



Report Identification Number: NY-16-104

Prepared by: New York City Regional Office

Issue Date: Jun 30, 2017

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	

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
CPR-Cardio-pulmonary Resuscitation		

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-Others	

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	

Case Information



Report Type: Child Deceased
Age: 2 year(s)

Jurisdiction: New York
Gender: Female

Date of Death: 01/06/2012
Initial Date OCFS Notified: 09/30/2016

Presenting Information

The SCR report alleged on 9/30/16, that approximately four years ago the SM had a mental breakdown and killed her child. It is unknown how the SM killed the SC. The male Half sibling,(HS) age 4, had bruising to his left wrist, left shoulder, lower back, thighs, and the side of his legs. The bruises were in different stages of healing. The bruises were suspicious in nature and were caused by the SF.

The report added that on 1/6/12, the 2-year-old SC was transported to the hospital by ambulance. The SC was dead on arrival. The SC had visible bruising on the back of her neck, a strangulation mark on the right side of her neck, puncture wound on the left side of her jaw, a bloody laceration on the left side behind her ear. The SM was transported to the hospital with minor injuries and exhibited irrational behavior. The SM refused to provide her name or any other information. The nature of the SC's injuries and SM's strange behavior made the SC's death highly suspicious.

Executive Summary

The 7-year-old SC mentioned in the intake died on 1/6/12. The allegations of the 1/6/12 SCR report were DOA/Fatality, L/B/W, IG, C/T/S for the SC by the SM. The SCR had previously registered a report concerning the SC's death on 1/6/12, and on 7/6/12, OCFS issued fatality report 95-2012-00002 pertaining to the fatality.

It was reported the SC had bruising to the back of neck, strangulation marks on the neck, a puncture wound to the left side of the jaw with a bloody laceration to the left side of the head behind the ear. In addition there was a torn anus and the hymen was not intact. The ME listed the cause of death as Asphyxia and the manner of death as homicide. On 3/6/12, ACS substantiated the allegations of DOA/Fatality, IG, LBW and Other of the now deceased SC by the SM. ACS unsubstantiated the allegation of C/T/S of the now deceased SC by the SM.

During the 1/6/12 investigation, ACS made diligent efforts to contact collateral resources such as the Dr., LE, neighbors, the superintendent, the SC BF, relatives and the ME. According to the ACS case record ACS completed three safety assessments and the safety decisions were appropriate. ACS reported there were no other children in the home at the time. The SM gave birth to the HF while incarcerated on 9/5/12. Subsequently, ACS filed an Article 10 Neglect petition against the SM on behalf of the half sibling (HS). The HS was released to the SF with ACS court ordered supervision. The SM remains incarcerated in a mental health facility.

OCFS identified citations for ACS practice/issues as follows; Pre-Determination /Nature, Extent and Cause of any Condition. ACS documented that the Risk assessment was not completed appropriately. ACS submitted to OCFS a corrective action plan that identified the actions that ACS had taken to address the identified citations.

The 9/30/16 ACS investigation, revealed that the HS sustained bruises and was fearful of the SF. An Initial Child Safety Conference (ICSC) was held and, SF admitted to hitting the HS with his hands four days prior to the report for misbehaving in school. The SF also revealed that he met the SM, two months prior to the fatality of the SC. The SF informed ACS that he is no longer in a relationship with the SM.

On 10/3/16, the Manhattan County Family Court (MCFC) judge ordered the HS be remanded to the Commissioner of



ACS. On 10/1/16, the HS was placed in a non-kinship foster home with Children’s Aid Society (CAS). ACS reported the HS was adjusting well and expressed that he wanted to stay with the foster parent. Diligent efforts to engage the SF in services were successful. The Family Services Progress Notes (FSPN) revealed the SF was compliant with therapy, parenting skills, and anger management. The HS is enrolled in therapy services with Northside Mental Health. ACS documented that there are no other children in the community/familial home. ACS documented unsuccessful attempts at phone contacts with the SM and the SM’s social worker. The CAS agency staff made regular home visits to assess the HS in the foster home, documented the home conditions were satisfactory, and the HS did not have visible marks/bruises indicative of abuse/maltreatment.

