



Report Identification Number: NY-16-132

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: 11 day(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 12/10/2016
Initial Date OCFS Notified: 12/16/2016

Presenting Information

On 12/2/16, the BM fed the infant at approximately 6:30 P.M. and put her to bed. Later that night, at approximately 10:30 P.M. the BM checked on the infant and found her unresponsive. The infant had no preexisting medical conditions. The BM took the SC to the Montifiore Hospital emergency room where she was resuscitated and transferred to the neonatal intensive care unit. The infant died on 12/10/16 from E. coli bacterial infection and an enterococcus virus that was allegedly caused by both parent's failure to adequately clean and sterilize the SC's bottles before feeding the child.

Executive Summary

This fatality report concerns the death of an infant who was hospitalized on 12/02/16 and was transferred to the Montefiore pediatric intensive care unit where she was pronounced dead on 12/10/16 at 5:20 AM. The mother and father were named as subjects of the SCR report and the allegations were DOA/Fatality and Inadequate Guardianship of the SC. The BM was the subject of an open investigation dated 11/30/16 as she and the newborn infant tested positive for drug use. The BM admitted to the hospital staff that she had been smoking marijuana throughout the pregnancy. The allegations were PD/AM and Inadequate Guardianship of the SC.

The SC's parents reported that on 12/02/16, the BM took the SC to the pediatrician at Wakefield Medical Center for a well care check up and the SC was assessed to be healthy. The BM expressed concern to the Dr that the SC was not eating well and of the SC's extended stomach. The BM was told that was normal and to return on 12/29/16. Later that day at approximately 6:30 PM the BM fed the SC and placed her in the bassinet asleep. At approximately 10:30 PM, BM checked and found her unresponsive. The BM took the SC to the Montefiore Hospital emergency room as it was in very close proximity. The infant was admitted and the BM was told no oxygen was going to the SC's brain. The SC was hospitalized until her death on 12/10/16. The parents of the SC had no other children.

The parents reported that they were the only care providers to the SC. They fed her with ready made bottles of formula. The BM reported she received safe sleep instructions and adhered. The family members confirmed the information and added that the SC always slept in the bassinet.

The fifteen and five-year-old children who resided in the home at the time of the fatality are the MGF's children and the parents have no responsibility for the minor children in the home. The seventeen-year-old child is pregnant and resides outside the home with her maternal aunt.

The ER physician reported no trauma was found on the infant. The infant was diagnosed as having an E-Coli infection that resulted in her death. The pediatrician declined to be interviewed.

Allegations of DOA/Fatality and Inadequate Guardianship against both parents were unsubstantiated.

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:

The case documentation reflected the circumstances of the fatality investigation.

Was the decision to close the case appropriate? Yes

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 parents had no other children.

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: 12/10/2016

Time of Death: 05:20 AM

Date of fatal incident, if different than date of death: 12/02/2016

Time of fatal incident, if different than time of death: 10:30 PM

County where fatality incident occurred: BRONX

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown



Other

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

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

1

At time of incident supervisor was: Not 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 | Aunt/Uncle | No Role | Male | 5 Year(s) |
| Deceased Child's Household | Aunt/Uncle | No Role | Female | 17 Year(s) |
| Deceased Child's Household | Aunt/Uncle | No Role | Male | 18 Year(s) |
| Deceased Child's Household | Aunt/Uncle | No Role | Female | 15 Year(s) |
| Deceased Child's Household | Deceased Child | Alleged Victim | Female | 11 Day(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 27 Year(s) |
| Deceased Child's Household | Grandparent | No Role | Male | 46 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 24 Year(s) |

LDSS Response

On 12/16/16, the SCR registered a report that alleged the death of an eleven-day-old SC in the home with her parents. The parents were named the subject of that report and the allegations of the report were DOA/Fatality and IG of the SC. At the time of the 12/16/16 report, there was an open investigation naming the BM as the subject of 11/30/16 report; the allegations were PD/AM and Inadequate Guardianship of the SC. The BM and infant both tested positive for marijuana and the BM admitted to the staff that she smoked throughout her pregnancy.

On 12/2/16, the BM reported she took the SC to a well care visit at Wakefield Medical Center. The attending pediatrician examined the SC and stated she was in good health. The BM discussed the SC's lack of appetite and extended stomach and was told it was normal and to return on 12/29/16. Later that day, at approximately 6:30 PM, she fed the SC and placed her to sleep in the bassinet. At approximately 10:30, the BM discovered the SC unresponsive and she took the SC to the Montefiore Hospital ER which was near their home. The SC was admitted and the parents were told the SC had not been receiving enough oxygen. The SC was hospitalized until her death on 12/16/16. The ER Dr found no external signs of maltreatment or abuse.

