



Report Identification Number: NY-21-129

Prepared by: New York City Regional Office

Issue Date: Jun 07, 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

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 11/30/2021
Initial Date OCFS Notified: 12/06/2021

Presenting Information

According to the information reported via the OCFS-7065 form, the 4-month-old child died due to complications related to a pre-existing condition. Earlier on 11/30/21, the parents brought the child to the hospital for evaluation and the child was discharged within fifteen minutes. Sometime later the child became unresponsive and was brought back to the hospital where he was pronounced dead.

Executive Summary

This report concerns the death of a 4-month-old male child that occurred on 11/30/21. As of the writing of this report, the final autopsy report had not been received from the Medical Examiner.

At the time of the child's death, he resided with his parents and 2-year-old male sibling. The child had three half-siblings who resided elsewhere with their mother. ACS conducted an assessment of the children and determined there were no concerns with their care.

The investigation revealed on 11/30/21 at about 8:00AM, the parents awoke and noticed the child refused to take his bottle. The parents continued to observe the child and at approximately 9:30AM the mother noticed the child's tongue and lips began to look dry, and his lips, hands, and feet were pale. The mother called 911 at 9:45AM. The ambulance arrived shortly thereafter and transported the child to the hospital where he was medically examined and discharged at 10:21AM. When the family returned home, the parents tried to feed the child; however, the child refused the bottle and went to sleep. Between noon and 4:50 PM the parents alternated in checking the child and they found him breathing. At 4:50PM the child was observed to be unresponsive; his eyes were open but his lips were blue. The parents called 911, met the ambulance crew at the door, and handed over the child to the responders who initiated resuscitation techniques for twenty minutes. A second ambulance transported the child to the hospital where medical staff continued efforts for one hour before pronouncing the child dead at 6:20 PM.

Contact with collaterals including service providers and medical personnel revealed no concerns of abuse or maltreatment. Medical records reflected the child had been diagnosed with a preexisting medical condition for which follow up care was planned.

The surviving sibling was temporarily placed with the MGM through a familial agreement for the duration of ACS' response. The surviving child was assessed as safe in the care of the MGM.

ACS offered the family funeral assistance and bereavement services.

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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The level of casework activity was commensurate with the case circumstances.

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 information regarding the child's death through to 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: 11/30/2021

Time of Death: 06:20 PM

Time of fatal incident, if different than time of death: 04:50 PM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: 05:30 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

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

How long before incident was the child last seen by caretaker? 15 Minutes

At time of incident was supervisor impaired? Not impaired.



At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- Other: **Not applicable**

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	4 Month(s)
Deceased Child's Household	Father	No Role	Male	26 Year(s)
Deceased Child's Household	Mother	No Role	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

LDSS Response

Following the receipt of the report, ACS staff made contact with the mother who provided additional details regarding the child's preexisting condition and birth. Staff also contacted law enforcement and learned there were no marks or bruises on the child's body and based on the information thus far, no criminality was suspected. Law enforcement indicated there were no marks or bruises and no signs of trauma. No arrests would be made pending the autopsy report from the ME.

Contact was made with the hospital where the child had been taken. Medical personnel indicated that prior to 11/30/21 the child was seen on 11/2/21 as he was congested. ACS also learned the child had a preexisting medical condition. The parents were aware of the condition and the treatment regimen that was planned.

On 12/1/21, ACS made a home visit to the MGM's two-bedroom apartment which had adequate provisions. There was a toddler bed for the surviving sibling, ample food supply in the refrigerator, a working smoke/carbon detector, and window guards. The MGM was caring for the surviving sibling for the night as a plan implemented by the family. The Specialist conducted an assessment of the surviving sibling and noted there were no suspicious marks or bruises on the surviving sibling's face, neck, arms, legs, or stomach.

ACS visited the home of the father's ex-paramour with whom the half siblings were residing. ACS documented there were no concerns regarding the quality of care being provided to the children.

On 12/8/21, the preventive services agency offered the family bereavement counseling as well as overall mental health therapy. Additionally, the agency offered the mother assistance with career resources and training.

ACS and the preventive services agency continued to make contact with the family to assess for safety of the 2- year-old surviving sibling who had special medical needs. The surviving sibling was enrolled in therapy through the NYC Department of Education.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending



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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile



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

Explain:
 During the course of ACS' assessment, sufficient information was gathered to assess risk to the surviving sibling in the household.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
 At the time of the child's death no removal was necessary.

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

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

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/27/2021	Deceased Child, Male, 5 Days	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

Report Summary:

The SCR report alleged the mother gave birth to a male child and the mother tested positive for marijuana use at the time of delivery. The report stated the newborn tested negative. The report also alleged the mother admitted to using marijuana during pregnancy.

