



**Report Identification Number: NY-21-089**

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

**Issue Date: Jan 28, 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

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



## Case Information

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

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 08/20/2021  
**Initial Date OCFS Notified:** 08/21/2021

## Presenting Information

The SCR report alleged on 8/20/21, some time prior to 9:58PM, the 2-month-old male subject child stopped breathing while playing at home. The parents drove the child to the hospital. The child had no femoral pulse and was in cardiac arrest when he arrived at the hospital. The doctors attempted to revive the child; however, they were not able to do so. The report alleged the doctors stopped chest compressions and the child was pronounced dead at 10:28PM. The parents had no explanation as to how the child died.

## Executive Summary

This report concerns the death of a two-month-old male subject child who died on 8/20/21. No autopsy was conducted due to the family's religious beliefs. The ME listed the cause and the manner of death as undetermined.

At the time of the child's death, he resided with his parents, and adult sibling, and two minor surviving siblings ages 13 and 2 years old. The family was engaged in preventive services at the time of the fatality.

ACS' investigation revealed the subject child had medical issues since his birth. The child was hospitalized on 5 different occasions prior to his death, the latest hospitalization was from 8/14/21 to 8/17/21. The child was undergoing tests with medical specialists to identify his ailment and the trigger(s). The family saw the Neurologist on 7/30/21 and the Geneticist on 8/18/21, and had an appointment for 8/27/21 for the Cardiologist. The family was compliant with all medical appointments for the child.

Regarding the incident on 8/20/21, the family reported throughout the day on 8/20/21, the child was fine, pleasant, and happy. The mother reported that about 6:30PM she and the father were watching television in the room and they often checked the child's crib to see if he was breathing. The mother reported that at approximately 9:30PM, the father observed the child to be still. The mother reported that when the father lifted the child from the crib, he was limp, his hands fell, his eyes were closed, and he was unresponsive. The mother reported they ran to their vehicle and drove to the hospital where he had been receiving medical care for seizures. The parents arrived at 9:55PM and the child was pronounced dead at 10:28PM. The parents said they did not call for EMS as they believed the ambulance would take a long time to get to them.

Contact with medical personnel at the hospital confirmed the family brought the child at about 9:55PM. When the family arrived, the child was immediately assessed for trauma; no trauma was noted. Attempts were made to resuscitate the child; however, the attempts were unsuccessful.

ACS contacted law enforcement and learned no criminality was suspected and therefore no arrests would be made.

The ME stated the child appeared to be a healthy baby and was "a little chubby". There were no marks, bruises, or scars, except for little scratches on his face from his little finger nails.

ACS completed safety assessments on 8/22/21, 8/26/21, 9/20/21, and 10/14/21 and documented no safety factors existed that placed the surviving siblings in immediate or impending danger of harm.

On 10/14/21, ACS unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship of the 2-month-old child



by the parents on the basis of no credible evidence. ACS documented the minimum standard of care for the subject child was reasonable and there was no actual physical or developmental harm to the child by the parents. Further, the subject child died after having a history of seizures. Although the parents did not call an ambulance, according to the attending physician at the hospital, it was speculative whether the EMT could have changed the outcome. The cause and manner of death according to the ME were undetermined, but based on the physical examination conducted at the hospital there were no signs of physical abuse or maltreatment.

The family completed their services goal on 11/19/21 and the services case was closed.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

### Explain:

Sufficient information gathered to make determination for all allegations on the intake report. The determination was appropriate.

**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:

The level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion was commensurate with the case circumstances. The case documentation reflected supervisory involvement.

## 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:** 08/20/2021

**Time of Death:** 10:28 PM

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

10:00 PM

**County where fatality incident occurred:**

Queens

**Was 911 or local emergency number called?**

No

**Did EMS respond to the scene?**

No

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

N/A

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**At time of incident was supervisor impaired? Not impaired.**

**At time of incident supervisor was:**

Distracted

Absent

Asleep

Other: watching the TV in the same room as the child.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	39 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	19 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

### LDSS Response

On 8/21/21, upon receipt of the report, ACS staff visited the hospital where the child had been taken and was informed by medical staff that the family left the hospital after being interviewed by the detectives who escorted them home; the siblings were not present at the hospital. ACS was informed the subject child had been brought to the hospital five times due to seizures and he was last discharged on 8/17/21. According to the medical records the subject child was playing,



became limp and unresponsive and the parents drove him to the hospital. The family arrived at the hospital at about 10:00PM. ACS was told the parents were compliant with the child's treatment plan and kept all appointments.

Also on 8/21/21, the Specialist visited the case address and went to a neighbor's home. The neighbor reported they were assisting the family by babysitting the surviving siblings. The neighbors refused entry into their home but brought the children downstairs to be observed. The Specialist observed the surviving siblings to be free of any injuries. The siblings did not answer any questions.

