



## Report Identification Number: NY-18-132

Prepared by: New York City Regional Office

Issue Date: Jun 12, 2019

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**

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 1 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 12/31/2018  
**Initial Date OCFS Notified:** 12/31/2018

## Presenting Information

The 12/31/18 report alleged on 12/31/18 at 1:42 AM, the SC was found unresponsive while in the SM's care. The SM put the SC on her back at approximately 12:30 AM. When the SM awoke at approximately 1:42 AM, the SC was found face down with blood on her face and blood on the sheets, unresponsive. The SC was an otherwise healthy child. The SM, SC and 8-yo SS were all co-sleeping on the bed. The SC had no visible injuries and it was unknown where the blood came from. The home was in disarray and cluttered. The crib meant for the SC to sleep in was full of clutter. The SM failed to address the conditions of the home. The SC was pronounced dead at the hospital at 2:37 AM.

## Executive Summary

The 1-month-old male child (SC) died on 12/31/18. The autopsy listed the cause of death as Undetermined and the manner of death as Undetermined.

The allegations of the 12/31/18 report were DOA/Fatality of the SC, and IG and IF/C/S of the SC and 8-yo female SS by the SM.

ACS learned that on 12/31/18 at approximately 1:00 AM, the SM fed the SC and laid him on his back on the bed. The SS was alongside the SC in the bed. The SC was in the middle between the SM and SS. The SM was unable to recall details of the timeline of events. She explained that at approximately 1:30 AM she observed the SC was face down and not moving. The SM did not attempt CPR or relocate the SC, but woke the SS, and then left the apartment to call 911. She knocked on neighbors' doors, but no one answered. The SM did not have a phone. She went to the lobby and asked someone to contact 911. The SM returned to the apartment to await EMS. She left the SC on the bed as she did not know what to do. The SM said the SC had no medical issues. The SM denied she had a history of clinical health issues or drug use. The SM said the BF sometimes assisted with supervision of the SC.

During follow-up interviews with ACS, the SM provided a different account of the sleeping arrangements at the time she found the SC unresponsive. The SM said she watched tv while the SC and SS slept on the bed. The SM said she frequently used the crib and bassinet for the SC, and she denied she often co-slept with the SC and SS. The SM was unable to provide a clear account of her activities.

On 12/31/18, ACS conducted a child protective emergency removal of the SS. ACS placed the SS in the care of the maternal great grandmother (MGM). On 1/2/19, ACS filed an Article Ten Neglect petition in Family Court naming the SM as the respondent. The Family Court ordered a restricted remand to the MGM. The Family Court ordered ACS to initiate an Interstate Compact on the Placement of Children (ICPC) to be completed on the MGM's home out of state so the SS could temporarily be placed in the MGM's care. The documentation reflected the SM was willing to receive a clinical health assessment, parenting classes, bereavement counseling and submit to random drug testing.

On 1/4/19, ACS received preliminary ME findings that showed the SC was small as he was in the low growth percentile. There was no evidence of trauma on the SC's exterior.

On 1/14/19, ACS requested New Jersey Division of Child Protection to conduct a courtesy visit to the MGM's home. The request was denied pending the completion of an ICPC request.



ACS referred the SS to community based services for clinical care. On 1/25/19, ACS mailed a referral for bereavement counseling services and clinical health services for the SM.

ACS investigation had not yet been determined at the time this fatality report was issued.

## 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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

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:

NA

## 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: 12/31/2018

Time of Death: 02:37 AM

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

01:42 AM



County where fatality incident occurred: Bronx  
 Was 911 or local emergency number called? Yes  
 Time of Call: 01:42 AM  
 Did EMS respond to the scene? Yes  
 At time of incident leading to death, had child used alcohol or drugs? N/A  
 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

At time of incident supervisor was:

Drug Impaired  Absent  
 Alcohol Impaired  Asleep  
 Distracted  Impaired by illness  
 Impaired by disability  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	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	8 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	25 Year(s)

#### LDSS Response

On 12/31/18, LE said the 911 call was received at about 1:42 AM and LE arrived at the home at about 2:00 AM. According to LE's account, the SC was face down on the middle of the bed. There was blood on the SC's face, a small amount blood on the bed sheets, and the SC was unresponsive. The bed was a full size, but possibly a queen size. There was an infestation of flies, garbage, clothing, cigarette butts, and litter throughout the home.

On 12/31/18, the SM said she was unable to provide a detailed timeline of her activities. The SM recalled at 1:00 AM she fed the SC and laid him on his back on the bed. The SS was in the bed with them. The SC was in the middle between herself and the SS. The SM said she was asleep and when she awoke, she checked the SC and observed the SC was face down and not moving. The SM left the SC, woke the SS, and then left the apartment to call 911. The SM said she did not have a phone so she went to the lobby where she asked an unrelated individual to contact 911.

Later, ACS again interviewed the SM and family and learned the SM slept in the bed alongside the SC and SS; she slept in the middle. The SS said the SC never slept in his crib as he cried and upset the SM. The SS said the SM went out of the home to get someone to call LE. The SS said the BF sometimes slept in the bed alongside the SC. According to the SS's



account the SM sometimes left the SC alone in the home while accompanying the SS to school.

The MGM stated that the SM said she fed the SC, put him to sleep, and she awoke and observed the SC unresponsive. The MGM was unaware the SM slept alongside the SC in the bed. The MGM did not have concerns about the supervision the SM provided the SC and SS. The MGM expressed concern about the condition of the home. She said she cleaned the home but the SM did not maintain a clean or organized home. The MGM denied the SM had clinical health issues, drug use or disabilities. Later, the MGM said she often went to the SM's home to clean and provide food and clothes for the CHN. The MGM said the SM stated the BF entered a clinical health program.

