



Report Identification Number: NY-18-123

Prepared by: New York City Regional Office

Issue Date: May 23, 2019

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: 8 month(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 11/20/2018
Initial Date OCFS Notified: 11/21/2018

Presenting Information

The narratives of the initial and subsequent reports alleged the 8-month-old SC had been residing in deplorable and unsanitary home conditions. At approximately 10:30PM on 11/20/18, the BF found the SC unresponsive and called 911. EMT responded to the home, attempted CPR on the SC and then transported him to the hospital where he was pronounced dead at approximately 11:51 PM. The SC had been sick with a medical condition and was prescribed medication that the biological parents (BPs) administered at approximately 1:00 PM on 11/20/18. The SC was in the care of the BPs when he passed away.

Executive Summary

The 8-month-old male SC died on 11/20/18 while in the care of his biological parents (BPs). According to the ME, the SC's cause of death was bronchopneumonia due to upper respiratory viral infection. The manner of death was natural.

A review of the case records revealed that on 11/18/18, the SC fell ill with a cold and the BPs treated him with home remedies. On 11/20/18, the SC still had a fever; the BF took him to the hospital where he was diagnosed with a viral infection and given medication. At about 10:00 PM that same day, the BPs placed the SC in their adult bed for a nap while they took turns to check on him. At approximately 10:30 PM, the BF checked on the SC and found him not breathing. The family called 911. NYPD responded and began CPR until EMS arrived approximately two minutes later and then transported the SC to the hospital. At 11:51PM, hospital staff pronounced the SC deceased.

At the time of his death, the SC resided with his BPs and seven-year-old male and three-year-old female SS. The BPs had the SC and the three-year-old SS in common. The BM had the seven-year-old SS from a prior relationship and his father was involved in his life.

On 11/21/18, ACS received the SCR report and initiated the CPS investigation in a timely manner. During the investigation ACS visited the family and assessed the SS to be safe in the care of the BPs. ACS documented there was food and appropriate clothing for the children without any safety hazards in the home. ACS contacted collateral resources such as the children's primary Dr. and the seven-year-old SS' school. The Dr. stated that the SC had a breathing condition at birth and was in the neo-natal intensive care unit until he was discharged. The SC had since been healthy. The SC was last seen for a wellness examination was on 11/20/18 with the next appointment scheduled for 11/27/18. The Dr. stated the three children's immunizations were current and there were no concerns regarding the quality of care the children received from their BPs. The ME and LE ruled out any criminality regarding the SC's death. The school staff did have concerns about the seven-year-old SS' coming to school late but they were addressed with the family and there had been an improvement in the SS arriving to school timely. The staff did not report any behavioral concerns for the SS.

ACS held a child safety conference. There was no court intervention sought. The family agreed to accept services and PPRS services were put in the home through New York Foundling. The family had been compliant with services. There were no safety concerns for the SS in the care of their BPs.

At the time of writing this report, ACS had not yet determined the CPS investigation.

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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The case is already open for service.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	ACS failed to complete the Seven Day assessment within the required timeframe.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency will take or took 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:	Timely/Adequate 30-Day Safety Assessment
Summary:	ACS did not complete neither the 30-Day Fatality Report nor the corresponding safety assessment within the required timeframe.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	ACS must submit a PIP within 45 days that identifies the action the agency will take or took 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: 11/20/2018

Time of Death: 11:51 PM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

No

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: 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	Alleged Victim	Male	8 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)

LDSS Response

On 11/21/18, ACS contacted the ME, LE and hospital staff. They did not report any signs of trauma to the SC and no criminality was determined. The family's previous caseworker (CW) did not report any concerns for the family. The SC was healthy at the time of the CW's involvement with the family.

On 11/22/18, ACS visited the family and assessed the SS. The family declined an interview stating they were still grieving and would only allow ACS to observe the SS. ACS observed the SS to be free of any visible marks or bruises. They



appeared safe in the care of the BPs.

On 11/23/18, ACS visited the family for an assessment. The two SS were with relatives at the time of the visit. The BF refused to provide information about the relative who was temporarily caring for the SS. The BF allowed ACS to assess the home but declined to be interviewed. ACS documented the home was not in a deplorable condition and there were adequate sleeping arrangements for the children.

On 11/27/18, the children’s primary Dr. corroborated the BF’s account that the SC was seen on 11/20/18 due to having a viral infection and given medication. He next appointment was scheduled for 11/27/18. The Dr. reported the SC had a breathing condition at birth and was in the neo-natal intensive care unit until he was discharged and had since been healthy. The Dr. did not report any concerns regarding the care the children received from their BPs.

Later that same day, ACS held a CSC. Participants at the CSC agreed that no court intervention was needed. The family agreed to participate in PPRS services and cooperate with CPS investigation.

On 12/6/18, ACS visited the family. The seven-year-old SS was in school at the time of the visit. ACS assessed the 3-year-old SS with no marks or bruises on her. There were no safety concerns noted in the home. The BF agreed to take a drug assessment.

