



**Report Identification Number: NY-18-056**

**Prepared by: New York City Regional Office**

**Issue Date: Nov 28, 2018**

**(Report was reissued on: Nov 28, 2018)**

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:** 2 month(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 06/02/2018  
**Initial Date OCFS Notified:** 06/02/2018

## Presenting Information

The narrative of the report alleged at about 6:00 A.M. on 6/2/18, the BM fed the 2-month-old SC, placed her in bed with her, and then fell asleep. At an unknown time, the BM's friend who was visiting the BM with her three children, found the SC unresponsive and blue next to the BM in bed. The friend gave the SC CPR while the BM called 911. EMS responded to the home and continued CPR on the SC, then transported her to the hospital. The SC arrived in the ER unresponsive. She was pronounced dead at 10:59AM. It was unknown if the SC had any preexisting medical conditions.

## Executive Summary

On 6/2/18, the SC passed away while bed-sharing with her BM. The case records revealed at about 6:00 AM on 6/2/18, the BM placed the SC in bed with her as a soothing mechanism due to the SC being fussy. At about 10:00 AM, the BM's friend who was visiting the family with her three children found the SC unresponsive and entangled in the BM's legs. The BM's friend took a picture of the SC's entanglement in the BM's legs and then awoke the BM to inform her of the incident. The BM's friend gave the SC CPR while the BM called 911. EMS responded to the home, continued CPR on the SC, and then transported her to the hospital. The SC arrived in the ER unresponsive. At 10:39 AM, medical staff pronounced the SC dead. The ME determined the SC's cause of death was compression of the neck and chest. The manner of death was an accident.

The SC's BF did not reside in the home and was not present when the incident occurred. The SC had a surviving step-sibling (SS) who was with his father at a different address when the incident occurred.

On 6/2/18, ACS received the SCR report, visited the family and contacted several collaterals such as the LE, medical staff, and the ME. The ME did not deem the SC was physically abused and there was no arrest by the LE. The BM denied she typically bed-shared with the SC. She told ACS she did so on the day of the incident to soothe and comfort the SC. She stated the SC had been "colicky and fussy" since 5/31/18, after she received her immunizations. The BM denied she used alcohol or illegal substances prior to the SC's passing.

During the investigation, ACS held a child safety conference (CSC). The outcome of the CSC was that the SS be placed with his MGM. ACS filed an Article 10 Neglect Petition in Bronx Family Court (BxFC). BxFC granted the release of the SS to the MGM. Both BPs requested a 1028 hearing for the return of the SS to their care. The BxFC held a 1028 hearing and granted the return of the SS to the BM against ACS advice. The father was granted supervised visits with the SS.

ACS made collateral contacts with family members, the pediatrician, the day care center, and service providers. They did not report any concerns for the SS. The SS was referred to trauma based play therapy. Also, the BM had engaged in services at New York Psychotherapy.

On 8/1/18, ACS substantiated the allegation IG of the SC by the BM. The BM was bed-sharing with the SC at the time of the incident which contributed to the SC's passing. The ME stated the SC's cause of death was compression to her neck and chest. ACS' determination narrative stated the BM told them that hospital and shelter staff provided her with safe sleep information. ACS stated the BM exhibited poor judgement and was bed-sharing with the SC at the time of the SC's death.



ACS unsubstantiated the allegation DOA/FATL of the SC against the BM. ACS based its decision on the ME's report which stated the SC's cause of death was compression of the neck and chest. The manner of death was an accident.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

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

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

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

### Explain:

ACS did not complete the 30-Day Safety Assessment in a timely manner. ACS also did not offer the BF bereavement counseling services. ACS did not clarify with the BM the position the SC was placed to sleep (back, stomach, side) and the time she was found unresponsive.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	The 30 Day Safety Assessment was two days overdue.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies what action it has, 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 will attend and what was discussed.
<b>Issue:</b>	Failure to Offer Services



<b>Summary:</b>	ACS failed to offer the BF bereavement counseling services.
<b>Legal Reference:</b>	SSL 424(10); NYCRR 428.6
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies what action it has, 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 will attend and what was discussed.
<b>Issue:</b>	Overall Completeness and Adequacy of Investigation
<b>Summary:</b>	ACS did not clarify with the BM the position the SC was placed to sleep (back, stomach, side) and when found unresponsive.
<b>Legal Reference:</b>	SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies what action it has, 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 will attend and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 06/02/2018