The attending Dr. was unable to determine whether the SM was in shock, or had cognitive or clinical health issues. The Dr. said it seemed the SC died before the time the SM called 911 for assistance, but the SM stated she did not recall the time she fed the SC or put the SC to sleep. According to the SM and EMS, there was a baby blanket and thin sheets on the bed. There were no pillows or heavy blankets next to the SC in the sleep area.

ACS interviewed a neighbor who alleged the SM and paramour had regular fights. The paramour allegedly often banged on the neighbor's door for access. The neighbor believed the paramour was the father of the SC. ACS observed two unrelated male individuals in the hallway near the family's home. These individuals said the SM begged for food, marijuana, and other items. The SM allegedly approached these individuals in the presence of the CHN.

On 3/28/19, the Jewish Board of Family and Children Services (JBFCS) informed ACS that the SM received therapeutic services. The SM engaged in services on or about February 2019. JBCFS said the SM stated she received an evaluation from another facility and would provide it, but had not done so. JBCFS planned to place the SM on a waiting list for an evaluation. ACS asked JBFCS to incorporate parenting classes into the SM's sessions.

On 5/4/19, ACS visited the SM's home. The SM informed ACS that she began attending grief counseling and parenting classes. She said she submitted to a drug test through Family Court and the results were negative for drugs.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical 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 investigations.

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

**Comments:** There is no OCFS approved Child Fatality Review Team in NYC.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049998 - Sibling, Female, 8 Year(s)	049999 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Pending
049998 - Sibling, Female, 8 Year(s)	049999 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Pending



# Child Fatality Report

050050 - Deceased Child, Male, 1 Month(s)	049999 - Mother, Female, 30 Year(s)	DOA / Fatality	Pending
050050 - Deceased Child, Male, 1 Month(s)	049999 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Pending
050050 - Deceased Child, Male, 1 Month(s)	049999 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Pending

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

**Additional information:**

The SM said the SC did not have an assigned physician.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

### 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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 The documentation reflected that on 12/31/18, ACS conducted CPS emergency removal of the SS due to child safety concerns.

### Legal Activity Related to the Fatality

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

- Family Court                       Criminal Court                       Order of Protection

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>



01/02/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	049999 Mother Female 30 Year(s)	
<b>Comments:</b>	On 1/2/19, ACS filed an Article Ten Neglect petition in Family Court naming the SM as the respondent. The Family Court ordered a restricted remand to the MGGM. The Family Court ordered ACS to initiate an ICPC to be completed on the MGM's home out of New York State.	

**Have any Orders of Protection been issued?** No

**Services Provided to the Family in Response to the Fatality**

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input 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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 ACS referred the SS to community based services. On 1/25/19, ACS mailed referrals for bereavement counseling and clinical health services, respectively.

**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:**



On 1/2/19, ACS filed an Article Ten Neglect petition in Family Court on behalf of the SS, naming the SM as the respondent. The Family Court ordered a restricted remand to the maternal great grandmother (MGM). The Family Court ordered ACS to initiate an ICPC to be completed on the MGM's home so the SS could eventually be placed in her care of the MGM out of New York State.

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

**Explain:**  
The documentation did not reflect that services were provided to the SM and other caregivers to address any immediate needs related to the fatality.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	No
<b>Was there an open CPS case with this child at the time of death?</b>	No
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	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 type="checkbox"/> Used illicit drugs    |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

**Infant was born:**

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither 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)
08/03/2016	Sibling, Female, 5 Years	Mother's Partner, Female, 20 Years	Inadequate Guardianship	Substantiated	Yes

**Report Summary:**

The 8/3/16 report alleged on 8/3/16, the paramour slapped the SM in the presence of the SS. The SS did not sustain injuries.

<b>Report Determination:</b> Indicated	<b>Date of Determination:</b> 09/15/2016
--	--

**Basis for Determination:**

ACS substantiated the allegation of IG of the SS by the paramour on the basis the paramour slapped the SM in the presence of the SS. The SM indicated that the paramour verbally insulted and slapped her. ACS learned there were two incidents during which the paramour was volatile, aggressive, and verbally abusive of the SM. During the investigation, the SM ended the relationship and relocated to a DV shelter. The SM and SS moved to a secure location where they received the needed services.

**OCFS Review Results:**

The SM said there was an argument between herself and her paramour. ACS obtained information from collateral contacts, who observed the paramour slap the SM. The paramour said she and the SM were involved in an argument, but denied she hit the SM. The SS said she felt safe in the SM's care. Later, the SS denied the fight occurred. ACS opened a preventive services case for the family on 8/10/16. However, the documentation showed the SM obtained services through a community based organization at the shelter. ACS closed the preventive services case on 9/15/16.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The documentation did not reflect that ACS interviewed neighbors at the shelter to obtain additional information regarding the family.

**Legal Reference:**

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

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP was inadequate as the information did not reflect the family had unstable housing condition.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations 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.

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

The SM was known to the SCR and ACS as a subject in one report dated 8/26/13. The allegations of the 8/26/13 report were IG and LS of the SS by the SM. On 9/19/13, ACS unsubstantiated the allegations of the report.

**Known CPS History Outside of NYS**

There was no known CPS history outside of NYS.



## 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