



Report Identification Number: NY-23-067

Prepared by: New York State Office of Children & Family Services

Issue Date: Dec 21, 2023

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 had an open investigation or a CPS monitored services 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: 25 day(s)

Jurisdiction: Richmond
Gender: Male

Date of Death: 06/24/2023
Initial Date OCFS Notified: 06/24/2023

Presenting Information

The New York City Administration for Children's Services (ACS) received an SCR report on 6/24/2023, which alleged the mother (SM) was bathing the 3-week-old child (SC) in the tub. The mother dropped the child in the tub, fully submerging the child for a couple of seconds before she took him out of the tub. The child stopped breathing, the mother called 911, and initiated CPR. First responders arrived at the home and transported the child to the hospital where he was pronounced dead. The roles of the 7-year-old twin siblings (SSs) and maternal great-aunt (MGA) were unknown. A subsequent SCR report was received on the same date and alleged the child was left unsupervised in the tub for an unknown period before being found unresponsive by the mother. The family had an open long-term case as the children had been removed from the care of the mother and placed with the maternal great-aunt on 6/6/2023.

Executive Summary

This report concerns the death of a 3-week-old child which occurred while in the care of his mother. Upon receipt of the SCR report, ACS coordinated their response with law enforcement and notified both the medical examiner and district attorney of their involvement in the investigation of the child's death.

Law enforcement informed ACS the mother had been interviewed prior to ACS becoming involved. Law enforcement stated the mother claimed the child had diarrhea and needed a bath. The mother claimed the child was in her arms, she turned to get a towel, the child slipped from her arms and was fully submerged for a few seconds. The mother picked the child up out of the water, and he had stopped breathing. The mother immediately called 911 and initiated CPR. Law enforcement expressed there were some inconsistencies with the mother's recounting of the events. Law enforcement stated the mother appeared to have been under the influence of a substance and neither the child nor the tub were wet upon their arrival. An order of protection preventing the mother from being the sole caretaker of the children was violated when the maternal great-aunt left the children in the mother's care overnight on the date of the fatal incident. A search warrant was executed in the home and fentanyl, cocaine and oxycodone were found in the home. The mother declined to speak to ACS about the child's death citing the ongoing criminal investigation.

The twin 7-year-old siblings were interviewed separately by ACS. The children did not have direct knowledge of the fatal incident, though each stated they heard the 3-week-old child crying. The twin siblings each also confirmed the maternal great-aunt had told them not to tell anyone any details about the child's death. The 7-year-old twin siblings were removed from the custody of the maternal great-aunt and placed in a non-kinship foster placement where they remained at the time the investigation closed.

ACS interviewed the medical examiner following the autopsy. The medical examiner stated the child showed no signs of having drowned or having had diarrhea as the mother reported. The medical examiner stated the mother's explanation of events did not match the child's condition. The toxicology and final autopsy report were pending at the time ACS closed their investigation.

ACS determined the mother and maternal great-aunt violated the existing custody order and order of protection when the maternal great-aunt left the children alone in the care of the mother overnight on 6/23/2023-6/24/2023 and substantiated the allegations of Inadequate Guardianship against them regarding all three children. ACS stated in their determination they did not have a fair preponderance of the evidence to substantiate the allegation of DOA/Fatality against the mother. The surviving siblings were assessed as safe in a foster care placement throughout the investigation.

**PIP Requirement**

ACS will submit a PIP to the New York Regional Office within 30 days of receipt of this report. The PIP will identify action(s) ACS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality**Safety Assessment:**

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

All family members and relevant collateral contacts were interviewed. There was documentation of supervisory consultation throughout the investigation.

Required Actions Related to the Fatality

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

Issue:	Pre-Determination/Nature, Extent and Cause of Any Condition
Summary:	ACS was made aware of the SM's potential substance misuse by law enforcement and did not investigate the claims further or add the allegation of PD/AM against the SM for each child in her care.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(c)



Action:	In addition to conditions enumerated in a report, CPS is required to determine any other condition that may constitute abuse or maltreatment. ACS will address new concerns as they arise with all applicable caregivers, in an effort to determine whether the action(s)/inaction(s) constitute as abuse or maltreatment.
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Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 06/24/2023

Time of Death: 06:05 AM

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

05:15 AM

County where fatality incident occurred:

Richmond

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs?

