



**Report Identification Number: NY-18-096**

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

**Issue Date: Apr 03, 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

<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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 8 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 09/30/2018  
**Initial Date OCFS Notified:** 09/30/2018

## Presenting Information

On 9/30/18, the SCR registered a report which alleged the SF bathed the nine-month-old male (SC) and the one-year-old male (SS) children together in the bathtub. The SF took the one-year-old out of the tub and gave him to the BM. The SF turned around and observed the nine-month-old had vomited and was face down in two to three inches of water. The SF initiated CPR while the BM summoned EMS for medical assistance. LE responded to the home and transported the SC to Lincoln Hospital (LH) where he was pronounced dead at 6:16 PM, on the same day. The allegations of the report were DOA/Fatality, IG and LS of the SC by the SF.

On the same day, the SCR registered a subsequent report that alleged the parents went to the hospital and did not return to the residence. The report alleged the parents failed to establish an alternative plan of care for the SS. The allegation of the report was IG of the SS by both parents.

## Executive Summary

The SCR registered a report regarding the death of the SC that occurred on 9/30/18. The report narrative alleged that while the SF was bathing the children, he turned his back on the SC to tend to the SS. When he turned around he observed the SC face down, in the bathtub with two to three inches of water, and the SC had vomited. The SF initiated CPR and the BM alerted security staff who summoned EMS. The parents did not have a phone. The SS was left in the care of the Program Director at the shelter where the family resided. LE responded to the shelter and transported the SC and the BM to the ER. The SC was pronounced dead at 6:16 PM.

The SCR registered a subsequent report alleging the parents failed to make an alternate plan of care for the SS. The parents were taken to the local precinct and they had no support in NY because they had recently moved to this state. On 10/1/18, the SS was assessed at LH and released to the parents who then traveled to the state of New Jersey (NJ) to be with family.

ACS Queens Field Office initiated the investigation by visiting LH and obtaining information regarding the incident. ACS learned from the Dr. that no water was found in the SC's lungs; however, a small piece of steak and other food particles were found in his esophagus. There were no visible injuries found on the SC's body. According to the Dr., the BM stated she fed the SC a muffin but later admitted she fed him other foods.

On 9/30/18, LE reported the 911 call was received at 5:30 PM and the SC arrived at the hospital at 5:39 PM. LE reported the parents' accounts were consistent and they found no criminality.

On 9/30/18, ACS visited the shelter and LE did not allow ACS to enter the parents' room. ACS learned from the staff that the BM yelled her baby had stopped breathing and staff responded to the room. The staff observed the SC laying on the bed while the SF performed CPR. The staff reported that in the past, the BM yelled foul language at the children and the room was "messy". ACS viewed pictures and observed clutter; however, it was not hazardous to the children.

On 10/1/18, ACS interviewed the parents at the local precinct and learned that the both the SC and the SS were diagnosed with acid reflux; however, the SC was fed regular milk. The parents explained they did not have money to buy the formula the SC needed. The BM explained that the staff at Women Infants and Children (WIC) in NJ advised her to feed the then seven-month-old SC pureed foods. The BM opted to chew the steak and other adult foods before feeding them to the SC.



According to the BM, the incident occurred when she left the children with the SF to go to the bedroom and prepare the children’s clothing. The BM stated she left the SC sitting upright in the tub. According to the BM, earlier on the day of the incident, both children were sneezing and coughing and she gave them Tylenol (she did not specify the dosage).

The SF reported that food expelled from the SC’s mouth and nostrils as he performed CPR and that he appeared blue in color. The SF was CPR certified. The SF reported the SC was a “perfectly healthy and happy child” who was able to chew his foods. They did not burp the SC after eating because the SC did not appear to be in discomfort. According to the SF, both children were cleared to eat solid foods by their pediatrician in NJ.

Due to serious concerns of inadequate guardianship, the SS was placed in non-kinship foster care in NY. The parents were uncooperative with the investigation and remained living in NJ.

The ME reported the autopsy was pending and ACS had not yet made a determination on the case at the time this report was issued.