**Time of Death:** 10:39 AM

**County where fatality incident occurred:**

Bronx

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

10:15 AM

**Did EMS 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

**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	Deceased Child	Alleged Victim	Female	2 Month(s)



Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Other Household 1	Father	No Role	Male	31 Year(s)
Other Household 2	Sibling	No Role	Male	5 Year(s)

### LDSS Response

On 6/2/18, the LE and the ER Dr. stated the SC arrived at the hospital DOA. There was no trauma found on the SC. The LE staff stated the statements obtained from the BM and her friend confirmed the BM was bed-sharing with the SC when the SC passed. There was no suspicion of criminality in the fatality and there was no arrest. The LE staff did not observe any safety or health hazards in the home.

ACS visited the family and the BM stated she received safe sleep instructions and that the SC usually slept in the crib or playpen. She stated the SC had a discoloration on her foot and had been colicky and fussy since 5/31/18, after she received her vaccinations. She was bed-sharing with the SC to soothe and comfort her. She was monitoring the SC and had planned to take her to the hospital on 6/4/18. She denied she used alcohol or illegal substances prior to the incident.

ACS contacted the SS' PGM who stated the SS was with her. ACS discussed with the PGM the concerns of the SS being in his father's care. The PGM stated she was willing to protect and be a resource to the SS.

The BM's friend repeated the account of the incident which was consistent with the statement she already provided to the LE. She denied she and the BM were drinking prior to the incident. Her 14-year-old daughter corroborated her mother's statement. She stated the SC seemed fine before the incident.

On 6/3/18, ACS visited the BM at the BF's home. The SS was in the home at the time of the visit. ACS assessed the SS and deemed him safe. The BM and the SS would stay with the BF until they were comfortable to return home.

On 6/5/18, ACS held a child safety conference (CSC). The CSC recommended the release of the SS to the MGM with COS, and on 6/6/18, ACS filed an Article 10 Abuse/Neglect Petition in Bronx Family Court (BxFC). The BxFC granted the release of the SS to the MGM; however, the BPs requested a 1028 hearing for the return of the SS to their care.

On 6/6/18, the BF stated he last saw the SC on 6/1/18 and there were no concerns. The case records did not reflect ACS offered the BF referral for services.

On 6/7/18, the ME stated the discoloration on the SC's foot was minor and "non-specific." The ME was unable to conclude if the discoloration was a bruising.

On 6/8/18, the SC's primary Dr. stated the BM was compliant with the children's medical appointments. There were no concerns for the children. The Dr. denied the BM reported the SC's bruising to her foot or breathing complications.

On 6/8/18, the probation officer (PO) assigned to the SS' father stated that due to the father's sex offender status, he should not have any contact with children. The father was engaged in clinical health and sex offender services.

ACS contacted the MGM of the father's 13-year-old daughter in South Carolina. She agreed to a well check visit for the child. ACS then contacted South Carolina Local Sheriff's Department (SCLSD) and requested a courtesy visit to the child. On 6/9/18, SCLSD visited the child and deemed her safe with the MGM.

On 6/11/18, BxFC held a 1028 hearing for the family and granted the return of the SS to the BM with COS against ACS' objections. The father was granted supervised visits with the SS.



On 6/13/18, ACS visited the BM at the case address. She declined ACS' offer of funeral assistance. There were no concerns for the SS at the time of the visit.

Between 6/14/18 and 7/31/18, ACS made casework contacts with family members, the pediatrician, day care center and service providers. There were no concerns for the family. The BM had engaged in services and the SS was referred to trauma based play therapy. The SS' father was being monitored by his PO.

On 7/31/18, the ME stated the SC's cause of death was compression to the neck and chest. The manner of death was accident.

On 8/1/18, ACS substantiated the allegation IG and unsubstantiated the allegation DOA/FATL against the BM.

