



**Report Identification Number: NY-21-095**

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

**Issue Date: Feb 16, 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:** 25 day(s)

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

**Date of Death:** 08/23/2021  
**Initial Date OCFS Notified:** 08/23/2021

## Presenting Information

According to the information reported via the OCFS 7065, the infant was transported to the hospital by EMS after he was reportedly vomiting and had diarrhea. The child later died in the hospital.

## Executive Summary

This report concerns the death of a 25-day-old male subject child who died on 8/23/21. As of the writing of this report, OCFS NYCRO had not received a copy of the autopsy report from the Office of the Chief Medical Examiner. However, hospital personnel indicated the child died as a result of severe dehydration with multiorgan failure and hypovolemic shock.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Services Cases. The information regarding the child's death was reported to OCFS under Chapter 485 of the Laws of 2006.

At the time of the child's death, the mother and three children were in New York from out of state and were staying with her partner and two surviving siblings.

ACS' investigation revealed the subject child had been born prematurely (31 weeks gestation) and had complicated medical issues since his birth. The week prior to the death of the child, the mother left New York with the children, but returned with the subject child during the early morning hours of 8/21/21. Someone from the family's home called 911 for emergency medical assistance after observing the child's condition. EMS responded and transported the child to the hospital at 1:48AM. The child was placed on life support but continued to decline. The child was pronounced dead on 8/23/21 at 10:36PM.

Contact with medical personnel at the hospital revealed the extensive medical efforts to treat the child; however, none were successful. Hospital personnel reported the child had a number of medical issues associated with extreme dehydration and noted the child also had multiple rib fractures and a distal tibia fracture. ACS staff interviewed the physician regarding the fractures and was told no great force was needed to cause fractures to a newborn, and that the fractures could have occurred in simply handling the child.

There was law enforcement involvement following the death of the child as they assisted ACS in locating the surviving siblings who were found with the mother's partner out of state. Law enforcement's investigation continued as of the writing of this report; however, no arrests had been made.

The surviving siblings were removed and placed in non-kinship care and are receiving services to address their needs.

The mother and her partner were also referred for services. The case was closed on 9/30/21.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

There was no allegation of DOA/Fatality pertaining to the death of the child.

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 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.

### 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: 08/23/2021

Time of Death: 10:36 PM

Date of fatal incident, if different than date of death:

08/21/2021

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

01:48 AM

County where fatality incident occurred:

New York

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 was supervisor impaired?** Unknown if they were impaired.

**At time of incident supervisor was:**

- Distracted
- Absent
- Asleep
- Other: **Mother was awake and alert.**

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

**Children ages 0-18: 1**

**Adults: 0**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	25 Day(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Mother's Partner	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)

### LDSS Response

On 8/23/21, ACS was in the process of investigating an earlier report involving the family when information was received regarding the death of the child. ACS staff made contact with the hospital and learned when the child was brought to the hospital he was severely dehydrated and was placed on a ventilator. The child's prognosis was poor. The physicians treating the child indicated the child's condition was consistent with poor intake by mouth. ACS further learned the child had rib fractures and soft tissue swelling and had lost a significant amount of weight between birth and the time he was brought to the hospital.

ACS contacted law enforcement and learned the mother reported she and her partner were out of state from 8/18/21 until 8/20/21 and during that time the child was vomiting and had diarrhea. The mother said she sent the older children to another state and returned to New York. The mother refused to provide any details regarding the address where the older children were sent. Later, law enforcement indicated a warrant was issued for the mother's arrest and the children were located out of state and returned to NY. The warrant was then vacated.

On 8/23/21, the Specialist interviewed the mother who stated the child began to show signs of being ill on 8/15/21 when the family arrived at their destination out of state. The child began vomiting and later he had diarrhea. The mother said her partner suggested they change the child's formula and although they did so, the child's condition did not improve. The mother said they decided to seek medical attention for the child when the mother's partner notice the child seemed "smaller." The mother said she, her partner, and the child traveled back to NY while the other children were sent to another state. The mother said they arrived at about 12:00 AM on 8/21/21. Upon arrival she called EMS for medical assistance. ACS confirmed the child arrived at the hospital at 1:48AM on 8/21/21. ACS documented the mother's partner corroborated statements made by the mother and showed photographs of the child whose eyes were sunken.