## 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:

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## 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:** 09/30/2018

**Time of Death:** 06:16 PM

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

09/29/2018

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

05:30 PM

**County where fatality incident occurred:**

Bronx

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

Yes

**Time of Call:**

05:35 PM

**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: Bathing

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

**How long before incident was the child last seen by caretaker?** 2 Minutes

**At time of incident supervisor was:** Unknown if they were 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	26 Year(s)
Deceased Child's Household	Mother	No Role	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

### LDSS Response

Following the receipt of the report, ACS Queens Field Office visited LH and obtained information regarding the incident. The Dr. reported no water was found in the SC's lungs; however, food particles were found in his esophagus. Also, there were no bruises or marks that indicated abuse or neglect.

In response to the incident, LE transported the SC and BM to LH and the SF left the SS in the care of the shelter staff as he was also transported to the hospital in another police vehicle. After the SC was pronounced dead, LE interviewed the



parents at the local precinct and they went to the shelter and completed a re-enactment of the incident. LE found no criminality.

ACS interviewed the parents separately and their accounts were similar to those which were given to LE. The BM stated she left the SC sitting upright in the bathtub, to go to the bedroom to prepare their clothes. The SF reported he took the SS out of the tub, towel dried him and sent him to his mother. He turned around and observed the SC lying face down in the water with vomit. He initiated CPR and the SC regurgitated.

The BM revealed she and the SF fled from NJDCF because they believed the agency was in the process of filing a petition against them and refused to give details regarding the investigation. The parents reported they left the SS with the MGGM and MA until they could figure things out. According to ACS, the family became known to the agency when the NJDCF requested a courtesy visit to assess the family for services. The parents entered the NY shelter system in May of 2018; however, due to their inability to abide by the shelter rules and lack of documentation, they were found ineligible to continue residency. Despite the apparent need, PPRS could not be initiated because the parents moved to various shelters.

On 10/1/18, the ACS Specialist accompanied the parents and the SS to LH where the SS was medically cleared and returned to the BM. The family returned to NJ where they received support from their family and friends.

ACS held a Child Safety Conference on 10/1/18. The result was a return to the Queens Family Court to readdress a neglect petition, which had previously been filed on 7/17/18 against the BM regarding the SS. ACS was granted a remand for the SS on the basis that the BM did not adhere to the stipulations of the initial court order. The parents failed to update ACS of their whereabouts, failed to provide stable housing, medical care and appropriate food for both children. In addition there were concerns for the BM's untreated MH condition.

On 10/2/18, ACS accompanied by LE of the state of NJ, removed the SS from the parents and placed him in a non-kinship foster home under the auspices of Children's Village in NY. ACS learned that the SF was not the biological parent of the SS. The SM reported she had no knowledge of his whereabouts and the SF had been an active caretaker for the SS.

On 10/16/18, ACS learned from the pediatrician the SC had been a patient since 2/2018. He was last seen on 3/26/18 and had missed his follow-up appointment; his immunizations were not up to date. The SS last visited the Dr. on 7/16/18 and was scheduled to return on 7/30/18, but he had not returned. The Dr. reported both children had acid reflux. The SS had been referred to Early Intervention for speech. ACS facilitated supervised visits between the SS, parents and MGGM, though the adults only visited sporadically.

On 2/6/19, LE reported that the ME found the SC had spotting on the brain which meant a lack of oxygen; however, the final cause of death was pending. LE requested a second interview with the SF but he declined. LE reported the BM retained an attorney and had been uncooperative.

ACS had not yet made a determination regarding the allegations at the time this report was issued.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

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

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** The ACS investigation adhered to previously approved protocols for joint investigation.



**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** The New York City region does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049322 - Deceased Child, Male, 8 Mons	049323 - Father, Male, 26 Year(s)	Lack of Supervision	Pending
049322 - Deceased Child, Male, 8 Mons	049323 - Father, Male, 26 Year(s)	DOA / Fatality	Pending
049322 - Deceased Child, Male, 8 Mons	049323 - Father, Male, 26 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 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 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

ACS attempted to obtain the details of the investigations conducted by NJDCF; however, NJDCF declined to share information.

### 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"/>



<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
The parents declined all services and relocated to the state of NJ.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Explain as necessary:**

On 10/1/18, the Queens Family Court remanded the SS and ACS removed the SC from the parents' in NJ, placing him in a non-kinship foster home in NYC. The SS was noted to be adjusting well to his placement. ACS facilitated supervised visits.