ACS then visited the seven-year-old SS’ school. The school staff reported concerns about the SS’ lateness; however, it was being addressed with the family. The staff did not report any behavioral changes or concerns for the SS. ACS observed the SS to be clean and appropriately dressed.

Between 12/13/18 and 5/13/19, ACS made multiple casework contacts with the family and other collaterals. The family stated bereavement therapy was helping them to deal with their loss and they continued to participate in services. Counseling and support was being provided to the family to ensure the ongoing safety of the two SS. The SS were assessed to be safe and their needs were being met by the BPs. The family’s service provider did not report any concerns for the family. The family was compliant with services and were working hard to overcome their grief. The ME stated the SC’s cause of death was bronchopneumonia due to upper respiratory viral infection. The manner of death was natural.

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: 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 the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049884 - Deceased Child, Male, 8 Mons	049886 - Father, Male, 27 Year(s)	DOA / Fatality	Pending



Child Fatality Report

049884 - Deceased Child, Male, 8 Mons	049886 - Father, Male, 27 Year(s)	Inadequate Guardianship	Pending
049884 - Deceased Child, Male, 8 Mons	049885 - Mother, Female, 27 Year(s)	DOA / Fatality	Pending
049884 - Deceased Child, Male, 8 Mons	049885 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Pending

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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"/>
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Explain:
ACS did not complete the Seven-Day or the 30-Day Safety Assessments within the required timeframes.

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"/>

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"/>

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/17/2018	Deceased Child, Male, 1 Months	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 1 Months	Mother, Female, 26 Years	Lack of Medical Care	Substantiated	

Report Summary:

The SC was born on 2/25/18, and his new born screening result came back abnormal. The hospital contacted the BM through letters, phone calls and texts to bring the SC back for a repeated blood test. The BM did not honor the 4 scheduled appointments for the SC. There was a concern that the SC's condition could be life threatening.

Report Determination: Indicated

Date of Determination: 06/15/2018

Basis for Determination:

The hospital made numerous attempts by phone, text and mail to remind the BM to bring the SC for a newborn screening re-testing. The BM did not bring the SC in for re-testing until 4/18/18. The BM failed to provide a reasonable minimum standard of care for the SC. The SC's growth and development could be negatively impacted and the SC could suddenly die without any prior signs or symptoms. The case was closed and the family was referred to a community based organization for an assessment because the BF admitted to still smoking marijuana.

OCFS Review Results:

ACS conducted the investigation appropriately.

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)
01/24/2018	Sibling, Female, 2 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 2 Years	Father, Male, 27 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 2 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 6 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Father, Male, 27 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 6 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 2 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

There was a concern that the BF abused marijuana and alcohol on a regular basis, while caring for the 5 and 2-year-old children. While impaired, the BF physically assaulted the BM in the presence of the children. When the BF did not have marijuana to smoke, he became violent. The BF left the children unsupervised for an extended period while he went and bought drugs. There were concerns that the family had bed bugs in the home. The 2-year-old child bites were so severe



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that they were bleeding and scabbing from being itched so much. There were concerns the 5-year-old child was going without meals, due to the BPs not feeding him. As a result, the child was underweight.

Report Determination: Unfounded

Date of Determination: 03/23/2018

Basis for Determination:

During the investigation, ACS visited the family and obtained information from various collaterals. The family reportedly accommodated a friend whom they asked to leave because of the expectant child. The BM showed ACS the text messages that the friend had sent threatening her. ACS attempted contacts with the family friend to no avail. ACS assessed the children and deemed them safe. The BM's newborn baby boy was healthy and appeared developmentally on target. The pediatrician and school staff did not report any concerns for the children. The BF admitted to using marijuana recreationally. ACS sent the BF for an assessment and he was deemed not to need services.

OCFS Review Results:

Based on the information obtained in the course of the investigation, ACS' decision to unsubstantiate the allegations of the report was appropriate.

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

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

Between 2/11/11 and 11/3/14, the BM had 3 indicated cases and 3 unfounded reports. The pattern of neglect for the BM were LMC, IG, and PD/AM. There was also a concern of PD/AM by the bio-parents. The BM had history of a clinical health condition and was not seeking services or engaged in services. In addition, she had a history of maintaining a dirty home.

Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.

Preventive Services History

Following the 2/11/11 report, a Family Services Stage was opened for the family on 2/23/11 and closed on 9/25/12. The BM was referred to New York Foundling where the BM received parenting, counseling and monitoring services.

Prior to case closing, the BM had consistently tested negative for all substances. The service provider did not report any safety concerns for the family. The BM's child was deemed safe and well care for. The child's immunizations were current. An early intervention developmental assessment of the child determined he demonstrated age appropriate skills.

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

Have any Orders of Protection been issued? Yes

From: Unknown

To: 11/04/2020

Explain:

Sometime in September 2018, the BPs had a verbal altercation about text messages on their phones. The police came in



after a neighbor called. Although the BPs denied the children were present in the home at the time of the incident, Family Court issued an order of protection for the BM against the BF.

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