



Report Identification Number: NY-17-060

Prepared by: New York City Regional Office

Issue Date: Dec 18, 2017

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: 13 day(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 03/21/2015
Initial Date OCFS Notified: 06/20/2017

Presenting Information

Per the OCFS Form-7065, the BM gave birth to twin (male and female) CHN in March 2015. Following their birth, the CHN remained in the neonatal intensive care unit (NICU) at the hospital. On 3/21/15, the female CH died due to medical complications of her premature birth. The female CH was never in the BM's care. The BM had been regularly visiting the CHN in NICU. The male CH remained in NICU.

Executive Summary

The medically fragile female infant was approximately two weeks old when she died on 3/21/15. The female infant was in the Methodist Hospital at the time of death. She was pronounced dead by the attending physician. ACS obtained medical records that reflected the infant died due to complications of premature birth.

The family had an open service case effective 5/13/11. The case was opened after ACS found the BM's marijuana use had a negative impact on the care she provided her oldest child (the male half-sibling), the family had unresolved DV concerns, and there were observable health hazards throughout the home. Following an Article Ten Neglect petition that ACS filed in the Kings County Family Court (KCFC), the family received recurrent foster care and Court Ordered Services. ACS assigned case planning responsibility to the SCO Family of Services agency. The male half-sibling was in foster care placement when the BM gave birth to the female half-sibling. The male half-sibling was adopted in February 2015. The female half-sibling was in her PGM's care and the legal case remained open in KCFC.

The service case was open when the SCR registered a report regarding the family on 3/10/15. The allegation of the 3/10/15 report was IG of twin infants, male and female, by the BM. ACS initiated the investigation and found the BM gave birth to premature twin CHN who were in the hospital for medical care. ACS learned of the female infant's death on 3/23/15.

ACS submitted to NYCRO 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 included the information in the open 3/10/15 investigation and Family Services Progress Notes (FSPN).

ACS Specialist observed the male sibling in the hospital on 3/23/15. The sibling was in NICU for treatment of his extreme medical complications. During the visit, the Specialist interviewed the attending physician and verified the female infant died due to complications of prematurity. The BM was in the hospital, and the Specialist engaged her and discussed options for bereavement services and burial. The BM said her religious organization assisted with burial arrangements.

On 7/1/15, ACS learned that the male sibling was transferred to New York Presbyterian Hospital on 6/25/15, and subsequently, the sibling died on 6/30/15. ACS did not submit the required OCFS-Form 7065 to inform NYCRO of the male sibling's death.

Per the ACS case record, the BM did not plan to reunify with her surviving CHN and she was non-compliant with foster care services. The PGM filed for guardianship of the female half-sibling on 1/28/16 and the BM consented. ACS provided supportive services to the family, monitored the service plan and made adequate casework contact to meet the program



requirements. ACS found that the PGM provided appropriate care of the female half-sibling. KCFC issued a final order of guardianship of the female half-sibling to the MGM on 6/15/16. ACS closed the case on 7/7/16.

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 as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

N/A

Was the decision to close the case appropriate? Yes

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:

N/A

Required Actions Related to the Fatality

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

Issue:	Requirement to Report Death of a Child receiving CPS or Preventive Services
Summary:	ACS noted the male infant died on 6/30/15; however, the agency did not submit the required OCFS-Form 7065 to inform NYCRO of the death.
Legal Reference:	06-OCFS-LCM-13
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the 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: 03/21/2015

Time of Death: 06:45 PM

County where fatality incident occurred: Kings
 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: CH was in the hospital.

Did child have supervision at time of incident leading to death? Yes
 Is the caretaker listed in the Household Composition? No
 At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1
 Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	13 Day(s)
Deceased Child's Household	Mother	No Role	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Day(s)
Other Household 1	Grandparent	No Role	Female	58 Year(s)
Other Household 1	Sibling	No Role	Female	2 Year(s)

LDSS Response

On 3/23/15, ACS Specialist visited the hospital, interviewed the attending physician and learned that there was no suspicion of abuse/maltreatment related to the female infant's death. The Specialist verified the death was due to complications of premature birth. The Specialist observed the male sibling who was in the hospital for medical care. There was no expected date of discharge.