### Official Manner and Cause of Death

**Official Manner:** Accident

**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

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the New York City region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
048135 - Deceased Child, Female, 2 Mons	048136 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
048135 - Deceased Child, Female, 2 Mons	048136 - Mother, Female, 31 Year(s)	DOA / Fatality	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 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"/>

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain:</b> The 30-Day Safety Assessment was two days overdue.				

### 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"/>
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### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

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

Family Court                       Criminal Court                       Order of Protection

**Family Court Petition Type:** FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/06/2018	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	048136 Mother Female 31 Year(s)	
<b>Comments:</b>	<p>On 6/6/18, ACS filed an Article 10 Abuse/Neglect Petition in Bronx Family Court (BxFC). The BM and the SS' father were the respondents in the petition. BxFC granted the release of the SS to the MGM. Both parents requested a 1028 hearing for the return of the SS to their care. The father agreed to the release of the SS to the BM.</p> <p>On 6/11/18, a 1028 hearing was held at BxFC. ACS objected to the return of the SS to the BPs based on the father's 5/2/15 indicated case for sexually abusing his 10-year-old daughter. An OOP was issued against him for the then 10-year-old child and he was placed on probation at the time. The father did not comply with PPRS services, program referrals, or drug treatment. The BPs had untreated clinical health conditions. Additionally, the BM reported the SC was born with breathing complications and the SC had a recent discoloration or bruising to her feet. The BM was unable to identify the cause of the discoloration or when it was it formed. She did not report the SC's medical conditions to the pediatrician. Following the fatality, the BM attempted suicide by ingesting several pills. She stated she received safe sleep instructions from the hospital and from shelter staff, she still co-slept with the SC. However, BxFC released the SS to the BM with COS against ACS advice. BxFC granted the father supervised visits with the SS.</p>	

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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"/>

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

Explain:

Although ACS provided services to the BM and the SS, ACS did not provide services to the BF.

### History Prior to the Fatality

#### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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

#### 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 neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

### CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/08/2017	Sibling, Male, 3 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Years	Mother, Female, 30 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

The now SS sustained discoloration around his left eye and an abrasion under his left eye lid. The BM was unable to provide any explanation concerning the SS' injury. The SS was diagnosed with skin condition at the time.

**Report Determination:** Unfounded

**Date of Determination:** 07/07/2017

**Basis for Determination:**

During the investigation, collateral resources reported the SS had complained of his eyes itching and he was seen by the pediatrician. The SS also told ACS he had allergies and was rubbing his eye which caused it to be red and irritated. He denied the BM hit him or caused any injury to his body. The pediatrician confirmed the SS was seen and treated for his skin condition and allergies. The medical provider and school staff denied they had seen the SS with any suspicious marks, bruises and/or lacerations. The BM provided ACS with medical information to support her report. ACS referred the BM for drug screening and the test result was negative.

**OCFS Review Results:**

ACS conducted the investigation appropriately. Key collateral contacts with school staff, medical provider, service provider, and family members were made to obtain pertinent information regarding the concerns of the report.

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

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

The BF does not have an ACS history but the BM had 2 prior indicated cases dated 5/17/13, and 5/2/15, from her prior relationship with the SS' father. The SC was not born at the time of these reports.

The 5/17/13 report alleged the BM was positive for marijuana and she admitted she used marijuana periodically and also when she gave birth to the now SS.

The father used marijuana daily and the BM was aware he was not engaged in services. She continued to allow the father care for the infant. ACS substantiated the allegations IG and PD/AM against the BM and the father. ACS filed an Article 10 Neglect Petition against the BM and the father. Due to a DV incidence, ACS modified the petition. The SS was released to the BM and a full stay away OOP was issued against the father.

The 5/2/15 SCR report alleged the father was under the influence of alcohol and illicit drugs when he sexually and physically assaulted his then 10-year-old daughter.



ACS substantiated the allegations SxAB, IG, and PD/AM against the father, and the allegations IG and LMC against the child’s PGM and the BM. The PGM had legal custody of the child at the time but she failed to protect the child. Also, the BM observed the father physically assaulting the child. She failed to protect her. Additionally, the BM and the PGM failed to seek medical assistance for the child following the incident. The father was arrested and an OOP was issued against him for the child. He was also placed on probation.

### Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.

### 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