



Report Identification Number: NY-19-076

Prepared by: New York City Regional Office

Issue Date: Dec 24, 2019

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 5 day(s)

Jurisdiction: New York
Gender: Male

Date of Death: 06/25/2019
Initial Date OCFS Notified: 06/26/2019

Presenting Information

On 6/20/19 the SCR registered a report that alleged the SC was born with a positive toxicology for cocaine and opiates. The SC died on 6/25/19 at 12:00 PM due to medical complications.

Executive Summary

On 6/25/19, OCFS was notified via OCFS-7065 of the death of the SC who died the same day at 12:00 PM. The child was named a subject child in a report registered with the SCR on 6/20/19, that alleged PD/AM and IG by the SM. The SC remained hospitalized until his death on 6/25/19.

The ME determined the cause of death as acute anoxic brain injury due to acute neonatal pneumonia and the manner of death is natural. At the time of the SC's birth the SM resided in a shelter in New York City. ACS documented the SM has an eleven-year-old female SS who has resided with the MGM since she was removed by ACS in 2016 due to the SM's history of DV, drug/alcohol misuse, in addition to clinical mental health issues that were not being addressed.

After the birth of the SC the SM was released from the hospital and ACS made multiple attempts to contact the SM and offer services which the mother repeatedly agreed to then would fail to follow through on the appointments. ACS visited the home of the MGM and assessed the SS to be well cared for by the MGM.

On 7/11/19, ACS determined the allegations of the 6/21/19 report were substantiated and the case was closed with referral to community based services only.

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?** 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?** N/A
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

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 6/21/19 report was determined. There were no DOA/Fatality allegations for this death.

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: 06/25/2019

Time of Death: Unknown

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

12:00 PM

County where fatality incident occurred:

New York

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?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Hospitalized

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 01

Adults: 00

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	5 Day(s)
Deceased Child's Household	Mother	No Role	Female	28 Year(s)

LDSS Response

On 6/26/19, the hospital social work (SW) supervisor contacted ACS by telephone to inform the agency of the SC's death. ACS learned the SC died on the evening of 6/25/19 but the exact time was not provided. On the same date the ACS Specialist met with shelter staff to discuss plans for the SM because it was believed the SM may become depressed due to the SC's death. Shelter staff informed ACS the SM had not been seen at the shelter since 6/25/19.



On 6/27/19, the hospital SW contacted ACS and provided information regarding the SC. According to the SW the SC was to be buried in a city cemetery. The SW also stated had been transferred from Metropolitan Hospital to Bellevue Hospital and the SC was diagnosed as brain dead and the mother gave medical staff permission to withdraw life support. ACS asked the SW for the exact time of death; however, the SW did not have that information.

On 6/28/19, the Specialist visited the home of the MGM and conducted interviews with the MGM and SS. The MGM told ACS she hasn't had any contact with the SM and was concerned because the SM hadn't returned her phone call. The SS was interviewed and there were no safety concerns for the child. ACS described the MGM's home as neat and organized. The Specialist offered the MGM and SS bereavement counseling but the MGM stated she and the SS would seek guidance from her church pastor.

ACS documented several attempts to reach the SM at the shelter she resided in but was unsuccessful until 7/2/19. On 7/2/19, the SM was at the shelter but declined to speak with ACS and also declined burial assistance offered by ACS.

On 7/3/19, the SM called ACS and asked if ACS could assist her in finding a new therapist because her therapist retired, and ACS stated they would assist her in finding a new therapist.

On 7/9/19, ACS documented the SM was receiving clinical services at a local hospital in addition to counseling at the women's shelter where she resided.

On 7/11/19, ACS substantiated the allegations of PD/AM and IG of the SC from the 6/21/19 report which was under investigation at the time of the SC's death.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: There is no OCFS approved CFRT in New York City.

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



Child Fatality Report

Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information:

The SC died five days after birth and never left the hospital.

Fatality Safety Assessment Activities

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

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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

Additional information, if necessary:
 The SS has resided with the MGM since 2016 and there are no other children in the care of the SM. ACS offered the MGM and SS services which she declined stating they would get counseling through her church. The SM received clinical services at a local hospital and through a women's shelter.

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? No

Explain:
 There are no children in the home with the SM; however, there is a SS who resides with the MGM who has had legal custody of the child since 2016. ACS offered services for the MGM and SS but the MGM declined stating she'd receive assistance through their church.

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

Explain:
 ACS made referrals for the SM and at case closing ACS documented the SM was engaged in services at a local hospital and through the women's shelter where she resided.

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? Yes
- 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
 - Had heavy alcohol use
 - Smoked tobacco



- Experienced domestic violence
 Was not noted in the case record to have any of the issues listed

Used illicit drugs

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/22/2019	Sibling, Female, 9 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 9 Years	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

On 6/21/19, the SCR registered a report that alleged PD/AM and IG of the SC by the SM. The report alleged the SM delivered a male baby who tested positive for cocaine and opiates. ACS documented the SM's history that established she has a history of PD/AM dating to 2012 which is why the MGM has custody of the SS.

Report Determination: Indicated

Date of Determination: 07/11/2019

Basis for Determination:

ACS' determination narrative stated the SC was born with a positive toxicology, and, because of this, the case is deemed indicated due to medical evidence to support that claim.

OCFS Review Results:

Although the SM has an an extensive of drug misuse and the SC tested positive for illicit drugs the SM never cared for the SC who remained hospitalized from 6/20/19, until he died on 6/25/19. The drug misuse occurred prior to the birth of the SC.

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

Issue:

Appropriateness of allegation determination

Summary:

On 7/11/19, ACS substantiated the allegation of PM/AM and IG of the subject child by the SM. A positive toxicology case does not necessarily have to be indicated. The SM's drug/alcohol misuse occurred prior to the SC's birth and she never cared for the child who remained hospitalized until his death on 6/25/19.

Legal Reference:

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

Action:

ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/22/2016	Sibling, Female, 9 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	No



Sibling, Female, 9 Years	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Substantiated
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Report Summary:

On 8/22/16, the SCR registered a report that alleged PD/AM and IG of the then nine-year-old SS by the SM. The report alleged the SM was under the influence of a substance while caring for the SS and was unable to provide adequate care for the SC. The report also noted the SM had to be hospitalized.

ACS conducted the investigation and it was revealed the SM had engaged in violent behavior at the family shelter with the SS present. In addition, ACS obtained information the SM had not followed through on the Family Court mandates.

On 10/21/16, ACS substantiated the allegations of the 8/22/16 report.

Report Determination: Indicated	Date of Determination: 10/21/2016
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Basis for Determination:

ACS' determination narrative stated the SM failed to follow through with court ordered mandates including random drug testing and not engaging in mental health services.

OCFS Review Results:

Based on ACS documentation the determination was appropriate. The SM has a history of consistently misusing drugs and alcohol, engaging in DV and not complying with therapeutic services as required.

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

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

Between 10/5/12 and 11/26/15 there were four reports registered with the SCR with the SM named as the subject of the report and the now SS as the SC. All of the reports alleged PD/AM and IG of the SC by the SM. ACS investigated the reports and all of the allegations of these reports were substantiated against the SM.

Known CPS History Outside of NYS

There is no CPS history outside of NYS.

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