Unknown

Child's activity at time of incident:

☐ Sleeping☐ Working☐ Driving / Vehicle occupant☐ Playing☐ Eating☐ Unknown☒ Other: Being bathed

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	25 Day(s)
Deceased Child's Household	Other - Maternal Great Aunt	Alleged Perpetrator	Female	47 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	7 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	7 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	27 Year(s)

LDSS Response

Within the first 24 hours of the investigation, ACS contacted the source of the report, notified the ME and DA's offices of the death, documented a CPS history check, interviewed medical collaterals, and assessed the safety of the SSs.



ACS spoke with LE. LE stated the SM and SSs were at the station and ACS went to interview the SM there. The SM was unable to discuss details with ACS due to being upset and having already reviewed the fatal incident with LE. ACS attempted to interview the SM later in the investigation, and she declined to discuss details of the incident due to the open criminal investigation.

LE and ACS records showed an active OP in place for the children against the SM. The SM was not to have unsupervised contact with the children. The MGA was interviewed regarding the fatal incident and how the SM to be alone with the children. The MGA claimed her son had been in a car accident and the SM was caring for the children while she tended to the family emergency. The MGA stated she arrived home late the night before and left the children in the care of the SM. The MGA declined to participate in further interview topics and referred future contact to an attorney.

The twin 7-year-old SSs were interviewed separately. The SSs did not have direct knowledge of the fatal incident, though disclosed they could hear the SC crying. The SSs each disclosed they only knew the SC had fallen in the tub and drowned. Each SS confirmed the SM told them that information and each SS confirmed the MGA told them not to tell anyone what happened if asked. The SSs were removed from the care of the MGA and placed in a non-kinship foster placement.

ACS interviewed LE assigned to the investigation. LE stated the SM appeared to have been under the influence of an unknown substance during her interview immediately following the fatal incident. LE stated the SM disclosed the SC had diarrhea and she drew him a bath at approximately 5:00 AM. The SM stated the SC slipped from her arms and was fully submerged under water for a few seconds. The SM stated she immediately picked him up, and he was not breathing. The SM called 911 and initiated CPR. LE and the 911 call showed the SM would not tell the dispatcher what apartment she lived in, and she would meet EMS in the lobby. EMS and LE stated both the SC and the bathtub were dry upon their arrival. LE believed the SM's account of events to be unreliable and executed a search warrant on the home. Cocaine, fentanyl, and oxycodone was found in the apartment when the warrant was executed. The SM had not been allowed to return to the apartment following the death of the SC and the contents of the apartment had been undisturbed.

The allegations of IG against the SM and MGA regarding the SC and twin SSs were substantiated. ACS determined the SM and MGA violated the existing OP prohibiting the SM from having unsupervised contact with the children. The allegation of DOA/Fatality against the SM regarding the SC was unsubstantiated by ACS. ACS determined the SC died while in the mother's care under suspicious circumstances. ACS failed to obtain evidence regarding the SC's cause of death. Further toxicology testing was ordered by the ME and was pending at the time the investigation was closed.

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 investigation conducted by a Multidisciplinary Team (MDT)?Yes

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

Comments: ACS does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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Child Fatality Report

065477 - Deceased Child, Male, 25 Day(s)	065478 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
065477 - Deceased Child, Male, 25 Day(s)	065481 - Other - Maternal Great Aunt, Female, 47 Year(s)	Inadequate Guardianship	Substantiated
065477 - Deceased Child, Male, 25 Day(s)	065478 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
065479 - Sibling, Female, 7 Year(s)	065478 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
065479 - Sibling, Female, 7 Year(s)	065481 - Other - Maternal Great Aunt, Female, 47 Year(s)	Inadequate Guardianship	Substantiated
065480 - Sibling, Female, 7 Year(s)	065478 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
065480 - Sibling, Female, 7 Year(s)	065481 - Other - Maternal Great Aunt, Female, 47 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>



Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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 checked="" type="checkbox"/>	<input 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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The children had been in a kinship foster placement with the MGA. Upon the SC's death, the SSs were transferred to non-kinship foster placement.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

☒Family Court☐Criminal Court☐Order of Protection



Child Fatality Report

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/24/2023	There was not a fact finding	There was not a disposition
Respondent:	065478 Mother Female 27 Year(s)	
Comments:	An Article X petition was filed against the SM following the death of the SC.	