On 8/24/21, the Specialist spoke with the child abuse pediatrician who explained the nature of the child's fractures and reported the cause of the child's death was severe dehydration with multi-organ failure (caused the dehydration) and hypovolemic shock. ACS staff interviewed the physician regarding the fractures and was told no great force was needed to



cause fractures to a newborn, and that the fractures could have occurred in simply handling the child. The physician was concerned about the severe dehydration noted in the child.

Also on 8/24/21, there was a court hearing for the Article 10 Abuse Petition filed against the mother. ACS requested a remand of the surviving siblings which the court granted.

On 8/25/21, ACS provided the mother with information regarding grief counseling. The mother indicated her willingness to participate in counseling.

On 8/28/21, ACS made contact with the foster parent of the children who reported the children were aggressive to each other and were acting out sexually. A service conference was convened to address the service needs of the children. The children were referred for play therapy and counseling.

The case documentation reflected ACS made contact with family members who stated they did not know the mother was in NY with the children. ACS also made contact with the foster care agency and learned the children were engaged in services and were doing well in care.

As of the writing of this report, the case remains open for services.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**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.

### 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"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
During the course of the investigation sufficient information was gathered to assess risk to all surviving children in the household. The children were referred for the appropriate services to address needs.

#### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> As a result of the fatality, the two surviving siblings were removed and placed in non-kinship foster care.				

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

- Family Court
  Criminal Court
  Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
08/24/2021	There was not a fact finding	Care/Custody to Local Social Services District
<b>Respondent:</b>	059608 Mother Female 23 Year(s)	
<b>Comments:</b>	ACS filed an Article 10 Petition of Abuse on 8/24/21 as a result of the subject child's death. The surviving siblings were removed and placed in foster care.	

Family Court Petition Type: FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
08/24/2021	There was not a fact finding	Care/Custody to Local Social Services District
<b>Respondent:</b>	059611 Mother's Partner Female 23 Year(s)	
<b>Comments:</b>		

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input 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"/>



<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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 surviving children were placed in foster care and were engaged in therapy.

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

**Explain:**

The mother and her partner were referred for domestic violence and bereavement counseling.

## 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? 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)
08/23/2021	Deceased Child, Male, 25 Days	Mother, Female, 23 Years	Fractures	Substantiated	No
	Deceased Child, Male, 25 Days	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Deceased Child, Male, 25 Days	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 25 Days	Mother, Female, 23 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 25 Days	Mother's Partner, Female, 23 Years	Fractures	Substantiated	
	Deceased Child, Male, 25 Days	Mother's Partner, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 25 Days	Mother's Partner, Female, 23 Years	Lack of Medical Care	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The SCR report alleged the mother gave birth to the male child on 7/29/21. He is currently one and one-half pounds below his birth weight. The child had been exhibiting vomiting, diarrhea, and lethargy, and had been dehydrated for an unknown period of time. The mother failed to seek medical evaluation until 8/21/21 at which time, the child's organs began to shut down and the child presented with fractured ribs. The mother had no explanation for the fractured ribs. The child was in critical condition on life support and at risk of death. The roles of the 4-year-old and 3-year-old sibling were unknown.

**Report Determination:** Indicated

**Date of Determination:** 10/04/2021

**Basis for Determination:**

ACS substantiated the allegations of the report on the basis of some credible evidence. ACS documented the child was suffering from severe dehydration and the mother and her partner knew the child was ill but did not seek medical attention for the child. Additionally, the child had fractures that could not be explained and no medical attention was sought.

**OCFS Review Results:**

ACS initiated the investigation timely and made the appropriate collateral contacts. ACS sought and received the assistance of law enforcement in locating the siblings out of state. ACS provided the appropriate notifications and sought legal intervention as the case warranted the same. There was evidence of supervisory involvement. However, it was during this investigation that ACS learned of the death of the child, but did not contact the SCR with new information. While NYCRO does not disagree with the decisions, ACS did not justify the decisions made for all allegations. OCFS NYCRO contacted ACS regarding these oversight and ACS has since provided retraining to the staff involved.