ACS obtained medical consultation and discussed the case circumstances. The consultant's recommendations included: reviewing of discharge summary to evaluate special need of CH for discharge planning; engaging BM to assess her plans for her children; preparing foster parents, as needed; assessing male infant's goals for discharge and obtaining education about premature infant's needs.

ACS reviewed the CHN's medical records and addressed the issue of long term planning, permanency goal, and visitation with BM for the female half-sibling. The female half-sibling had been residing with her PGM in kinship foster care status but the certification had not been completed. ACS noted that the KCFC directly placed the female half-sibling in the care of the PGM with ACS supervision on 3/31/15. The KCFC ordered supervised visits only for the BM.



The BM participated in a Family Team Conference (FTC) on 4/2/15. During the FTC, the participants noted the PGM had continued to provide good care of the female half-sibling. It was noted that the BM tested positive for marijuana on 3/31/15. The BM understood she must make herself available for random drug screens.

On 4/29/15, the BM attended an ACS Initial Child Safety Conference (ICSC). ACS addressed the BM's history of marijuana abuse, need for anger management, mental health concerns, and unstable housing conditions. ACS did not seek KCFC intervention for the sibling as he was expected to remain hospitalized for an undetermined period of time. On 5/5/15, the ACS Specialist observed the sibling in the hospital. The hospital staff discussed plans to transfer the sibling to a different hospital for long term care. ACS continued to monitor the case and noted that the BM relocated to New Jersey.

On 7/1/15, hospital staff informed ACS that the male sibling died on 6/30/15, and the death was due to complications of premature birth. The BM was in the hospital at the time the sibling was pronounced dead.

The services case was open when the SCR registered an Additional Information report on 4/18/16. The 4/18/16 report stated the BM was pregnant and was in the hospital. The BM tested positive for marijuana and it was suspected she had mental health issues. The BM did not provide information about her CHN. The New Jersey Division of Child Protective Services and Permanence (DCPP) requested contact.

The BM contacted ACS by telephone on 4/18/16. The BM refused to provide information about her pregnancy, and she requested a transfer of her case to enable the female half-sibling to reside with her in New Jersey. The BM said she was aware ACS did not have jurisdiction in New Jersey state. ACS contacted the New Jersey DCPP staff and found that the BM had refused to disclose information about her CHN. The Specialist and DCPP staff discussed the case circumstances.

Per the ACS case record, the BM maintained contact with the PGM and female half-sibling by telephone. The BM allegedly said she was too busy to visit the half-sibling. In June 2016, ACS learned that the BM's youngest CH was in the hospital for medical care in New Jersey. Prior to closing the case, on 6/13/16, ACS staff observed the female half-sibling in the PGM's home. ACS noted the female half-sibling did not have observable marks or bruises, she received adequate care and the home conditions were satisfactory.

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"/>



Child Fatality Report

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 safety 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation



	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The female half-sibling resided with the PGM under an existing Article Ten Neglect petition.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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

**Additional information, if necessary:**

The BM was not compliant with the service plan. The surviving female half-sibling and PGM received case management services. On 3/2/15, ACS contacted Early Intervention staff and verified that there was no services recommended for the female half-sibling.

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

Explain:

The BM did not comply with the service plan requirements.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? 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)	Status/Outcome	Compliance Issue(s)
03/10/2015	Deceased Child, Female, 13 Days	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Male, 13 Days	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	

Report Summary:

The 3/10/15 SCR report alleged that the BM gave birth to twin CHN in March 2015. The report also alleged the BM had other CHN in foster care at the time she gave birth in March 2015. Further details were unknown.

Determination: Indicated

Date of Determination: 05/08/2015



Basis for Determination:

ACS substantiated the allegation of the report on the basis that the BM failed to plan for the two half-siblings who were in foster care. ACS explained that one of the half-siblings was adopted and the other remained in the care of the PGM. The BM failed to show ACS and KCFC that she was capable of caring and providing for her CHN. The BM did not have stable residence in the event the male sibling was ready for discharge from the hospital.

