# Child Fatality Report

## Report Identification Number: NY-19-108

## Prepared by: New York City Regional Office

## Issue Date: Feb 27, 2020

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:** 08/26/2019
**Initial Date OCFS Notified:** 09/05/2019

### Presenting Information

According to the OCFS-7065, the BM gave birth to the SC on 4/8/19. The SC was born with the medical condition Trisomy 13 and a life expectancy of one week. An article 10 Neglect petition against was filed with an outcome of release of the SC to the BF with COS upon the SC's discharge from the hospital. The SC remained hospitalized from birth until he died on 8/26/19.

### Executive Summary

On 9/5/19, ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, accidents or deaths of Children in Foster Care and deaths of Children in Open Child Protective or Preventive Cases. The information regarding the death was reported to OCFS under Chapter 485 of the Laws of 2006.

The OCFS-7065 stated the SC was born on 4/8/19 with Trisomy 13 and was given a life expectancy of one week at that time. ACS had filed an Article 10 Neglect Petition against the SM with a remand granted. The SC would have been released to the BF with ACS court ordered supervision upon discharge from the hospital, but expired on 8/26/19.

There is no ACS documentation pertaining to the SC's death except the OCFS-7065. On 6/11/19, ACS closed the Family Services Stage citing the SC would remain hospitalized for up to one year and was not ready for discharge and no services were being provided. The family services stage for the SS remained open for 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 as well as any others identified in the course of the investigation?** N/A
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

**Explain:**
There was no open CPS investigation at the time of the SC's death on 8/19/19.

**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 4/11/19 SCR report was determined on 6/10/19 but remained open for services of the SS in foster care and the Family Court case of the SC who expired on 8/26/19.

### Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 08/26/2019 **Time of Death:** Unknown

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

**County where fatality incident occurred:** Kings
**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:** 00
**Adults:** 00

### 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 | 24 Year(s) |
| Other Household 1 | Mother | No Role | Female | 24 Year(s) |

### LDSS Response

On 9/5/19, ACS submitted the OCFS-7065. The OCFS-7065 stated the SC was born on 48/19 with Trisomy 13 with a life

expectancy of one week at that time. ACS had filed an Article 10 Neglect Petition against the SM with a remand granted. The SC would have been released to the BF with ACS court ordered supervision upon discharge from the hospital but expired on 8/26/19.

There is no ACS documentation pertaining to the SC's death except the OCFS-7065. On 6/11/19, ACS closed the Family Services Stage citing the SC would remain hospitalized for up to one year and was not ready for discharge.

## 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:** Hospital physician

## 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?** | ☒ | ☐ | ☐ | ☐ |
| **When appropriate, children were interviewed?** | ☐ | ☐ | ☒ | ☐ |
| **Contact with source?** | ☒ | ☐ | ☐ | ☐ |
| **All appropriate Collaterals contacted?** | ☐ | ☒ | ☐ | ☐ |
| Pediatrician | ☐ | ☒ | ☐ | ☐ |
| **Was a death-scene investigation performed?** | ☐ | ☐ | ☒ | ☐ |
| **Coordination of investigation with law enforcement?** | ☐ | ☐ | ☒ | ☐ |
| **Was there timely entry of progress notes and other required documentation?** | ☒ | ☐ | ☐ | ☐ |

**Additional information:**
The SM was hospitalized shortly after giving birth to the SC for mental health issues.

## Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **Were there any surviving siblings or other children in the household?** | ☒ | ☐ | ☐ | ☐ |
| **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?** | ☐ | ☐ | ☒ | ☐ |

| | | | | |
|---|---|---|---|---|
| **At 7 days?** | ☐ | ☐ | ☒ | ☐ |
| **At 30 days?** | ☐ | ☐ | ☒ | ☐ |
| **Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?** | ☐ | ☐ | ☒ | ☐ |
| **Are there any safety issues that need to be referred back to the local district?** | ☐ | ☒ | ☐ | ☐ |

| | | | | |
|---|---|---|---|---|
| **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?** | ☐ | ☐ | ☒ | ☐ |
| **Explain:**<br>The four SS are all in foster care with relatives and either have never resided with the SM or only resided with her for a very short period of time. | | | | |