On 3/13/17, ACS unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship of the SC by the parents stating they found no evidence that suggested the parents were responsible for the infant's death. The parents had no other children.



Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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

Comments: New York City does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--|-------------------------------------|-------------------------|--------------------|
| 038898 - Deceased Child, Female, 11 Day(s) | 038900 - Father, Male, 27 Year(s) | DOA / Fatality | Unsubstantiated |
| 038898 - Deceased Child, Female, 11 Day(s) | 038900 - Father, Male, 27 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 038898 - Deceased Child, Female, 11 Day(s) | 038899 - Mother, Female, 24 Year(s) | DOA / Fatality | Unsubstantiated |
| 038898 - Deceased Child, Female, 11 Day(s) | 038899 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Unsubstantiated |

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| observation and comments in case notes)? | | | | |
| Coordination of investigation with law enforcement? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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:

ACS case documentation reflected the circumstances of the investigation.

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 danger of serious harm, were the safety interventions, including parent/caretaker actions adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| petition in Family Court at any time during or after the investigation? | | | | |
| 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain as necessary:

The parents of the SC had no other children and were not responsible for the two minor children who resided in the home.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

| Services | Provided After Death | Offered, but Refused | Offered, Unknown if Used | Needed but 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| | | | | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Early Intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input checked="" 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"/> |

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

The family refused services.

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

Explain:

The parents declined services.

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?** Yes
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** Yes
- Was the child acutely ill during the two weeks before death?** No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With fetal alcohol effects or syndrome
- 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) | Status/Outcome | Compliance Issue(s) |
|--------------------|---|----------------------------------|-------------------------------|----------------|---------------------|
| 11/30/2016 | 17350 - Deceased Child, Female, 11 Days | 17348 - Mother, Female, 24 Years | Inadequate Guardianship | Indicated | No |
| | 17350 - Deceased Child, Female, 11 Days | 17348 - Mother, Female, 24 Years | Parents Drug / Alcohol Misuse | Indicated | |

Report Summary:

On 11/30/16, a report was registered with allegations of PD/AM of the newborn SC by the parents. The BM and the newborn tested positive for marijuana and the BM admitted to smoking throughout her pregnancy. The newborn was four pounds when she was born. There was no role for the minor children that resided in the home.

The parents of the SC had no care giving responsibilities for the other minor children in the home.

Determination: Indicated

Date of Determination: 12/28/2016

Basis for Determination:

The BM admitted to smoking marijuana throughout her pregnancy. She and the newborn tested positive. ACS wrote that BM placed the newborn at risk of harm for birth defects by using marijuana during her pregnancy.

OCFS Review Results:

The case determination was appropriate.

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|-----------------------------------|-------------------------------------|--------------------------------------|----------------|---------------------|
| 07/28/2015 | 17478 - Aunt/Uncle, Male, 5 Years | 17477 - Grandparent, Male, 46 Years | Lack of Supervision | Indicated | No |
| | 17478 - Aunt/Uncle, Male, 5 Years | 17477 - Grandparent, Male, 46 Years | Parents Drug / Alcohol Misuse | Indicated | |
| | 17478 - Aunt/Uncle, Male, 5 Years | 17477 - Grandparent, Male, 46 Years | Inadequate Food / Clothing / Shelter | Indicated | |
| | 17478 - Aunt/Uncle, Male, 5 Years | 17477 - Grandparent, Male, 46 Years | Inadequate Guardianship | Indicated | |

Report Summary:

The report alleged the MGM had the four-year-old child in the train station and she was intoxicated to the point that she was unable to provide minimal degree of care. The child was wandering around in the station. She admitted to drinking a 6-pack of beer in the morning while caring for the child.

Determination: Indicated

Date of Determination: 08/10/2015

Basis for Determination:

The allegations of PD/AM, IG, L/S and IF/CS of the child by the MGM was substantiated.

The child was removed from the MGM's care on 5/18/15 and placed in kinship foster care, the MGM was allowed only supervised visits.

OCFS Review Results:

ACS took corrective actions to provide safety for the child.

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



| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|--------------------------------------|---------------------------------------|-------------------------|----------------|---------------------|
| 11/18/2014 | 17474 - Aunt/Uncle, Male, 5 Years | 17473 - Grandparent, Female, 46 Years | Lack of Supervision | Indicated | No |
| | 17474 - Aunt/Uncle, Male, 5 Years | 17473 - Grandparent, Female, 46 Years | Educational Neglect | Indicated | |
| | 17475 - Aunt/Uncle, Female, 15 Years | 17473 - Grandparent, Female, 46 Years | Lack of Supervision | Indicated | |
| | 17476 - Aunt/Uncle, Female, 17 Years | 17473 - Grandparent, Female, 46 Years | Lack of Supervision | Indicated | |
| | 17474 - Aunt/Uncle, Male, 5 Years | 17473 - Grandparent, Female, 46 Years | Inadequate Guardianship | Indicated | |
| | 17475 - Aunt/Uncle, Female, 15 Years | 17473 - Grandparent, Female, 46 Years | Educational Neglect | Indicated | |
| | 17475 - Aunt/Uncle, Female, 15 Years | 17473 - Grandparent, Female, 46 Years | Inadequate Guardianship | Indicated | |
| | 17476 - Aunt/Uncle, Female, 17 Years | 17473 - Grandparent, Female, 46 Years | Educational Neglect | Indicated | |
| | 17476 - Aunt/Uncle, Female, 17 Years | 17473 - Grandparent, Female, 46 Years | Inadequate Guardianship | Indicated | |

