



**Report Identification Number: NY-22-017**

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

**Issue Date: Aug 15, 2022**

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:** New York  
**Gender:** Male

**Date of Death:** 03/12/2022  
**Initial Date OCFS Notified:** 03/12/2022

## Presenting Information

An SCR report alleged that on 3/11/22, at an unknown time, the mother laid down in bed with the 2-month-old infant. At approximately 11:20 AM on 3/12/22, the mother woke to find the infant limp and unresponsive. The mother immediately called 911. EMS arrived shortly after being called. EMS was unable to find any vital signs, so they attempted CPR but were unable to revive the infant. The infant was then transported to the hospital in cardiac arrest. The infant was pronounced deceased when he arrived at the hospital at 11:55 AM. The infant's cause of death was suffocation which was a result of him co-sleeping with his mother.

## Executive Summary

On 3/12/22, an SCR report was received regarding the death of the 2-month-old male infant that occurred on that date. The SCR report contained allegations of DOA/Fatality and Inadequate Guardianship against the mother and father. The Administration for Children's Services (ACS) received the report and investigated the infant's death. At the time of the infant's death, ACS had two open CPS investigations, which were received on 1/13/22 and 2/2/22, with allegations of Inadequate Guardianship and Inadequate Food/Clothing/Shelter. ACS also had an open Family Preservation Services case, which opened on 1/13/22, due to the parents' homelessness, the father's untreated mental health concerns, the parents' drug misuse, and there had been several incidents of intimate partner violence in close proximity to the infant. An Article 10 Neglect Petition was pending in Family Court against the father. The mother and infant resided in a homeless shelter and the father resided in a separate homeless shelter.

The investigation revealed that the parents and infant stayed at the maternal uncle's home for 3 days prior to the incident. On 3/11/22, the parents were celebrating the mother's birthday and the mother drank alcohol and smoked marijuana. Around 5:30 AM on 3/12/22, the parents co-slept with the infant on a pull-out couch. When the mother awoke between 11:00-11:30 AM, she discovered the infant was unresponsive. The parents called 911, and the infant was transported to the hospital via ambulance. The infant had no pulse when he arrived at the hospital at 11:50 AM, and rigor mortis had set in. The infant was pronounced deceased at 12:10 PM.

An autopsy was performed, and the results were pending at the time this report was written. The medical examiner reported there were no significant preliminary findings. The law enforcement investigation remained open pending the final autopsy results.

ACS made diligent attempts to interview the parents; however, the parents did not cooperate with the investigation. ACS left information on bereavement services and mental health services for the parents at the uncle's home and at the shelters they last resided at. ACS added the allegation of Parent's Drug/Alcohol Misuse against the mother, and they substantiated all the allegations against the parents. ACS found there was a fair preponderance of evidence gathered that the parents co-slept with the infant on a pull-out couch and the infant was found unresponsive in the morning. The mother admitted to drinking alcohol and misusing marijuana for several hours prior to going to bed that night and the father admitted to being aware that the mother misused these substances. ACS provided burial assistance to the family. They indicated and closed the three CPS investigations and they withdrew the petition and closed the Family Preservation Services Case, since there were no surviving children.

## 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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

### Explain:

The case was appropriately indicated and closed.

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:

Casework activity was commensurate with case circumstances.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 03/12/2022

Time of Death: 12:10 PM

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

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: 11:30 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



# Child Fatality Report

Playing  
 Other

Eating

Unknown

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

**How long before incident was the child last seen by caretaker? 6 Hours**

**At time of incident was supervisor impaired?**

Drug Impaired

Alcohol Impaired

Impaired by illness

Impaired by disability

**At time of incident supervisor was:**

Distracted

Absent

Asleep

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	Mother	Alleged Perpetrator	Female	21 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	17 Year(s)

## LDSS Response

ACS investigated the incident by reviewing SCR history and speaking to the source of the report, law enforcement, hospital staff, the pediatrician, shelter staff, relatives, neighbors, the maternal uncle, and the uncle's friend. The parents did not return to their homeless shelters following the infant's death and ACS made numerous attempts to locate and interview them. ACS located the father at the uncle's home on 3/14/22, and he declined to speak about the incident. The home was found to be deplorable with trash bags, clothing, sagging paint on the ceilings and unclean bed sheets. The mother was located at the uncle's home later the same day and she would not speak to ACS.

