



Report Identification Number: NY-21-073

Prepared by: New York City Regional Office

Issue Date: Dec 31, 2021

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 07/01/2021
Initial Date OCFS Notified: 07/02/2021

Presenting Information

The 7/2/21 SCR report alleged on 6/22/21, the parent substitute became out of control and either forcefully struck the 4-month-old female subject child (SC) with a remote/game controller or slammed her against a wall for unknown reasons. Due to the severity of the parent substitute's behaviors, the child sustained a skull fracture and a global anoxic brain injury. On 6/23/21, the mother found the child unresponsive at 11:00AM; however, she delayed medical care until 3:00PM that same day. The parent substitute's actions caused the child to become brain dead and the child later died at the hospital on 7/1/21. The roles of the grandfather, other guardian, and a 1-year-old child were unknown.

Executive Summary

The four-month-old subject child (SC) died on 7/1/21. As of 12/28/21, OCFS had not yet received a copy of the autopsy report from the Medical Examiner's office. At the time of her death the subject child resided with her mother and two siblings ages six-years-old and one-year-old in the MGF's home out of state. The parent substitute, the mother's friend (parent substitute's ex-girlfriend) and the parent substitute's one-year-old child resided in the same home in NYS.

ACS' investigation revealed on 6/22/21, the mother and her children arrived in NY from out of state. The mother dropped the subject child off at her friend's home at 1:00PM and did not return to the home until 11:30PM. Upon returning at 11:30PM the child was sleeping, and the friend said the child was fine. When the child did not wake up at her normal time of approximately 7:00AM-7:30AM on 6/23/21 the mother did not think anything of it. At 11:00AM the mother checked the child again and found her unresponsive. The mother threw cold water on the child's face and gave the child a cool bath; however, the child did not respond. The mother informed the parent substitute who advised her to seek medical attention. The mother, child, and parent substitute arrived at the emergency room after 1:00 PM on 6/23/21. The subject child was admitted to the PICU and placed on life support. She was later transferred to another hospital for more advanced care. The child was pronounced dead at 7:19 PM on 7/1/21.

Information obtained from law enforcement indicated that the parent substitute admitted he had the subject child on his lap with her head on his knees. He demonstrated that he shook the child violently and hit her on the side of her head with the remote control because she would not stop crying. Medical personnel indicated the child had a "massive" skull fracture and medical testing confirmed bleeding behind her eyes. The parent substitute was arrested and charged with Assault, Attempted Murder, and Endangering the Welfare of a Child.

ACS removed the SS from the SM's care and then filed an Article Ten Petition of Neglect and Abuse in Family Court on behalf of the children in the home. A remand was granted and the two one-year-old children were initially placed in non-kinship foster care. The six-year-old was placed with his father under the supervision of his grandmother to ensure no corporal punishment was used. Later, the one-year-old surviving sibling was placed with his maternal grandfather.

ACS indicated the report on the basis of some credible evidence that the parent substitute inflicted the injuries on the subject child and that the mother and friend did not seek medical care for the child.

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? Yes

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

Explain:

The case remained open to address the MH and parenting skills of the SM and her friend.

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: 07/01/2021

Time of Death: 07:19 PM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? No

Did EMS 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

At time of incident was supervisor impaired?

Drug Impaired

Alcohol Impaired

Impaired by illness

Impaired by disability

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: **Playing video games**

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	4 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)
Other Household 1	Mother's Partner	Alleged Perpetrator	Male	23 Year(s)
Other Household 1	Other Adult - Other child's mother	Alleged Perpetrator	Female	24 Year(s)
Other Household 1	Other Child - Friend's son	Alleged Victim	Male	1 Year(s)

LDSS Response

ACS' case investigation revealed the SM stated that in the morning, she noticed the SC did not wake as usual, but she observed the child's leg twitch, she then proceeded to speak loudly to see if the child would wake up and she gave her a cold bath and even put her finger in the child's nose. She searched Google for information and then decided it was best to take the child to the ER. She waited for her friend to return from the store so she could babysit the SS and the other child in the home. She and PS walked to the hospital hoping fresh air would help. She said she did not know the extent of what was wrong and did not believe anyone hurt the SC. The SM told the Specialist that the PS treated the SC as his own and she did not think he would hurt the SC. The SM stated she heard that the SC was crying while the PS was playing video games and he may have shaken her too hard. The SM vehemently denied she dropped the SC on the sidewalk at any time. ACS noted the SM showed no remorse for the SC. The SM disclosed that last year, she was hospitalized for depression; she was prescribed medication but never filled the prescription; however, remained in therapy. She later disclosed details of a physical altercation with the PS and reported she has a "cannabis disorder."