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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 SSs were placed in a non-kinship foster placement to support their immediate needs. Additional supports were put in place following the death of the SC.



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

Explain:

The SM was participating in substance abuse treatment prior to the death of the SC. Additional services were declined.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

Yes

Was the child acutely ill during the two weeks before death?

No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- | | |
|--|--|
| <input checked="" type="checkbox"/> With a positive toxicology | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> Exhibiting withdrawal symptoms | <input type="checkbox"/> With none of the issues listed noted in case record |

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/30/2023	Deceased Child, Male, 1 Days	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 1 Days	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

The SCR report alleged the SM gave birth to the SC and tested positive for illicit substances. The SM had a history of substance misuse and the SC displayed signs of withdrawal. The 7-year-old twin SSs had unknown roles.

Report Determination: Indicated

Date of Determination: 07/12/2023

Basis for Determination:

The SM had entered into a substance abuse treatment program, though tested positive for substances not prescribed and were being misused while pregnant and while being the sole caretaker for the 7-year-old SSs. The 7-year-old SSs were assessed as safe in the care of the MGA and a neglect petition was filed against the SM. The SSs were placed in a



non-kinship foster placement following the death of the SC due to the MGA breaking the custody order and existing OP against the SM.

OCFS Review Results:

ACS did not document a Plan of Safe Care being completed or document diligent efforts to identify and locate the biological father. Following the death of the SC, ACS ensured the safety of the SSs through a non-kinship foster placement.

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

ACS did not document diligent efforts to identify and interview the biological father of the SC or SSs.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

ACS will document attempts to identify, locate, and interview biological parents of children named in investigations.

Issue:

Failure to complete, document, and monitor a Plan of Safe Care

Summary:

A Plan of Safe Care was not documented to have been completed in the case record.

Legal Reference:

17-OCFS-LCM-03 & 18-OCFS-LCM-06

Action:

ACS will complete a Plan of Safe Care when required and document the plan in the case record.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/02/2023	Sibling, Female, 7 Years	Mother, Female, 27 Years	Inadequate Guardianship	Far-Closed	No
	Sibling, Female, 7 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Sibling, Female, 7 Years	Mother, Female, 27 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 7 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Far-Closed	

Report Summary:

The SCR report alleged the SM was using an illicit substance while being the sole caregiver to the 7-year-old twin SSs. It was unknown if the SSs had been injured while the SM had been under the influence.

OCFS Review Results:

The SM entered into an outpatient substance abuse treatment program and disclosed her substance misuse to the staff there. The SM was pregnant and upon the birth of the SC, the SM and SC tested positive for illicit substances. The case had initially been assigned to a FAR response and upon the birth of the SC, the FAR response was closed and the allegations were investigated under a new SCR report.

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 an investigation in 12/2020 alleging the educational neglect of the twin siblings. ACS intervention led to improved hybrid school attendance and further interventions were unnecessary. An investigation in 7/2015 regarding the SM's alleged drug misuse while being the sole caretaker for the SSs was unsubstantiated.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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"/>

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care:

Date of placement with most recent caregiver?

06/06/2023

How did the child(ren) enter placement?

Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the State Central Register? Date: 06/01/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The children were placed in a kinship foster placement with the MGA on 6/6/2023.

Foster Care Placement History



The children were placed in foster care on 6/6/2023 following the birth of the SC. At the time of the birth, the SM and SC tested positive for fentanyl and cocaine and the SC remained hospitalized to treat the symptoms of withdrawal. The SSs were assessed as safe in the care of the MGA and officially placed in her custody on 6/6/2023 along with the SC. Following the death of the SC, the SSs were transferred to a non-kinship foster placement where they remained at the time the investigation closed.

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:
06/06/2023	There was not a fact finding	There was not a disposition
Respondent:	065478 Mother Female 27 Year(s)	
Comments:	A neglect petition was filed against the SM following the birth of the SC. The SM and SC tested positive for fentanyl and cocaine and the SC remained hospitalized for treatment.	

Have any Orders of Protection been issued? Yes**From:** 06/06/2023**To:** Unknown**Explain:**

An OP was issued for the children against the SM due to her substance misuse.

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