



Report Identification Number: NY-20-064

Prepared by: New York City Regional Office

Issue Date: Jan 08, 2021

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 | ASTO-Allowing Sex Abuse to Occur | |



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 07/10/2020
Initial Date OCFS Notified: 07/10/2020

Presenting Information

On 7/9/20, the SF put the SC to sleep in his crib at 4:00 AM, and the parents awoke at 10:15 AM and noticed the SC was not breathing. The SM called 911 while attempting CPR. The SC was transported to the hospital where he was pronounced dead on 7/10/20. It was unknown what caused the SC's death. The SC was malnourished.

The subsequent report registered on 7/11/20, alleged the parents provided conflicting explanations regarding the SC's death. The home was in a deplorable condition. The parents' drug use resulted in the inadequate care and supervision of the SS.

Executive Summary

The SCR registered two reports dated 7/10/20 and 7/11/20 regarding the death of this two-month-old male infant. On 7/10/20, ACS initiated the investigation and addressed the allegations of DOA/fatality, IG, IF/C/S, FTTH and PD/AM of the SC by the parents and IG, IF/C/S, PD/AM of the SS by the parents.

ACS attempted to file a petition for an order of supervision, in the New York County Family Court, against the parents on behalf of the SS; however, the petition was not filed due to administrative closings in the court system. The SS remained in the care of their parents; their immunizations were up to date. ACS learned that the four-year-old SS was scheduled for an evaluation with a medical specialist and the parents did not address the SS's medical needs; the LMC allegation was added to the report.

ACS contacted the hospital where the SC was pronounced dead and was informed that the SC was found with no obvious marks or injuries; the ER attending physician noted the SC was underweight.

LE found no evidence of criminality. The ME reported the preliminary findings showed there were no signs of maltreatment or abuse. The ME noted the SC was underweight, but he was not starved. The ME explained that the cause and manner of death were pending tests results.

During separate interviews with ACS, the parents' time-lines were not similar. The SM was aware the SF used marijuana and she allowed him to provide care to the SC at night. The SF reported he did not smoke on the night of the incident. ACS learned that on 7/9/20 at 10:00 PM, the SM went to bed and left the two-month-old SC with the SF. The SF said he fed the SC at 12:00 AM and put the SC to sleep in his crib at around 4:00 AM. The parents awoke at approximately 10:15 AM and the SF picked up the SC and handed him to the SM; the parents noticed the SC was not moving. The SM called 911 and initiated CPR. EMS responded to the home and transported the SC to the hospital where he was pronounced dead at 10:57 AM on the same day.

The SM reported no drug or alcohol use; however, the SF disclosed marijuana use and he tested positive. The SM was engaged in mental health treatment and the SS received services; the SF declined services. As of 7/22/20, the family enrolled in the Family Preservation Program and began to receive homemaker services.

ACS learned from the medical care provider that the SC had medical evaluations on 3/6/20, 5/18/20 and 6/1/20, the provider deemed him healthy. The SS had medical evaluations and they were up to date with their immunizations; however, the parents missed three consecutive medical appointments for the four-year-old SS to be examined by a



medical specialist. ACS assisted the family and the SS received the medical evaluation in October of 2020.

The SS remained in the parents' care and there was no identified safety factor that placed them in danger. ACS substantiated the allegations PD/AM of the SC by the SF and IG of the children by the parents. All other allegations were appropriately unsubstantiated.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** No

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:
In the Investigation Conclusion, the LDSS must support the determination of each allegation. The allegation of PD/AM of the children by the SF was inadequately supported.

Required Actions Related to the Fatality

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

| | |
|-------------------------|---|
| Issue: | Appropriateness of allegation determination |
| Summary: | The ACS allegation determination narrative did not support the substantiation of PD/AM of the children by the SF. The case documentation reflected the SS were safe in the care of the SF with no threat of injury. |
| Legal Reference: | FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv) |
| Action: | ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the |



staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/10/2020

Time of Death: 10:57 AM

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

10:15 AM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

10:27 AM

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

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 | Alleged Victim | Male | 2 Month(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 27 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 24 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Female | 1 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 4 Year(s) |

LDSS Response



ACS initiated the investigation within the required timeframe by obtaining relevant information from the hospital, LE, ME, and EMS. The investigative findings showed the SM called 911 at 10:27 AM; EMS arrived and observed the SM performing CPR. The medical staff told ACS the SC arrived at the ER via EMS at 10:31 AM on 7/10/20. LE found no criminality.