Law enforcement said the mother appeared to be under the influence of drugs and intoxicated when they responded to the uncle's home the day of the incident. They observed the home to be messy, it smelled of marijuana and there were empty liquor bottles throughout. The parents were sleeping on a pull-out couch and the mother said she slept in between the father and infant. Law enforcement observed the heat to be turned up high, but the adults reported they were cold. The infant was found by EMS to be in rigor mortis upon their arrival and lividity was observed. Chest compressions were done but he never regained a pulse. Law enforcement stated that the medical examiner said it appeared the infant fell asleep on his back with his head turned to the right side. It appeared a hand or an arm had been placed across the infant's jaw/face because blood had pooled across the right side of his face. On the left side of his face, blood was pooled in two sections but not in the middle indicating something was there.

The mother gave a statement to law enforcement that she left the home for a period with the uncle's partner, and she was doing shots of liquor and smoked marijuana during that time. She woke up between 11-11:30 AM and she noticed the infant was unresponsive and his eyelids were purple. She ran upstairs where the maternal uncle and the uncle's partner were sleeping, and the uncle did CPR until EMS arrived. The father gave a statement that the infant was acting fine, and he



had been following a typical feeding schedule. The adults were taking turns caring for the infant until 2:30 AM, when the mother and the uncle’s partner left the home, and they did not return until 5:30 AM. After the mother returned, the parents and infant went to sleep on a pull-out couch. When the father woke up, he noticed the home was cold and the infant felt cold, so he turned up the thermostat and went back to bed. He woke up to the mother screaming that the infant was not breathing, and she took the infant upstairs to the uncle. The father stated that he had a sip of alcohol and he denied that he used drugs that night.

The maternal uncle reported to ACS that the mother was at his home celebrating her birthday on the night of 3/11/22 and he denied that the mother used drugs or alcohol. He said the mother and infant slept on the first floor of the home on a pull-out couch and he slept on the second floor. On the morning of 3/12/22, he said he woke up to law enforcement and paramedics in the home. He had no concerns for the mother’s care of the infant. A friend of the uncle’s that spent the night at the home on 3/11/22 stated that he held the infant prior to going to sleep and he appeared to be fine and acting normal. He woke up in the morning to the mother saying the infant was unresponsive.

Hospital staff reported the infant was unresponsive when he arrived and there were no visible bruises or trauma observed. The parents had a strong odor of marijuana when they arrived separately at the hospital, and they appeared intoxicated. The pediatrician reported the infant was last seen on 2/11/22, and he appeared to be healthy and developing normally with no concerns.

### 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 referred to an OCFS approved Child Fatality Review Team?** No

**Comments:** There is no OCFS approved Child Fatality Review Team in New York City.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060925 - Deceased Child, Male, 2 Mons	060964 - Father, Male, 17 Year(s)	Inadequate Guardianship	Substantiated
060925 - Deceased Child, Male, 2 Mons	060963 - Mother, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
060925 - Deceased Child, Male, 2 Mons	060963 - Mother, Female, 21 Year(s)	DOA / Fatality	Substantiated
060925 - Deceased Child, Male, 2 Mons	060963 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
060925 - Deceased Child, Male, 2 Mons	060964 - Father, Male, 17 Year(s)	DOA / Fatality	Substantiated

### CPS Fatality Casework/Investigative Activities



	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input 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 type="checkbox"/>	<input checked="" 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"/>

**Additional information:**

Diligent attempts were made to interview the father, mother and uncle's partner but they declined to cooperate with the investigation.

**Fatality Safety Assessment Activities**

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

**Legal Activity Related to the Fatality**

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

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

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



<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The parents declined to cooperate with the investigation so ACS was unable to discuss services related to the fatality with them. Information on bereavement and mental health services was left for the parents at the uncle's home and the parents' previous homeless shelters. Burial assistance was provided to the grandmother.

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

**Explain:**  
 Burial assistance was provided to the family.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**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)
02/02/2022	Deceased Child, Male, 22 Days	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 22 Days	Father, Male, 17 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

An SCR report alleged the mother and father had an altercation in the presence of the infant on 2/2/22. The infant was in the stroller and the mother and father were pulling back and forth on the stroller. At one point, the father would not let go of the stroller and the stroller was tilted. Another adult had to intervene during the incident and had to get in between the mother and father. The father threatened to punch the mother in the face during the incident.