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/21/2021	Deceased Child, Male, 23 Days	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 23 Days	Mother, Female, 23 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 23 Days	Mother, Female, 23 Years	Fractures	Substantiated	
	Deceased Child, Male, 23 Days	Mother's Partner, Female, 23 Years	Fractures	Substantiated	
	Deceased Child, Male, 23 Days	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Deceased Child, Male, 23 Days	Mother's Partner, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 23 Days	Mother's Partner, Female, 23 Years	Lack of Medical Care	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	
Sibling, Male, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated		

**Report Summary:**

The SCR report alleged the 3-week-old child was losing weight, was lethargic, and severely dehydrated. The mother observed the child's symptoms and behavioral changes but did not seek medical care for several days, thereby delaying the delivery of medical attention.

**Report Determination:** Indicated

**Date of Determination:** 10/04/2021

**Basis for Determination:**

ACS substantiated the allegations of the report on the basis of some credible evidence. ACS documented the child was suffering from severe dehydration and the mother and her partner knew the child was ill but did not seek medical attention for the child. Additionally, the child had fractures that could not be explained and no medical attention was sought.

**OCFS Review Results:**

ACS initiated the investigation in a timely manner and made the appropriate collateral contacts. ACS sought and received the assistance of law enforcement in locating the siblings out of state. ACS provided the appropriate notifications and sought legal intervention as the case warranted the same. There was evidence of supervisory involvement. However, it was during this investigation that ACS learned of the death of the child, but did not contact the SCR with new information pertaining to the death of the child. ACS did not justify the decisions made for all allegations. OCFS NYCRO contacted ACS regarding these oversight and ACS has since provided retraining to the staff involved.

**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)
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08/02/2021	Deceased Child, Male, 4 Days	Mother, Female, 23 Years	Fractures	Substantiated	No
	Deceased Child, Male, 4 Days	Mother, Female, 23 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 4 Days	Mother's Partner, Female, 23 Years	Fractures	Substantiated	
	Deceased Child, Male, 4 Days	Mother's Partner, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 4 Days	Mother's Partner, Female, 23 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 4 Days	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Deceased Child, Male, 4 Days	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 4 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The SCR report alleged the mother brought four-year-old and two-year-old children to New York and were staying with a friend's relatives for two months. The mother gave birth to a male child four days prior to the report and the family was kicked out of the residence where they were staying after the mother and child were discharged from the hospital. The report alleged the mother had no food for the children, no diapers, no family to assist, no finances, and no medical insurance in New York. The family slept in the maintenance worker's vehicle on 8/1/21. The two older children were hungry and had an odor from not being bathed in days.

**Report Determination:** Indicated **Date of Determination:** 10/01/2021

**Basis for Determination:**

ACS substantiated the allegations of the report on the basis of some credible evidence. ACS documented the child was suffering from severe dehydration and the mother and her partner knew the child was ill but did not seek medical attention for the child. Additionally, the child had fractures that could not be explained and no medical attention was sought.

**OCFS Review Results:**

ACS initiated the investigation in a timely manner and made the appropriate collateral contacts. ACS sought and received the assistance of law enforcement in locating the siblings out of state. ACS provided the appropriate notifications and sought legal intervention as the case warranted the same. There was evidence of supervisory involvement. However, it was during this investigation that ACS learned of the death of the child, but did not contact the SCR with new information. ACS did not justify the decisions made for all allegations. OCFS NYCRO contacted ACS regarding these oversight and ACS has since provided retraining to the staff involved.

**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**



ACS' contact with child welfare authorities out of state reflected the mother has prior child welfare history and an active investigation, in the state where she permanently resides due to concerns stemming from the mother's drug use and domestic altercations between her and the father of the 3-year-old male child..

### Foster Care Placement History

As a result of the death of the 25-day-old child, ACS filed an Article 10 Petition of Abuse against the mother on 8/24/21 on behalf of the two surviving siblings. The Court granted a remand of the siblings to the Commissioner of ACS. The siblings were placed in non-kinship foster care on 8/27/21 after a law enforcement search located them out of state.

### 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