**Fatality Risk Assessment / Risk Assessment Profile**

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **Was the risk assessment/RAP adequate in this case?** | ☒ | ☐ | ☐ | ☐ |
| **During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?** | ☒ | ☐ | ☐ | ☐ |
| **Was there an adequate assessment of the family's need for services?** | ☒ | ☐ | ☐ | ☐ |
| **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?** | ☒ | ☐ | ☐ | ☐ |
| **Were appropriate/needed services offered in this case** | ☒ | ☐ | ☐ | ☐ |
| **Explain:**<br>The four SS are all in foster care and have been for some time. The BF declined services and the SM was hospitalized and difficult to engage prior to the SC's death and her hospitalization. | | | | |

**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?** | ☐ | ☒ | ☐ | ☐ |
| **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?** | ☐ | ☒ | ☐ | ☐ |
| **Explain as necessary:**<br>The four SS are all in foster care with relatives. | | | | |

## 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** | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Economic support** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Funeral arrangements** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Housing assistance** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Mental health services** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Foster care** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Health care** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Legal services** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Family planning** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Homemaking Services** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Parenting Skills** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Domestic Violence Services** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Early Intervention** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Alcohol/Substance abuse** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Child Care** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Intensive case management** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Family or others as safety resources** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Other** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Additional information, if necessary:**
The four SS were placed with relatives before the death of the SC.

**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:**
The four SS are all in in foster care with maternal relatives. There is no documentation the case planners responsible for the SS considered services because none of the SS knew the SC and haven't resided with the SM either since birth or shortly after birth.

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

**Explain:**
The SM and BF were offered services. The BF declined and the SM was hospitalized with mental health issues shortly after the birth of the SC and ACS documented she had been difficult to engage prior to the death.

## 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
- ☐ 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) |
|---|---|---|---|---|---|
| 04/11/2019 | Deceased Child, Male, 1 Months | Mother, Female, 24 Years | Inadequate Guardianship | Substantiated | No |

**Report Summary:**
On 4/11/19, the SCR registered a report that alleged IG of the SC. The report alleged the SM gave birth to a child in the hospital and other children had been removed from her care in the past. The report stated the SC was born with medical issues and the father had an unknown role.

**Report Determination:** Indicated | **Date of Determination:** 06/10/2019

**Basis for Determination:**
ACS' determination narrative stated the IG allegation was substantiated because no assessment of basic provisions for the SC could be made and it was unknown if the SM could adequately care for the SC. ACS also documented that the SM was hospitalized as an inpatient shortly after giving birth due to mental health reasons.

**OCFS Review Results:**
The SM has a history dating back to 2010 of initially complying with her clinical health providers then not continuing with medication and counseling services. In addition, the SM also has a history of her whereabouts being unknown for large periods of time.

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

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

The SM has ACS CPS history dating back to 2010, 2012, and 05/2016. The allegations of these reports were IG. The allegations of these reports were substantiated because the mother suffered with mental illness and was unable to properly care for any of the four children. They were all removed and placed into foster care where they remained.

**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 Child Protective Services case at the time of the fatality?** Yes
**Date the Child Protective Services case was opened:** 12/15/2010

**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?** | ☒ | ☐ | ☐ | ☐ |
| **Did the services provided meet the service needs as outlined in the case record?** | ☒ | ☐ | ☐ | ☐ |
| **Did all service providers comply with mandated reporter requirements?** | ☒ | ☐ | ☐ | ☐ |
| **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?** | ☐ | ☒ | ☐ | ☐ |

**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?** | ☒ | ☐ | ☐ | ☐ |

**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?** | ☐ | ☒ | ☐ | ☐ |
| **Were services provided to parents as necessary to achieve safety, permanency, and well-being?** | ☐ | ☒ | ☐ | ☐ |

## Family Assessment and Service Plan (FASP)

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **Was the most recent FASP approved on time?** | ☒ | ☐ | ☐ | ☐ |
| **Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?** | ☒ | ☐ | ☐ | ☐ |
| **Was the FASP consistent with the case circumstances?** | ☒ | ☐ | ☐ | ☐ |

## Closing

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **Was the decision to close the Services case appropriate?** | ☐ | ☐ | ☒ | ☐ |

## Foster Care Placement History

The SM has four older children all of whom were placed into foster care shortly after their birth's. The ages of the SS are 9, twins age 7 and 3.

## 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:** |
| 04/17/2019 | There was not a fact finding | There was not a disposition |
| **Respondent:** | 053406 Mother Female 24 Year(s) | |
| **Comments:** | On 4/17/19, ACS filed a petition seeking a remand of the SC upon discharge from Brookdale Hospital. The SC was to reside with the BF with ACS court ordered supervision but expired without leaving the hospital. | |

## 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