BM's untreated mental health condition and her unwillingness to engage in treatment.

**OCFS Review Results:**

ACS visited the hospital, addressed the allegation with the BM and BF, and observed the infant on 11/11/19. The BM denied she used drugs or had mental health issues. She asked ACS to leave her hospital room. The BF said he was able to provide care of the infant. He denied drug use, MH or DV issues.

ACS interviewed medical personnel and learned the infant was born at 24 weeks gestation, had pre-existing medical conditions, critical health conditions, and was expected to expire. There were no other children in the BM's care.

ACS substantiated the allegation of IG of the infant by the BM although the BM did not provide care of the infant.

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

**Issue:**

Appropriate Application of Legal Standards (Abuse/Maltreatment)

**Summary:**

ACS did not appropriately apply the standards of maltreatment to the case circumstances. The infant was admitted to the hospital at the time of her birth and remained hospitalized until the time she was pronounced dead. ACS substantiated the allegation of IG of the infant by the BM although the infant was not released to the BM's care.

**Legal Reference:**

SSL 412(1) and 412(2)

**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)
11/06/2017	Sibling, Female, 5 Days	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	No

**Report Summary:**

The 11/6/17 report alleged the BM gave birth to the SS in November 2017 and there were two older SS in foster care placement. There was concern that the BM was unable to care for the newborn SS due to the BM's child welfare history.

**Report Determination:** Indicated

**Date of Determination:** 11/17/2017

**Basis for Determination:**

ACS substantiated the allegation of IG of the newborn SS by the BM on the basis the BM was non-compliant. The BM did not enroll in a substance abuse program, parenting class or services to address her history of alcohol abuse and mental illness.

**OCFS Review Results:**

ACS visited the BM and newborn SS in the hospital. The findings showed the BM refused to provide information about herself, father of the newborn SS, plans for the SS, or enrollment in substance abuse and mental health services. The SS was born at 28 weeks gestation, had significant vulnerability and required intensive medical care. The SS had a negative





toxicology for drugs and diseases but was expected to remain hospitalized until she gained weight. The two older SS remained in foster care under an Article Ten Neglect petition. ACS obtained the required legal consultation and amended the existing petition to add the newborn SS.

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

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

The BM was a subject in reports dated 4/7/12, 2/11/13, 2/14/15, 12/3/15 and 5/25/16. The allegations of the reports were a combination of IG, IF/C/S, PD/AM, LS, L/B/W and LMC pertaining to the SS. The allegations of IG and PD/AM were substantiated. The family received services to address identified 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 Child Protective Services case at the time of the fatality? Yes  
Date the Child Protective Services case was opened: 05/25/2016

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

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

Between November 2015 and February 2016, the family received preventive services to address family violence between the BM and MGM, and to monitor the developmental needs of the oldest SS. The oldest SS was in the temporary custody of the MGM following a Court Ordered Investigation. The SS received therapeutic, and case management services. The MGM did not participate in the case management services. ACS closed the preventive case after the judge returned the SS to the care and custody of the BM.

### Foster Care Placement History

The BM's family received foster care services under Article Ten Neglect petitions filed in Family Court on behalf of the SS in May 2016 and November 2017, respectively. The allegations were IG and PD/AM of the SS by the BM. The judge remanded the SS to LDSS custody. The 3-year-old and 7-year-old SS remained in foster care and were completely freed for adoption in December 2019. The 2-year-old SS was in foster care, with the permanency planning goal of adoption.

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

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

### Recommended Action(s)

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



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