On 11/29/16, ACS substantiated the allegations of DOA/Fatality and IG of the now deceased SC by the SM. ACS substantiated the allegations of XCP, IG, LBW of the half sibling by the SF. ACS documented that the HS's bruises in various stages of healing were all over his body.

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

Explain:

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 case remains open for foster care services with Children's Aid Society Agency.

Required Actions Related to the Fatality

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

Issue:	Adequacy of case recording in FASP
Summary:	The Family Service Stage progress notes revealed the Children's Aid Society staff did not enter the



	progress notes within the 30 day time frame. A progress note event documented as 10/20/16 was entered in CONNECTIONS on 3/6/17.
Legal Reference:	18 NYCRR 428.6(a)
Action:	The Administration for Children’s Services (ACS) must request a corrective action plan from CAS and submit the plan within 45 days that identifies what action CAS has taken or will take, to address the citation(s) identified in the fatality report.
Issue:	Failure to Provide Notice of Indication
Summary:	ACS did not provide the SF or SM with a Notice of indication once the investigation was determined and approved.
Legal Reference:	18 NYCRR 432.2(f)(3)(xi)
Action:	The Administration for Children’s Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has taken, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed
Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	The CONNECTIONS progress notes, revealed that ACS staff did not enter the progress notes within the 30 day time frame. A progress note event documented as 10/4/16 was not entered into CONNECTIONS until 11/29/16.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	The Administration for Children’s Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has taken, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/06/2012

Time of Death: 05:00 AM

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

County where fatality incident occurred:

KINGS

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown



Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

2

At time of incident supervisor was: Unknown if they were impaired.

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	Female	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Other Household 1	Mother's Partner	Alleged Perpetrator	Male	51 Year(s)
Other Household 1	Other	Alleged Victim	Male	4 Year(s)

LDSS Response

On 9/30/16, ACS made initial contact with the SF and interviewed the HS at Harlem Hospital. ACS documented the HS was "afraid to return home." The HS was described as being agitated and scared when he saw the SF. ACS and medical staff at Harlem Hospital observed black and blue bruising on the HS's left wrist, lower back, front and back of the child's thighs.

On 10/1/16, the HS was placed in a non-kinship foster home with the Children's Aid Society. ACS reported the HS was adjusting well and expressed that he wanted to stay with the foster parent.

On 10/3/16, an Initial Child Safety Conference (ICSC) was held at the borough office. ACS filed an Article 10 Neglect Petition in Manhattan Family Court naming the SF as a respondent on behalf of the HS. A remand of the HS was granted.

On 10/4/16, ACS made phone contact with LE and learned the HS was interviewed and expressed a fear of the SF. LE reported that they had no information regarding the fatality that occurred in 2012 involving the 7-year-old SC.

ACS also made phone contact with the HS's MGM. ACS inquired about the MGM being a resource for the HS. The MGM declined being a resource and reported she was unable to care for the HS.

On 10/7/16, ACS made face to face contact with the ADA at the Child Advocacy Center (CAC). ACS learned that SF was arrested on 09/30/16 and charged with PL 120. Felony Assault with Intent to Cause Physical Injury and PL 120.05 09 Felony Assault Causing Injury to a Person under seven years old. An Order of Protection (OOP) was issued and was in effect until 03/31/17.

ACS conducted a school visit to assess the HS on 10/20/16. The HS stated that he did not want to visit with the SF, and



wished to stay with the foster family. When ACS questioned the HS about his reason for not wanting to visit the SF, he did not have an explanation. ACS received phone calls from the HS's school teacher and the foster parent indicating that the HS was upset after the interview with ACS because he was afraid he would be returned home to the SF.