Report Summary:

The parents were aware that the now seventeen-year-old child had missed 18 days of school and was in danger of failing the tenth grade. The parents failed to intervene. The MGM left the home to go out drinking alcohol and disappears for days causing the teen to care for the now five-year-old child while the PGF went to work. The allegations were EDNG, IG and L/S of the teen by the parents and PD/AM of all children by the MGM.

Determination: Indicated**Date of Determination:** 01/15/2015**Basis for Determination:**

ACS substantiated the allegations of EDNG, IG and L/S of the seventeen-year-old teen by the MGM and unsubstantiated by the MGF. The narrative stated the MGM admitted to keeping the child home to provide care so that she could attend various appointments. The allegations of PD/AM of all children was unsubstantiated due to lack of evidence. Services were implemented.

OCFS Review Results:

The determination was appropriate.

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|--------------------------------------|-------------------------------------|---------------------|----------------|---------------------|
| 04/29/2014 | 17333 - Aunt/Uncle, Female, 17 Years | 17330 - Grandparent, Male, 46 Years | Educational Neglect | Unfounded | No |

Report Summary:

The now seventeen-year-old missed 68 days of school and is failing. She smokes marijuana and uses alcohol with the MA in whose home she was residing until they engaged in an altercation; the teen returned to her mother's care. The allegations were PD/AM, CD/AM and IG of the teen by the MA; EDNG by the father.



The now fifteen and five-year-old children had no role in this investigation.

Determination: Unfounded

Date of Determination: 06/26/2014

Basis for Determination:

ACS documented that the teen's truancy was addressed without ACS' intervention and the teen responded appropriately to the intervention and as of 6/23/14, the teen had returned to her BM's care. Preventive services were put in place.

OCFS Review Results:

The case determination was appropriate.

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|--------------------------------------|---------------------------------------|-------------------------------|----------------|---------------------|
| 05/04/2013 | 17470 - Aunt/Uncle, Female, 17 Years | 17469 - Grandparent, Female, 46 Years | Parents Drug / Alcohol Misuse | Indicated | No |
| | 17471 - Aunt/Uncle, Female, 15 Years | 17469 - Grandparent, Female, 46 Years | Parents Drug / Alcohol Misuse | Indicated | |
| | 17472 - Aunt/Uncle, Male, 5 Years | 17469 - Grandparent, Female, 46 Years | Inadequate Guardianship | | |
| | 17472 - Aunt/Uncle, Male, 5 Years | 17469 - Grandparent, Female, 46 Years | Lacerations / Bruises / Welts | Unfounded | |
| | 17470 - Aunt/Uncle, Female, 17 Years | 17469 - Grandparent, Female, 46 Years | Inadequate Guardianship | | |
| | 17470 - Aunt/Uncle, Female, 17 Years | 17469 - Grandparent, Female, 46 Years | Lack of Supervision | Unfounded | |
| | 17471 - Aunt/Uncle, Female, 15 Years | 17469 - Grandparent, Female, 46 Years | Lack of Supervision | Unfounded | |
| | 17471 - Aunt/Uncle, Female, 15 Years | 17469 - Grandparent, Female, 46 Years | Inadequate Guardianship | | |
| | 17472 - Aunt/Uncle, Male, 5 Years | 17469 - Grandparent, Female, 46 Years | Parents Drug / Alcohol Misuse | Indicated | |
| | 17470 - Aunt/Uncle, Female, 17 Years | 17469 - Grandparent, Female, 46 Years | Lacerations / Bruises / Welts | Unfounded | |
| | 17471 - Aunt/Uncle, Female, 15 Years | 17469 - Grandparent, Female, 46 Years | Lacerations / Bruises / Welts | Unfounded | |
| | 17472 - Aunt/Uncle, Male, 5 Years | 17469 - Grandparent, Female, 46 Years | Lack of Supervision | Unfounded | |

Report Summary:

The MGM (of the deceased infant) went out drinking and took the now seventeen, fifteen and five-year children with her. The older children had an argument with the MGM and took a cab home. The MGM returned home inebriated and was arguing again. The allegations were IG, L/S, L/B/W and PD/AM of the three children by the MGM.