**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>
10/01/2018	Adjudicated Neglected	Article 10 Remand
<b>Respondent:</b>	049324 Mother Female 24 Year(s)	
<b>Comments:</b>	This petition was filed regarding the SS, after the fatality which was in response to the fatality investigation. On 9/30/18, the SC died and on the next day, the SS was remanded. The SS was placed in a non-kinship foster home under the auspices of Children's Village in NY where he currently remains. The parents were given supervised visits. The parents relocated to the state of NJ.	

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The BM enrolled in parenting classes through Children's Village.

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

**Explain:**  
 The parents returned to NJ and declined all services offered by ACS including a shelter in the division of the homeless.

## 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?** Yes
- Was the child acutely ill during the two weeks before death?** No

### 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)
07/12/2018	Deceased Child, Male, 6 Months	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Deceased Child, Male, 6 Months	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 6 Months	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Substantiated	



# Child Fatality Report

Deceased Child, Male, 6 Months	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Substantiated
Deceased Child, Male, 6 Months	Father, Male, 28 Years	Inadequate Guardianship	Substantiated
Deceased Child, Male, 6 Months	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated

**Report Summary:**

On 7/12/18, the SCR registered a report that alleged the parents of the SC smoked marijuana on weekends while caring for the child when he was six months old; there were no sober caregivers. The parents allegedly fed the SC regular milk instead of formula which was inappropriate for his age and development. The allegations were PD/AM, IG and IF/CS of the SC by the parents.

**Report Determination:** Indicated**Date of Determination:** 09/10/2018**Basis for Determination:**

On 9/10/18, ACS substantiated the allegations of IG, IF/CS and PD/AM of the SC by the parents. ACS wrote there was evidence to support the allegations as the SC was only six months and was prescribed special formula due to acid reflux; however, he was given milk instead of formula. ACS wrote that although covered by WIC in NJ, they failed to obtain and use the formula. ACS wrote that the parents took turns smoking marijuana on weekends while being the sole care providers of the SC. The SC was also not being provided medical care in that he was not taken to his medical provider regularly and was not up to date with his immunizations.

**OCFS Review Results:**

ACS did not address the SM's mental state and its possible impact on the child as she shared she was diagnosed with depression and was not being treated.

**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 history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

According to the ACS case documentation, on 7/3/18, the New Jersey Department of Children and Families (NJDCF) requested a courtesy visit which led ACS to the family to provide the necessary services. The ACS Specialist visited the family in the NY shelter and observed the parents had no formula for the SC. ACS provided formula and one week later, the Specialist observed the same. ACS held a CSC on 7/12/18 and the parents told the Specialist they had no money for the formula to feed the SC although they received vouchers from Women, Infants and Children (WIC) from NJ. ACS learned that the parents resided in the NY shelter system since May of 2018 and they had not transferred the WIC to NY.

ACS learned that this family had two registered reports with allegations of PD/AM by the parents in the state of NJ; the reports were unfounded. ACS reached out to NJDCF and was denied details of those reports.

**Preventive Services History**

The BM initiated services on 7/18/18 and the SF declined services.

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



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

Family Court

Criminal Court

Order of Protection

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

Date Filed:	Fact Finding Description:	Disposition Description:
Unknown	Adjudicated Neglected	Article 10 Remand
<b>Respondent:</b> 049324 Mother Female 24 Year(s)		
<b>Comments:</b> On 7/17/18, ACS filed an Article Ten Petition of Abuse and Neglect on behalf of the then one-year-old (SS) and the SC, naming the parents as respondents. The petition was based on the parents' admission to drug use, and LMC (SC was not up to date with his immunizations), IF/C/S (feeding the SC inappropriate foods) and IG of both children. The court paroled the SC to the parents and gave custody of the SS to the SM because it appeared there was shared custody with the MGGM and the MA in the state of NJ. The court ordered the parents to provide appropriate food for the SC as prescribed by the Dr. The parents were to notify ACS of their whereabouts, not be under the influence of drugs and accept reasonable referrals from ACS for services.  On 9/30/18, the SC died and the next day, ACS returned to court. At that time, the SS was remanded.		

**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