ACS referred the SF to parenting skill training, therapy, and anger management on 10/20/16.

The foster care agency conducted a home visit on 10/31/16, and assessed the HS living environment. The case planner learned that the HS shared a room with the FF.

On 11/2/2016, ACS received the Investigative Consultant report which revealed no history for the SF, babysitter and alleged roommate.

During the investigation ACS learned that the SM remains incarcerated. ACS reported that there were no other children in the home or community.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: The investigation adhered to previously approved protocols for joint investigation.

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
036661 - Deceased Child, Female, 2 Yrs	036663 - Mother, Female, 30 Year(s)	Lacerations / Bruises / Welts	Substantiated
036661 - Deceased Child, Female, 2 Yrs	036663 - Mother, Female, 30 Year(s)	Other	Substantiated
036661 - Deceased Child, Female, 2 Yrs	036663 - Mother, Female, 30 Year(s)	Choking / Twisting / Shaking	Unsubstantiated
036661 - Deceased Child, Female, 2 Yrs	036663 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
036661 - Deceased Child, Female, 2 Yrs	036663 - Mother, Female, 30 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
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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 siblings/other children in the household removed as a result of this fatality report/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:
 ACS filed an Article 10 Neglect Petition in Manhattan County Family Court naming the SF as a respondent on behalf of the HS. A remand of the HS was granted by the Manhattan Family Court Judge on 10/3/16.

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No



Services Provided to the Family in Response to the Fatality

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

ACS placed the HS into a Non-Kinship foster home with Children's Aid Society. At the time of the January 2012 fatality, the HS was not born, there were no surviving children identified in the January 2012 report of the now deceased child (age 7) and the SM.

History Prior to the Fatality

Child Information

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

Yes

Was there an open CPS case with this child at the time of death?

No



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? No

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

The SM was known to the SCR and to ACS from reports dated 9/5/12, 1/6/12, and 4/20/10.

The 9/5/12 report alleged the SM gave birth to a male infant HS of the now deceased SC. The SM was incarcerated for 2nd degree murder of the SC. On 10/3/12, the allegation of IG was substantiated. ACS filed an Article 10 Neglect petition against the SM and the HS was released to his BF and received preventive services from the Puerto Rican Family Institute.

The 1/6/12 SCR report alleged at 4:41 a.m., the 2-year-old SC was transported to the hospital by ambulance and the SC was pronounced dead on arrival. The SC had visible bruising to her body. On 3/5/12, ACS substantiated the allegations of DOA/Fatality, LBW and IG against the SM.

The allegation of the 4/20/10 report was IG of the now deceased SC by the SM. The 4/20/10 report alleged the SM engaged in a physical altercation while holding the SC. On 6/18/10, ACS substantiated the IG allegation against the BM.

During the 4/21/10, 1/6/12 and 9/5/12 reports, ACS staff interviewed the SM, case manager, resident assistant, neighbors, ME, MGM, BF of the deceased child and other collateral contacts. ACS addressed all the allegations of each report.

Known CPS History Outside of NYS

There is no CPS history outside of NYS.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

As a result of the 9/5/12 investigation ACS referred the SF for Preventive Services through the Puerto Rican Family Institute, Public Solutions and ACS Family Service Unit on 10/17/12. The SF and HS were referred for public assistance, ACS housing subsidy, and child care services. The FSS stage was closed on 6/24/14 because services were no longer needed. The SF was granted a final order of custody from Queens County Family Court (QCFC). During the Family Service stage ACS and the preventive agency made regular home visits to assess the HS in the foster home. CAS staff



observed the home conditions were satisfactory and the HS did not have any visible marks/bruises indicative of abuse/maltreatment.

As a result of the 4/20/10 investigation, a Family Service Stage (FSS) was opened. ACS suggested that the SM engage in parenting and anger management to assist with her anger issues, however, the SM did not engage in services and the FSS stage was closed on 6/17/10.

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