Later the same day, the Specialist spoke with the mother. The mother refused the CPS team entry into the home citing that her husband was sleeping but explained that at the time of the incident the 13 and 2-year-old children were in the living room playing and the subject child was in the crib in room. She stated at around 9:30PM the father noticed the subject child was unresponsive and she and the father drove him to the hospital.

Also on 8/21/21, the Specialist contacted law enforcement and learned the parents were interviewed and a death scene reenactment and assessment was completed. The parents demonstrated that the child was in his crib on the day in question. They checked the child to ensure he was breathing. At around 9:30PM the father checked the child again and he was found "limp". Neither parent called 911 as they thought transporting the child the hospital to receive medical care would be faster. Law enforcement reported the surviving siblings were not in the home at the time of the reenactment. Law enforcement indicated no arrests would be made as the child's death did not appear to be suspicious.

The older surviving siblings reported the child was having seizures almost daily and it would last a few minutes and then stop. The family had been driving to the hospital every time the child was ill, and this time they did not know that this particular seizure would have ended the life of the baby.

On 8/23/21, ACS contacted the case planner from the PPRS agency. The case planner indicated the preventive agency has been working with his family since April of 2021. The service plan for this family was set for a period of three to six months, and involved services to address problem solving skills, parenting classes and conflict management. The case planner reported positive interactions between the family members.

On 8/26/21, ACS convened an Initial Child Safety Conference and determined no court intervention was necessary and the family would be referred for bereavement counseling.

Between 8/27/21 and 9/14/21, ACS completed consultations with the ACS Clinical Consultation Team. The team confirmed the need for bereavement counseling as no other issues seemed apparent.

On 9/30/21, ACS contacted the Early Intervention Specialist who noted no concerns with the family or the progress of the 2-year-old child.

On 10/4/21, the children's pediatrician stated the child was seen on 6/2/21 and 7/23/21 for post hospital follow-up visits. The child looked well and was thriving. The parents reported the child suffered respiratory distress and convulsions which caused them to take him to the hospital. The pediatrician stated that the child's death was unfortunate, as when he saw the child on both occasions the child appeared to be well, was clean and did not have any strange smells or diaper rash.

On 10/14/21, ACS unfounded the report.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or 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 referred to an OCFS approved Child Fatality Review Team? No

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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059481 - Deceased Child, Male, 2 Mons	059483 - Father, Male, 39 Year(s)	DOA / Fatality	Unsubstantiated
059481 - Deceased Child, Male, 2 Mons	059483 - Father, Male, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
059481 - Deceased Child, Male, 2 Mons	059482 - Mother, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
059481 - Deceased Child, Male, 2 Mons	059482 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

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





# Child Fatality Report

Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

ACS offered the family grief and bereavement services which the family continued with their service provider.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Explain as necessary:**

No removal of the minor surviving siblings was necessary.

### Legal Activity Related to the Fatality

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

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

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

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**

The children were referred for counseling and the the 2-year-old also had Early Intervention services.

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

**Explain:**

The family was in receipt of PPRS and bereavement counseling was added.



## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? 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)
02/07/2021	Sibling, Female, 12 Years	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	No

#### Report Summary:

The 02/07/21 SCR report alleged on 2/5/21, the mother physically assaulted her adult child in front of her 12-year-old daughter. The mother got into an argument with the adult daughter. During the argument, the mother became physical and hit the adult daughter with a wooden stick. The mother was verbally abusive to the 12-year-old and the adult daughter. The 12-year-old child was afraid and did not feel safe in the home.

**Report Determination:** Indicated

**Date of Determination:** 04/09/2021

#### Basis for Determination:

ACS unsubstantiated the report on the basis of credible evidence gathered during the investigation. The mother, stepfather and adult child confirmed the allegations of the report. The mother said she was angry and admitted her role in the incident.

#### OCFS Review Results:

The case was reported with concerns of excessive corporal punishment by the mother toward her adult daughter, in the presence of her minor children. ACS made the appropriate contacts including with the source and other collaterals. Appropriate notifications were provided. The family was also referred for preventive services - family focused therapy to address the mother's anger issues.

**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: 02/19/2021

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

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

### Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
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<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"/>

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

**Additional information, if necessary:**  
 Services were provided through a contracted provider agency.

### Preventive Services History

On 2/19/21, the family was referred for preventive services - Functional Family Therapy – Therapeutic Case Management (FFT-TCM), as a result of concerns related to excessive corporal punishment by the mother. The mother beat her adult daughter with a broom stick leaving marks and bruises on the daughter. The mother was arrested and later released. The family accepted the services.

On 8/18/21, the family was scheduled for a Service Termination Conference. However, at that time, the mother contacted the clinician via video conference to show that the child was shaking and having shortness of breath. The mother was advised to seek immediate medical attention which she did. The child died two days later.

The preventive services case remained open until 11/19/21 to assist the family with bereavement counseling. The family successfully met all treatment goals.

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

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

### Recommended Action(s)

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

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