**Report Determination:** Indicated**Date of Determination:** 04/03/2022**Basis for Determination:**

The allegations were substantiated against the father due to him declining all referrals for services that would have supported him in obtaining housing stability and addressing his lack of resources, substance misuse, and untreated mental health. The allegations against the mother were substantiated due to her refusal for placement at a mother and child homeless shelter. She reluctantly agreed to placement in a family shelter program, where she minimally engaged with services that would have supported her in obtaining documents for herself and the infant to obtain permanent housing, public assistance, WIC, and engagement in parenting skills and substances abuse services.

**OCFS Review Results:**

ACS interviewed the parents and observed the infant. Safety Assessments and the RAP were completed timely and accurately. ACS educated the parents on safe sleep guidelines and observed a safe sleep environment. Relevant collaterals were contacted and the parents were referred for the appropriate services. ACS filed an Article 10 Neglect Petition against the father and obtained an order of protection based on the incidents of intimate partner violence that had taken place, the father's untreated mental health, and the parents not having stable housing or being able to provide for the infant'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)
01/13/2022	Deceased Child, Male, 2 Days	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Deceased Child, Male, 2 Days	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 2 Days	Father, Male, 17 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Deceased Child, Male, 2 Days	Father, Male, 17 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

An SCR report alleged the mother gave birth to the infant on 1/11/22. The mother and father were homeless and had not secured shelter or provisions for the infant. The mother was overwhelmed by the care of the infant and she treated him as an inanimate object. On 1/13/22, the parents engaged in an altercation where they were throwing objects at each other while the infant was in direct proximity. The infant was not injured.

**Report Determination:** Indicated**Date of Determination:** 03/16/2022**Basis for Determination:**

The mother and father were homeless and unemployed. They did not have provisions for the infant and they were not receptive to referrals for services such as housing, financial assistance, substance abuse services, mental health services and parenting skills. The parents had an altercation in the hospital on 1/13/22, where they were throwing pillows and water at each other while screaming. The infant was in the hospital room at the time. A second incident occurred where the father allegedly punched the mother in the face causing a black eye and the infant was in close proximity. A Neglect Petition was filed and a temporary order of protection was issued against the father.

**OCFS Review Results:**

The parents were interviewed, the infant was observed, and the Safety Assessments and the RAP were completed timely and accurately. The parents were co-sleeping with the infant at the hospital and a nurse intervened. ACS discussed safe sleep guidelines with the mother on several occasions and they provided the mother with a portable crib. ACS assisted the mother with placement in a homeless shelter and advised her if she left the shelter the infant would be removed from her custody since she had exhausted all housing resources. Relevant collaterals were contacted and the parents were referred for the appropriate services. The father declined all services and minimally cooperated with ACS.

**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 New York State.

**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:** 01/13/2022**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:** 01/13/2022**Evaluative Review of Services that were Open at the Time of the Fatality**

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



<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Casework Contacts

	Yes	No	N/A	Unable to Determine
<b>Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<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
<b>Was the most recent FASP approved on time?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

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

### Provider

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

**Additional information, if necessary:**

Family Preservation Services were provided by ACS.

**Preventive Services History**

ACS opened an FSS on 1/13/22 to provide the parents with Family Preservation Services. The parents were in need of stable housing, mental health services, substance abuse services, DV services and parenting skills. The infant was referred for early intervention services. The father declined all services and the mother was minimally cooperative with services. The infant passed away on 3/12/22 and the case closed on 4/20/22 since there were no surviving children.

**Legal History Within Three Years Prior to the Fatality****Was there any legal activity within three years prior to the fatality investigation?**

Family Court

Criminal Court

Order of Protection

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

Date Filed:	Fact Finding Description:	Disposition Description:
03/02/2022	There was not a fact finding	Withdrawn
<b>Respondent:</b>	060964 Father Male 17 Year(s)	
<b>Comments:</b>	An Article 10 Neglect Petition was filed on 3/2/22 and the infant was released to the mother with a temporary order of supervision and order of protection barring the father from unsupervised contact. After the infant's death, the petition was withdrawn.	

**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