The medical staff found no suspicious injuries on the SC; however, noted he appeared underweight. According to the medical record, the SC weighed 8 pounds at birth and 8.36 pounds at the time of death. The ME and SC's physician reported although the SC was underweight, there was no evidence the SC was starved. The autopsy was pending the results of additional tests.

ACS learned that on 7/9/20 at 10:00 PM, the SM went to bed and left the SC in the care of the SF. The SF stated he fed the SC at 12:00 AM and put him to sleep in his crib at 4:00 AM. The parents awoke after 10:00 AM and found the SC unresponsive and called 911. EMS responded to the case address and transported the SM and SC to the hospital. The SS remained at home with the SF at the time of the incident.

According to the SF, prior to the SC's demise, the SC was fed 4.6 ounces of formula every three to four hours. The SC was last seen alive at 4:00 AM. ACS verified there was formula in the home. The SF told ACS that at times he used marijuana; however, he did not smoke on the night leading to the SC's demise. The SM reported the formula was recently changed. On 7/14/20, the parents received mental health consultations and the recommendations and referrals were provided. The SF declined all services and reported he continued to use marijuana.

On 7/16/20, ACS conducted a forensic interview with the four-year-old SS at the CAC. The SS made no disclosures. Throughout the investigation, the parents' interaction with the children was appropriate. ACS observed the SF was more attentive to the children than the SM. The SF redirected the SS to ensure their safety.

On 7/22/20, homemaking services were initiated, the family received this service daily from 07/22/20 to 10/15/20. ACS provided the family with deep cleaning services that commenced on 8/3/20.

ACS attempted to file an Article Ten Neglect petition in Family Court to request Court Ordered Services to address the SF's drug use and mental health needs, which the SF denied; however, the filing was delayed.

On 12/14/20, ACS inappropriately substantiated the allegation of PD/AM of the children by the SF; however, the allegation of IG of the children by the parents, and the allegation of LMC of the four-year-old SS by the parents was appropriately substantiated. ACS documented the SF's drug use did not place the children in immediate or impending danger. ACS noted the parents did not adequately monitor the SC on the night of the incident. All other allegations were appropriately unsubstantiated.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

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



SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---------------------------------------|-------------------------------------|--------------------------------------|--------------------|
| 055952 - Deceased Child, Male, 2 Mons | 055953 - Mother, Female, 24 Year(s) | DOA / Fatality | Unsubstantiated |
| 055952 - Deceased Child, Male, 2 Mons | 055954 - Father, Male, 27 Year(s) | Parents Drug / Alcohol Misuse | Substantiated |
| 055952 - Deceased Child, Male, 2 Mons | 055954 - Father, Male, 27 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 055952 - Deceased Child, Male, 2 Mons | 055953 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Substantiated |
| 055952 - Deceased Child, Male, 2 Mons | 055954 - Father, Male, 27 Year(s) | Inadequate Guardianship | Substantiated |
| 055952 - Deceased Child, Male, 2 Mons | 055953 - Mother, Female, 24 Year(s) | Lack of Medical Care | Unsubstantiated |
| 055952 - Deceased Child, Male, 2 Mons | 055954 - Father, Male, 27 Year(s) | DOA / Fatality | Unsubstantiated |
| 055952 - Deceased Child, Male, 2 Mons | 055953 - Mother, Female, 24 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 055955 - Sibling, Female, 1 Year(s) | 055953 - Mother, Female, 24 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 055955 - Sibling, Female, 1 Year(s) | 055954 - Father, Male, 27 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 055955 - Sibling, Female, 1 Year(s) | 055954 - Father, Male, 27 Year(s) | Parents Drug / Alcohol Misuse | Substantiated |
| 055955 - Sibling, Female, 1 Year(s) | 055954 - Father, Male, 27 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 055955 - Sibling, Female, 1 Year(s) | 055953 - Mother, Female, 24 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 055955 - Sibling, Female, 1 Year(s) | 055953 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 055956 - Sibling, Male, 4 Year(s) | 055954 - Father, Male, 27 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 055956 - Sibling, Male, 4 Year(s) | 055953 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 055956 - Sibling, Male, 4 Year(s) | 055954 - Father, Male, 27 Year(s) | Excessive Corporal Punishment | Unsubstantiated |
| 055956 - Sibling, Male, 4 Year(s) | 055954 - Father, Male, 27 Year(s) | Parents Drug / Alcohol Misuse | Substantiated |
| 055956 - Sibling, Male, 4 Year(s) | 055954 - Father, Male, 27 Year(s) | Lack of Medical Care | Substantiated |
| 055956 - Sibling, Male, 4 Year(s) | 055953 - Mother, Female, 24 Year(s) | Lack of Medical Care | Substantiated |