OCFS Review Results:

ACS found that the BM received prenatal care. The twin CHN were born at 24 weeks gestation and were admitted for medical care in the Methodist Hospital. The BM had a negative toxicology for all drugs. The female twin died on 3/21/15 and the male twin was expected to be released in July 2015. ACS noted concerns of the BM's history of drug misuse, her non compliance with treatment plans, lack of support from BF's, and unstable housing. The male half-sibling was adopted and the female half-sibling was in the PGM's care with ACS supervision. ACS completed the required safety assessment and RAP. ACS did not provide Notice of Indication to the BM who was a subject of the 3/10/15 report.

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. ACS entered some of the March 2015 Investigation Progress Notes in May 2015.

Legal Reference:

18 NYCRR 428.5(a) and (c)

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:

ACS did not provide Notice of Indication to the BM who was the subject of the 3/10/15 SCR report.

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)	Status/Outcome	Compliance Issue(s)
06/03/2014	Other Child - Half-sibling, Female, 2 Years	Aunt/Uncle, Male, 23 Years	Inadequate Guardianship	Unfounded	Yes
	Other Child - Half-sibling, Female, 2 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - Half-sibling, Female, 2 Years	Grandparent, Female, 57 Years	Inadequate Guardianship	Unfounded	
	Other Child - Half-sibling, Female, 2 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	



Other Child - Half-sibling, Female, 2 Years	Aunt/Uncle, Male, 23 Years	Parents Drug / Alcohol Misuse	Unfounded
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Report Summary:

The 6/3/14 SCR report alleged that on a daily basis the father and uncle used marijuana to the point of impairment. The father and uncle used the drug in the direct presence of the female half-sibling subjecting her to harmful effects of the drugs. The PGM was aware of the drug use but failed to intervene in protecting the half-sibling. The BM's role was unknown.

Determination: Unfounded**Date of Determination:** 08/04/2014**Basis for Determination:**

ACS unsubstantiated the allegations of the 6/3/14 report on the basis of lack of credible evidence to support the allegations. ACS added that the father and uncle did not provide care of the female half-sibling and there was no evidence to show the father and uncle resided in the home. The PGM was the primary caretaker for the half-sibling, the PGM submitted to a random drug test and the result was negative.

OCFS Review Results:

ACS staff observed the female half-sibling within 24 hours of the report. This half-sibling was in the PGM's care with ACS supervision. ACS staff engaged the PGM and found she provided the half-sibling with a minimum degree of care. The BM was not allowed unsupervised visits with the half sibling until after 30-days of testing negative for drugs/substances. The BM was not compliant with the service plan, and she refused to provide her address to ACS. The documentation did not indicate ACS made diligent efforts to contact the half-sibling's father and uncle who were alleged subjects of the 6/3/14 report.

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

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

ACS did not make diligent effort to contact the female half-sibling's father and uncle who were subjects of the 6/3/14 report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(a)

Action:

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the 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)	Status/Outcome	Compliance Issue(s)
03/13/2013	Sibling, Male, 2 Years	Mother, Female, 31 Years	Lacerations / Bruises / Welts	Indicated	Yes
	Sibling, Female, 11 Months	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 2 Years	Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 11 Months	Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 2 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	



Sibling, Male, 2 Years	Mother, Female, 31 Years	Excessive Corporal Punishment	Indicated
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Report Summary:

The 3/13/13 SCR report alleged the BM had a history of hitting the half-sibling, who was then two years old, with excessive force as a form of discipline. This CH sustained scratches on his arm and marks about his body. The BM made excuses that the CH fell to explain the bruises. The BM got frustrated with the CH and yanked his arm and smacked him across the face when he threw tantrums. The BM smoked marijuana and drank alcohol to the point of impairment while in the presence of the CHN. The CHN were out with the BM while she was intoxicated until 3:00 AM. As a result, the CHN became sick from being out in the cold weather. The fathers had unknown roles.