Determination: Indicated

Date of Determination: 07/02/2013

Basis for Determination:

ACS' case determination reflected that the BM tested negative for alcohol; however, the children reported she drinks vodka on the weekends to intoxication and had been observed passed out on the floor on a few occasions. The IG and PD/AM were indicated.



ACS documented that during the investigation, the children were never observed to be home alone, therefore the allegation of L/S was unfounded. The eldest child was observed to be free of visible marks/ bruises during visits to the home and school; the allegation of L/B/W was unfounded.

OCFS Review Results:

The determination was appropriate.

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|---------------------------------------|-------------------------------------|-------------------------|----------------|---------------------|
| 02/04/2013 | 17326 - Aunt/Uncle, Female, 15 Years | 17328 - Grandparent, Male, 46 Years | Inadequate Guardianship | Indicated | No |
| | 17323 - Adult Sibling, Male, 18 Years | 17328 - Grandparent, Male, 46 Years | Lack of Medical Care | Indicated | |
| | 17325 - Aunt/Uncle, Female, 17 Years | 17328 - Grandparent, Male, 46 Years | Inadequate Guardianship | Indicated | |
| | 17326 - Aunt/Uncle, Female, 15 Years | 17328 - Grandparent, Male, 46 Years | Inadequate Guardianship | Indicated | |
| | 17323 - Adult Sibling, Male, 18 Years | 17328 - Grandparent, Male, 46 Years | Inadequate Guardianship | Indicated | |
| | 17327 - Aunt/Uncle, Male, 5 Years | 17328 - Grandparent, Male, 46 Years | Inadequate Guardianship | Indicated | |
| | 17326 - Aunt/Uncle, Female, 15 Years | 17328 - Grandparent, Male, 46 Years | Lack of Medical Care | Indicated | |
| | 17327 - Aunt/Uncle, Male, 5 Years | 17328 - Grandparent, Male, 46 Years | Inadequate Guardianship | Indicated | |
| | 17323 - Adult Sibling, Male, 18 Years | 17328 - Grandparent, Male, 46 Years | Lack of Medical Care | Indicated | |
| | 17325 - Aunt/Uncle, Female, 17 Years | 17328 - Grandparent, Male, 46 Years | Lack of Medical Care | Indicated | |

Report Summary:

The report alleged that the now adult sibling had assaulted the now seventeen-year-old sibling and threatened to kill the family. The adult was taken to the hospital and therapy was recommended; however, their mother failed to follow through; as a result, the sibling continued to be violent to the family. The mother failed to intervene.

The allegations were IG and LMC of the children by their mother.

Determination: Indicated

Date of Determination: 03/22/2013

Basis for Determination:

The mother was given information regarding services for the now adult child; however, she failed to follow-up and the child continued to exhibit violent behaviors in the presence of the family including the minor children in the home.

OCFS Review Results:

The case determination was appropriate.

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



The now seventeen, fifteen and five-year-old children (MA's and the MU of the SC) were known to ACS in eleven reports between 5/15/2008 and 10/18/2013. The allegations of the reports were repeatedly IG and PD/AM by their parents. Five of the reports were indicated and two were suspended as duplicates. Their parents were known to abuse alcohol and engaged in DV in the presence of the children. Other allegations were EDNG and L/B/W.

Known CPS History Outside of NYS

There was no known 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

The family began preventive services on 3/17/15 under the auspices of Catholic Guardian Services. The therapist documented that the family had been consistently receptive and engaged in services, and that they were making progress.

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"/> |

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

Throughout the family's CPS history, the children were placed into foster care on two occasions, the first period was from 6/3/15 to 10/15/15 when the MA and MU of the SC were placed into care then discharged to the MGF on 10/15/15.



The second foster care placement occurred on 4/25/16 when ACS filed an Article 10 Neglect petition and Family Court remanded the BM's three siblings into kinship foster care with the PA and PGM where they remained until 7/11/16 when they were discharged from foster care and returned to their parents.

ACS filed an Article Ten Neglect petition in the Bronx County Family Court on 5/18/15 and the judge remanded the now fifteen and five-year-old children (maternal aunt and uncle of the SC) to the care and custody of the Commissioner of ACS. Under the auspices of Leake and Watts, the fifteen-year-old child was placed with a maternal aunt on 6/3/15 and on 6/30/15, she was moved to a non-kinship foster home. On 6/3/15 the now five-year-old child who was under the auspices of Children Aid Society was placed with an older sibling and on 7/28/15, he was placed in the same non-kinship foster home as the other sibling. The non-kinship foster home was located in Newburgh, NY. The older child was often AWOL-ed.

The children were discharged from foster care and returned to their father (MGF) on 10/15/15.

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