Child Fatality Report

| | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|-----------------|
| 055956 - Sibling, Male, 4 Year(s) | 055953 - Mother, Female, 24 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 055956 - Sibling, Male, 4 Year(s) | 055954 - Father, Male, 27 Year(s) | Inadequate Guardianship | Unsubstantiated |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| All children observed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face? | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 7 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any safety issues that need to be referred back to the local district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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



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"/> |

Explain:
The SF declined services. The SM was already enrolled in services and she enrolled in additional services to address bereavement.

Placement Activities in Response to the Fatality Investigation

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain as necessary:
There was no removal regarding the surviving children.

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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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 four-year-old SS received on-line school.

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

Explain:

The SM re-enrolled in services that began on 7/22/20 to address the needs relating to the fatality. The SF declined services.

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? 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 fetal alcohol effects or syndrome With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|----------------------------|--------------------------|--------------------------------------|--------------------|---------------------|
| 01/08/2020 | Sibling, Male, 3 Years | Father, Male, 26 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | No |
| | Sibling, Male, 3 Years | Father, Male, 26 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 10 Months | Father, Male, 26 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Female, 10 Months | Father, Male, 26 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 3 Years | Mother, Female, 23 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Male, 3 Years | Mother, Female, 23 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 10 Months | Mother, Female, 23 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Female, 10 Months | Mother, Female, 23 Years | Inadequate Guardianship | Unsubstantiated | |

Report Summary:

The report alleged the parents failed to provide adequate care and a clean and safe environment for the four-year-old and ten-month-old SS. The four-year-old SS wore dirty clothes that permeated a foul odor and he sustained injuries.

Report Determination: Unfounded**Date of Determination:** 03/06/2020**Basis for Determination:**

ACS unsubstantiated the allegations of IG and IF/C/S stating that during the initial visit, the ACS Specialist observed the home had food and was appropriate. ACS noted the parents maintained a minimum degree of care to the children.

OCFS Review Results:

ACS provided support to the parents and visited often. The ACS Specialist noted, although the parents struggled with maintaining a clean environment, the home was not a safety hazard and the parents were meeting the children's 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) |
|--------------------|------------------------|-------------------------------|-------------------------|--------------------|---------------------|
| 08/16/2018 | Sibling, Male, 3 Years | Grandparent, Female, 50 Years | Inadequate Guardianship | Substantiated | No |
| | Sibling, Male, 3 Years | Father, Male, 25 Years | Inadequate Guardianship | Substantiated | |
| | Sibling, Male, 3 Years | Mother, Female, 22 Years | Inadequate Guardianship | Substantiated | |

Report Summary:

The report alleged the PGM's mental health condition caused her to exhibit dangerous behaviors while the SS was in her care. The SM attempted suicide and she dressed the SS in clothing that was unsuitable for the weather conditions.



Child Fatality Report

Report Determination: Indicated **Date of Determination:** 10/11/2018

Basis for Determination:
ACS substantiated the IG allegation based on the PGM and parents' awareness of the PGM's mental condition and the parents' failure to provide supervision for the SS.