Determination: Indicated **Date of Determination:** 05/09/2013

Basis for Determination:

ACS substantiated the allegations of IG and PD/AM of the two half-siblings by the BM on the basis that the male half sibling, who was then two years old, said the BM pushed him. The male half-sibling had a laceration on his chin, and received medical treatment. His account remained consistent, and the incident occurred in the presence of the female half-sibling, who was then an infant. The BM tested positive twice for marijuana, she did not submit other drug tests and was not enrolled in a treatment plan.

ACS substantiated the allegation of XCP as the half-sibling said the BM pushed him. The half-sibling had a laceration on his chin and received medical treatment.

OCFS Review Results:

ACS observed the family within 24 hours of receipt of the 3/13/13 report. The BM denied drug use. She said the male half-sibling tripped on the stairs, fell, and sustained injury to his chin. This CH was brought to hospital where he received medical treatment. He acknowledged he fell and he explained that the BM pushed him.

The family resided in a shelter and the staff found evidence of the BM's marijuana misuse and lack of compliance with shelter rules. ACS observed the home was dirty and disorganized and the staff counseled the BM about maintaining clean and healthy home conditions. The BM had a crib for the half-sibling (who was then an infant). The father's whereabouts were unknown.

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

Issue:

Failure to Provide Notice of Indication

Summary:

ACS did not provide a Notice of Indication to the BM who was the subject of the 3/13/13 SCR report.

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)	Status/Outcome	Compliance Issue(s)
12/04/2012	Sibling, Female, 6 Months	Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Indicated	Yes
	Sibling, Male, 2 Years	Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Indicated	



Report Summary:

The 12/4/12 SCR report alleged that the BM's apartment was deplorable, dirty and filthy. The report also alleged there were dirty diapers, open food, and garbage throughout the home. The BM failed to provide a safe and sanitary living environment for the half-siblings, who were then two years old and six months old.

Determination: Indicated

Date of Determination: 01/31/2013

Basis for Determination:

ACS substantiated the allegation of IF/C/S on the basis that the agency found there were unsanitary living conditions in the home. Prior to 12/04/12, the BM was advised of the need to clean the home; however, during the 12/04/12 investigation, ACS observed there were health hazards in the home on several occasions. The home was dirty and the infant's crib was filled with items. The BM stated the living conditions were the result of the shelter actions although she was responsible for organizing, cleaning, and removing garbage in the home.

OCFS Review Results:

ACS found the BM and CHN resided in a shelter. The BM said the half-siblings' fathers were not involved with the family. The BM had violations due to lack of compliance with shelter rules and she was likely to be discharged from the shelter. The BM denied the allegation of the report, and she said her living condition was the result of residing in the shelter system. The BM refused to comply with drug screening needs. She informed ACS that she was unable to provide care of the male half-sibling and she requested foster care placement for him; however, ACS did not explore expedited plans to address the CHN's service needs. The fathers were not notified of the 12/04/12 report.

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

Issue:

Adequacy of case planning

Summary:

The BM refused to comply with drug screening requirements and shelter rules. She said she was unable to provide care of the male half-sibling and she requested foster care placement for the CH. On 1/29/13, an ACS manager directed the staff to contact ACS attorney concerning BM's lack of participation in services; however, there was no follow up investigation activity to address service needs.

Legal Reference:

18 NYCRR 432.2 (b)(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)	Status/Outcome	Compliance Issue(s)
06/11/2012	Sibling, Male, 2 Years	Mother, Female, 31 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Male, 2 Years	Mother, Female, 31 Years	Burns / Scalding	Unfounded	
	Sibling, Female, 15 Days	Mother, Female, 31 Years	Inadequate Guardianship	Indicated	

Report Summary:

The 6/11/12 SCR report alleged that the male half-sibling spent the weekend with his BM. He returned with a burn on his leg; unknown which leg. The BM said the CH was scratched. The explanation was inconsistent with the injury.

The 6/25/12 SCR report alleged that the BM gave birth to the female half-sibling in June 2012. The report stated the BM had another CH (male half-sibling) in foster care. The aunt and minor cousin had unknown roles.

