

Report Identification Number: NY-22-036

Prepared by: New York City Regional Office

Issue Date: Nov 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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: 2 day(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 05/12/2022
Initial Date OCFS Notified: 05/17/2022

Presenting Information

On 5/10/2022, the Administration for Children's Services (ACS) received an SCR report alleging the mother gave birth to the subject child on that day and both tested positive for cocaine. The subject child was born premature at 22-23 weeks gestation. The child died in the hospital on 5/12/2022 and ACS completed the 7065 Agency Reporting form to notify the NYC Regional Office of the child's death. There were 2 surviving siblings in the home, aged 11 and 14 years.

Executive Summary

On 5/13/2022, ACS was notified of the 5/12/2022 death of the 2-day-old subject child during a routine telephone call with the subject mother. ACS had an open voluntary preventive services case, which opened on 5/10/2022, due to concerns for the subject mother's substance misuse. A CPS investigation regarding the mother's positive toxicology at the time of the subject child's birth was opened on 5/10/2022. At the time of the death there were two surviving siblings, aged 11 and 14 years, residing in the home with the mother. ACS assessed the children to be safe in the home and in the care of the subject mother at the time of the subject child's death and during subsequent home visits.

ACS investigated the circumstances surrounding the subject child's death and learned that on 5/10/2022, the subject mother gave birth to the subject child at around 22-23 weeks gestation. The subject mother and subject child tested positive for cocaine at the time of the birth. The subject child was intubated and placed on a ventilator. The subject child was described as being "critically ill". On 5/12/2022, the subject child went into cardiopulmonary failure and was pronounced deceased at 10:59 PM.

An autopsy was not performed. The death was presumed to be the result of cardiorespiratory failure, hypertension, respiratory distress, extreme prematurity (borderline viability), Grade 3 intraventricular hemorrhaging, and hyperkalemia. Law enforcement did not investigate the death.

The investigation open at the time of the fatality was unfounded and closed on 6/16/2022. The mother agreed to a voluntary preventive services case on 5/10/2022 and was referred to services for mental health and substance misuse issues. ACS attempted to file an Article 10 petition requesting court ordered supervision, preventive services, random drug screening, and substance misuse treatment; however, the court was only accepting filings for other requests at that time. The mother complied in attending multiple substance screenings and tested negative for non-prescribed substances. The voluntary preventive services case remained open as of the writing of this report.

PIP Requirement

ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

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:

The death of the subject child was not reported to the SCR, therefore, safety assessments and a determination were not required.

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:

Based on the information ACS gathered, they determined there was not reasonable cause to suspect the death was a result of abuse or maltreatment; therefore, an SCR report regarding the fatality was not made. ACS closed the investigation opened at the time of the fatality upon completion of all case objectives.

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: 05/12/2022

Time of Death: 10:59 PM

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?	Yes
Child's activity at time of incident:	

- | | | |
|-----------------------------------|----------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input checked="" type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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	2 Day(s)
Deceased Child's Household	Mother	No Role	Female	37 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)

LDSS Response

ACS conducted an investigation upon learning of the subject child's death by searching CPS history, speaking to hospital staff, interviewing the subject mother and surviving siblings, and gathering medical records. The subject mother declined to provide identifying information for the father of the subject child; as such, ACS was unable to identify, locate, or contact the biological father.

Medical records revealed the subject child was born on 5/10/2022 between 22- and 23-weeks' gestation and weighed .554 kg (1.22 lbs.) at the time of the birth. Both the subject mother and subject child tested positive for cocaine. The subject child was born with multiple medical issues and was described as "limp and pale". The subject child was administered 2 doses of epinephrine, ventilated, and placed on a ventilator. The subject child passed away on 5/12/2022 due to cardiorespiratory failure. Hospital staff was present when the subject child passed away.

ACS interviewed the subject mother who denied using cocaine at any time during the pregnancy but did disclose she had taken 6 codeine pills in the days leading to the birth as she was in pain. The subject mother denied she had a prescription for the narcotic pain medication. The surviving siblings were interviewed and neither made disclosures of substance misuse by their mother. The surviving siblings were assessed to be safe in the care of their mother throughout the investigation. The father of the surviving siblings resided out of state and had no contact with the children; however, ACS failed to add that father to the case, notify him of the report, or contact him.

ACS spoke with the attending hospital physician who reported the subject child's death was the result of medical complications related to his severe prematurity. The physician stated that, due to the subject child's severe prematurity, they were unable to determine if the subject child's cocaine positivity contributed to the prematurity or to the 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: Hospital physician

Multidisciplinary Investigation/Review
Was the fatality referred to an OCFS approved Child Fatality Review Team?No

Comments: The NYC area does not have an OCFS-approved Child Fatality Review Team.



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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Explain:

The fatality was not reported to the SCR and, as such, the completion of safety assessments was not required.

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:
The family was receiving preventive services prior to the death of the subject child. Following the death, the family was receptive to counseling services.

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"/>

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Preventive Services							

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The surviving siblings were provided counseling services.

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

Explain:

The mother was provided counseling services.