OCFS Review Results:
The investigation adhered to regulatory standards for casework practice.

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) |
|--------------------|------------------------|-------------------------------|-------------------------------|--------------------|---------------------|
| 11/28/2017 | Sibling, Male, 2 Years | Grandparent, Female, 49 Years | Inadequate Guardianship | Unsubstantiated | No |
| | Sibling, Male, 2 Years | Grandparent, Female, 49 Years | Lacerations / Bruises / Welts | Unsubstantiated | |
| | Sibling, Male, 2 Years | Father, Male, 25 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 2 Years | Father, Male, 25 Years | Lacerations / Bruises / Welts | Unsubstantiated | |
| | Sibling, Male, 2 Years | Mother, Female, 22 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 2 Years | Mother, Female, 22 Years | Lacerations / Bruises / Welts | Unsubstantiated | |
| | Sibling, Male, 2 Years | Aunt/Uncle, Male, 50 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 2 Years | Aunt/Uncle, Male, 50 Years | Lacerations / Bruises / Welts | Unsubstantiated | |
| | Sibling, Male, 2 Years | Aunt/Uncle, Male, 41 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 2 Years | Aunt/Uncle, Male, 41 Years | Lacerations / Bruises / Welts | Unsubstantiated | |
| | Sibling, Male, 2 Years | Father, Male, 25 Years | Lack of Supervision | Unsubstantiated | |
| | Sibling, Male, 2 Years | Mother, Female, 22 Years | Lack of Supervision | Unsubstantiated | |

Report Summary:
The report alleged on 11/27/17, the two-year-old SS sustained a gash on his face that was considered suspicious due to conflicting explanations. The SM locked herself and the SS in the bathroom as she threatened to kill the SS because the SF wanted to discontinue the relationship. She threatened the SS with a knife when he misbehaved. The parents locked the SS in the bathroom with the dog for an unknown length of time. The parents did not provide care to the SS until 2:00 PM; the adults in the home failed to intervene. The parents failed to seek medical attention for the SS. All adults in the home were aware both PUs were sex offenders; they were allowed in a closed room with the SS.

Report Determination: Unfounded **Date of Determination:** 01/26/2018

Basis for Determination:
ACS unsubstantiated the allegations as the adult household members provided similar accounts of the incident. The



parents engaged in services that addressed other concerns. ACS viewed the injury in it's healing stage and the discharge paper from the ER. ACS noted that the child sustained the injury while playing.

OCFS Review Results:

ACS adhered to regulatory standards for casework practice.

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) |
|--------------------|------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 03/02/2017 | Sibling, Male, 1 Years | Father, Male, 24 Years | Inadequate Guardianship | Unsubstantiated | No |
| | Sibling, Male, 1 Years | Mother, Female, 21 Years | Inadequate Guardianship | Unsubstantiated | |

Report Summary:

The report alleged the parents and the SS occupied one bedroom in the PGM's home. The parents did not tend to the SS's needs or their own hygiene. The parents became annoyed when the SS cried and at times, they slapped him on his legs as discipline although he was too young to understand. The living conditions were deplorable. The parents depended on the PGM for support to provide for the SS. The PGM had a mental health condition and often refused to take her medication to be able to provide care to the SS.

Report Determination: Unfounded

Date of Determination: 05/01/2017

Basis for Determination:

ACS unsubstantiated the IG allegation due to lack of credible evidence. ACS found the SS had adequate food, clothing and sleep accommodations. The SS had no visible marks or bruises.

OCFS Review Results:

The case documentation reflected the PU and neighbors were not interviewed. ACS did not explore the impact of the PGM's mental condition on her ability to provide care to the child.

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 07/22/2020

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: 07/22/2020

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"/> |



Child Fatality Report

| | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 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 |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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.

Preventive Services History

The SM received intensive PPRS beginning on 5/4/17 with one provider agency, transferred to a second agency and then continued to receive services through a third agency. The family received casework counseling, case management, parenting training and information referral services. The four-year-old SS received services to address speech and developmental needs.

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