Determination: Indicated

Date of Determination: 07/11/2012

**Basis for Determination:**

ACS substantiated the allegation of IG of the two half-siblings by the BM citing that the male half-sibling. ACS noted that the male half-sibling was in the care and custody of the Commissioner of ACS. The BM returned this half-sibling to the foster care home with an empty vodka bottle. The BM had a history of substance misuse.

ACS unsubstantiated the allegation of B/S on the basis that the male half-sibling received a medial clearance upon return to foster care home. ACS explained that there were no observable signs that the CH sustained a burn.

OCFS Review Results:

ACS observed the male half-sibling in his FC home on 6/13/12. This CH had a mark on his left foot and minor scratches on his head in the healing stage. The medical records reflected the mark was the result of an insect bite. ACS found that this CH sustained minor scratches while playing. There was an empty vodka bottle in the CH's bag, and BM suggested her cousin placed it in the bag.

ACS consolidated the 6/11/12 and 6/25/12 investigations and added the female half-sibling to the Article Ten Neglect petition due to derivative neglect. The judge released the female half-sibling to the BM. ACS visited the home on 7/3/12 and observed the CH was healthy. ACS did not assess BF's role.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

The 6/11/12 investigation was incomplete as ACS did not obtain key information about the half-sibling fathers' involvement although an Investigation Progress Note dated 7/9/12 discussed visitation for the male half-sibling and his father. ACS did not clarify information about an aunt and her minor child (who were named in the 6/25/12 report).

Legal Reference:

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

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 parents were known as subjects in two reports dated 2/9/11 and 5/5/11. The two reports were concerning the male half-sibling who was then an infant. The 2/9/11 report was unfounded and the 5/5/11 report was indicated.

The allegation of the 2/9/11 report was IG of the half-sibling by his father and the BM. On 4/1/11, ACS unsubstantiated the allegation of the report.

The 5/5/11 report included the allegations of IG and PD/AM of the half-sibling. ACS opened the family services case on 5/13/11. ACS filed an Article Ten Neglect petition in the KCFC on 5/15/11 after the agency found the parents did not address concerns of child supervision and the BM's marijuana misuse. On 6/3/11, ACS substantiated the allegations of the 5/5/11 report.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS prior to the fatality.

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: 05/13/2011

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: 05/13/2011

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<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"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The most recent FASP was due on 6/12/16 and it was approved on 6/17/16.				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 SCO Family of Services agency was assigned case planning responsibility.				

Required Action(s)

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

Yes No

Issue:	Timeliness of completion of FASP
Summary:	ACS did not approve the FASP that was due on 6/12/16 FASP within the required timeframe. ACS completed the FASP on 6/17/16.
Legal Reference:	18 NYCRR428.3(f)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the 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

The family received COS to address the BM's substance misuse, history of being aggressive with the oldest half-sibling, feelings of being overwhelmed, inadequate supervision inappropriate discipline of CHN in the home, and housing needs.

The judge issued final order of guardianship of the female half-sibling to the PGM on 6/15/16. The Article Ten Neglect petition was withdrawn. ACS closed the case on 7/7/16.

Casework Contacts



	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foster Care Placement History

The male half-sibling received foster care services under an Article Ten Neglect petition that was filed in KCFC. The BM voluntarily placed the male half-sibling in foster care on 10/18/13, and signed application for judicial surrender on 11/22/13. The male half-sibling was adopted on 2/26/15.

The female half-sibling received foster care services from 3/22/13 through 4/4/13 and 10/6/14 through 3/31/15. She was discharged from foster care and released to her PGM with ACS supervision on 3/31/15.

Legal History Within Three Years Prior to the Fatality

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

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
Unknown	Adjudicated Neglected	Permanent Guardianship
Respondent:	042302 Mother Female 34 Year(s)	
Comments:	During the 6/15/16 permanency/guardianship hearing, the KCFC presiding judge interviewed the BM by telephone. The BM consented to the PGM having guardianship of the female half-sibling. The judge issued final order of guardianship to the PGM.	

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