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:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Had medical complications / infections
<input checked="" type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input checked="" type="checkbox"/> Used illicit drugs |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

Infant was born:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Drug exposed
<input type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)
05/10/2022	Deceased Child, Male, 10 Hours	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 10 Hours	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:
 The SCR report alleged the mother gave birth to the subject child on 5/10/2022 and tested positive for cocaine at the time of the birth. The subject child was born premature at 22 weeks gestation and was in critical condition. The subject child passed away on 5/12/2022 from medical issues related to his prematurity. The mother admitted to using non-prescribed narcotic painkillers shortly before the birth; however, she denied using cocaine.

Report Determination: Unfounded **Date of Determination:** 06/16/2022

Basis for Determination:
 ACS unfounded the allegations of Inadequate Guardianship and Parents Drug / Alcohol Misuse. The determination noted medical professionals were unable to determine if the mother's substance use had caused the subject child's prematurity, medical issues, or subsequent death. The surviving siblings denied any knowledge of substance use for their mother and no other immediate concerns were identified regarding the children. The family was opened for voluntary preventive services and that the services case remained open at the closure of the CPS investigation.

OCFS Review Results:
 ACS interviewed the mother, the surviving siblings, and pertinent collaterals to gather information related to the fatality and to assess for the safety of the surviving siblings. ACS followed up in addressing previous concerns for the surviving sibling's school attendance and mental health and made referrals for counseling and other services. ACS did not add the father of the surviving siblings to the case and there were no documented attempts to notify or speak with the father regarding the case.

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

Issue:
 Failure to provide notice of report

Summary:
 ACS did not provide a Notice of Existence letter to the father of the surviving siblings or make effort to speak with him about the report.

Legal Reference:
 18 NYCRR 432.2(b)(3)(ii)(f)

Action:
 ACS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/12/2022	Sibling, Female, 14 Years	Mother, Female, 37 Years	Educational Neglect	Far-Open	Yes

Report Summary:

The SCR report alleged the 14yo surviving sibling had missed 64 days of school and was failing as a result. The school made the mother aware of the child's absenteeism; however, the mother failed to meet the child's educational needs.

OCFS Review Results:

ACS attempted to engage the family with the FAR process and made referrals to appropriate service providers; however, the family did not adequately engage with ACS or the service providers. On 5/10/2022, ACS learned the mother gave birth to the subject child and that both had tested positive for cocaine at the time of the birth. ACS determined that the FAR case was no longer appropriate for the family. The FAR case was closed and a new SCR report was made.

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

Issue:

FAR-Failure to Provide Notice of Report

Summary:

ACS did not provide written notice of the report to the father of the surviving siblings or make efforts to speak with him about the report.

Legal Reference:

18 NYCRR 432.13 (e)(2)(i)(a)-(d)

Action:

No later than seven days after receipt of a child protective report that has been assigned to the Family Assessment Response track, the child protective service must provide written notification to every parent, guardian or other person legally responsible for the child or children named in the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/17/2020	Sibling, Female, 9 Years	Mother, Female, 35 Years	Inadequate Guardianship	Far-Closed	Yes
	Sibling, Female, 9 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Sibling, Female, 12 Years	Mother, Female, 35 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 12 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Far-Closed	

Report Summary:

The SCR report alleged the mother was misusing illegal drugs while the sole caretaker for the then 9yo and 12yo surviving siblings.

OCFS Review Results:

ACS engaged the family with the FAR process, made home visits, contacted collaterals, and provided necessary referrals. Collateral contacts reported no current safety concerns for the children and the mother voluntarily submitted to 2 toxicology screens, both of which were negative for all substances. All progress notes were entered timely and the record reflects supervisory and specialist consultation. The biological father of the surviving siblings was not added to the case composition, not notified of the report, and not contacted or interviewed.

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

Issue:

FAR-Failure to Provide Notice of Report

Summary:

ACS did not provide written notice of the report to the father of the surviving siblings or make efforts to speak with him about the report.

Legal Reference:

18 NYCRR 432.13 (e)(2)(i)(a)-(d)

Action:

No later than seven days after receipt of a child protective report that has been assigned to the Family Assessment Response track, the child protective service must provide written notification to every parent, guardian or other person legally responsible for the child or children named in the report.

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

The mother was listed as a subject on 1 SCR report more than 3 years prior to the fatality. Allegations of Inadequate Guardianship and Educational Neglect were unsubstantiated against the mother regarding her 14yo cousin, who was living in the mother's home at the time of the report.

Known CPS History Outside of NYS

There was no known 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: 05/10/2022

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: 05/10/2022

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 community agency.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
 Yes No

Issue:	Timely/Adequate Case Recording/Progress Notes
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Summary:	Progress notes for the first 4 face-to-face contacts were entered more than 30 days after the event date.
Legal Reference:	18 NYCRR 428.5
Action:	Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Preventive Services History

A voluntary preventive services case was opened 5/10/2022 for the purpose of providing services to the mother, the subject child, and the surviving siblings after the subject child's birth, at which time the subject child and the mother tested positive for cocaine. The subject child was removed from the case after his death.

On 12/12/2014, a Family Services Stage was opened for the purposes of completing a court ordered investigation regarding a family court custody proceeding. The mother had filed to stop visitation between the surviving siblings and their father due to a matter unrelated to this report.

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