Report Determination: Unfounded**Date of Determination:** 09/24/2021**Basis for Determination:**

ACS unfounded the report on the basis of no credible evidence to support the substantiation of the allegation. ACS documented the mother smoked marijuana but not in the presence of the children and her marijuana use as it pertained to the subject child was a pre-birth activity. ACS referred the family for preventive services which would include early engagement and drug screening in the home.

OCFS Review Results:

ACS initiated the investigation in a timely manner and made the appropriate collateral contacts which included contact with the hospital and with family members. There was evidence of supervisory involvement. ACS also provided the notice of the report and made the appropriate home visits. ACS did not create a plan of safe care; however, NYCRO discussed this issue with ACS and provided technical assistance.

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)
06/11/2021	Sibling, Male, 5 Years	Father, Male, 25 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 3 Years	Father, Male, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Months	Father, Male, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 5 Years	Other Adult - Father's ex-paramour, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Other Adult - Father's ex-paramour, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 3 Years	Other Adult - Father's ex-paramour, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Other Adult - Father's ex-paramour, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 8 Months	Other Adult - Father's ex-paramour, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Months	Other Adult - Father's ex-paramour, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	



Sibling, Female, 3 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 8 Months	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated

Report Summary:

The SCR report alleged the father's ex-paramour was using drugs to the point of impairment (slurred speech, loss of balance, and lethargy) while caring for three minor children. The report also alleged the ex-paramour frequently left the children with adult acquaintances and did not provide supplies for the continued care of the children. The father had an unknown role. During the course of the investigation, ACS established that the mother of the now deceased child was a person legally responsible for the three children named in the report and added the parents of the deceased child as subjects with allegations pertaining to the children.

Report Determination: Indicated**Date of Determination:** 08/03/2021**Basis for Determination:**

ACS substantiated the allegation of Inadequate Guardianship of the three children named in the report against the mother of the subject child on the basis that the mother attempted to assault the father's ex-paramour in the presence of the children. ACS unsubstantiated the allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse by the ex-paramour on the basis of no credible evidence that the ex-paramour's drug use had an impact on the quality of care she provided the children.

OCFS Review Results:

ACS initiated the investigation in a timely manner and issued the appropriate notices to the adults in the homes. ACS made scheduled and unscheduled visits to the home and documented there were no concerns regarding the care of the children. A Child Safety Conference was held and a decision was made file an Article 10 Petition of Neglect against the parents of the subject child. ACS maintained contact with family throughout the investigation and there was evidence of supervisory guidance throughout.

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)
05/16/2021	Sibling, Male, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

The SCR report alleged the mother repeatedly left the one-year-old male child with other individuals and failed to make adequate plans for his care. Although she promises to pick the child up in a day she refused to retrieve him within a week. The longest known period of this nature was about two weeks.

Report Determination: Unfounded**Date of Determination:** 07/14/2021**Basis for Determination:**

ACS unfounded the report on the basis of no credible evidence to support the substantiation of the allegations. ACS' investigation revealed the mother made the appropriate arrangements to leave the child with the MGM whenever she had to go out. The child was assessed to be well cared for by the mother and the MGM. The child was also fully engaged in services to address his developmental needs.

OCFS Review Results:

The investigation was initiated in a timely manner. There was evidence of supervisory reviews at various points during the investigation. The family was provided with the appropriate notices. ACS staff followed up on information where necessary.

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

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



There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 10/01/2021

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 10/01/2021

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

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

Casework Contacts

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

Services Provided

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

Family Assessment and Service Plan (FASP)



	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
Preventive Services were provided by a contacted provider agency.

Preventive Services History

On 10/1/21, the family was engaged in preventive services. The presenting concerns were that the mother tested positive for marijuana at the time of delivery. The child did not have a positive toxicology. The mother was engaged in the completion of a mental health evaluation and participating in mental health services. The mother noted that she was willing to participate in parenting skill training. The agency continues to make casework contacts with the family as the case remains open.

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:
06/17/2021	There was not a fact finding	There was not a disposition
Respondent:	060627 Mother Female 21 Year(s)	
Comments:		



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
06/17/2021	There was not a fact finding	There was not a disposition
Respondent:	060629 Father Male 26 Year(s)	
Comments:		

Have any Orders of Protection been issued? Yes	
From: 11/15/2021	To: 12/09/2021
Explain: The order of protection directed the father to refrain from communication or any other contact by mail, telephone, e-mail, voice-mail or other electronic or any other means including no third party communication. In addition the father was ordered to stay away from the ex-paramour's home, his children's school including all day care and afterschool programs, stay away from the ex-paramour's place of employment and to refrain from harassing, intimidating, assault, stalking, harassment, aggravated harassment, menacing, reckless endangerment, strangulation, criminal obstruction of breathing or circulation, disorderly conduct, criminal mischief, sexual abuse, sexual misconduct, forcible touching, intimidation, threats, identity theft, grand larceny, coercion, unlawful dissemination or publication of intimate image(s) or any criminal offense against his children with his ex-paramour and the ex-paramour.	

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