The friend told the Specialist the PS was her only support and he was a good father. However, she disclosed that the PS had recently thrown his child on the bed in anger, and she confirmed that the hole in the bathroom door was caused by the PS. She explained she did not disclose the incident because she was afraid. The friend disclosed she had heard loud slapping noises, coming from the bedroom, and the SC cried as if in pain. The friend said the sounds lasted ten seconds. She peered into the room and observed the SC crying and the PS appeared angry, but she did nothing.

The friend disclosed she had untreated mental health needs in the past and she used drugs and alcohol to self-medicate. She engaged in PPRS from 2018-2020 and in a mutual agreement, she gave her four-year-old child to his father.



There were serious concerns of the SM, PS, and friend's inconsistent accounts to LE, hospital staff, and ACS. The caretakers appeared aware that the SC was unresponsive for several hours and failed to seek immediate medical treatment.

On 7/1/21, the SC was removed from life support with consent of the SM and MGF due to concerns that her injuries would have eventually led to her death. The parent substitute's child (one-year-old) was assessed, and no indication of abuse was found; he remained in non-kinship FC, the friend was consistent with visits and she enrolled in MH, drug treatment, and parenting skills services.

The SS remains in the home with the MGF and is being monitored. The SM's six-year-old child was in the care of his father and ACS referred him to services to address trauma from corporal punishment. ACS conducted Interstate Compact request to support the placement of the SS in the MGF's care.

On 8/31/21, ACS substantiated the allegations of DOA/Fatality, Fractures, IG and LMC of the SC by the PS, citing credible evidence based on the PS's statements to law enforcement. IG of the parent substitute's child by the PS was substantiated. The allegations of IG and LMC of the SC and IG of the SS by the SM were substantiated. The allegation of LMC of the SC by the friend was substantiated. IG allegation of the parent substitute's child by the friend was substantiated. The father of the SC and the one-year-old SS reported he was not in the position to care for the children; there were no allegations against him.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: The investigation was conducted by ACS' multi-disciplinary team.

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059212 - Deceased Child, Female, 4 Mons	059217 - Other Adult - Other child's mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
059212 - Deceased Child, Female, 4 Mons	059217 - Other Adult - Other child's mother, Female, 24 Year(s)	Lack of Medical Care	Substantiated
059212 - Deceased Child, Female, 4 Mons	059213 - Mother, Female, 24 Year(s)	Lack of Medical Care	Substantiated
059212 - Deceased Child, Female, 4 Mons	059213 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
059212 - Deceased Child, Female, 4 Mons	059215 - Mother's Partner, Male, 23 Year(s)	DOA / Fatality	Substantiated



059212 - Deceased Child, Female, 4 Mons	059215 - Mother's Partner, Male, 23 Year(s)	Fractures	Substantiated
059212 - Deceased Child, Female, 4 Mons	059215 - Mother's Partner, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
059212 - Deceased Child, Female, 4 Mons	059215 - Mother's Partner, Male, 23 Year(s)	Lack of Medical Care	Substantiated
059214 - Sibling, Male, 1 Year(s)	059213 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
059216 - Other Child - Friend's son, Male, 1 Year(s)	059217 - Other Adult - Other child's mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
059218 - Sibling, Male, 6 Year(s)	059213 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

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

Additional information:

N/A

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"/>
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 two one-year-old surviving children were removed when the SC was diagnosed with a skull fracture and none of the caretakers had a plausible explanation. ACS held a conference that resulted in the removal of the children. The six-year-old SS was added to the petition and placed in his father's care with supervision to be provided by the PGM.

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:
06/26/2021	Adjudicated Abused	There was not a disposition
Respondent:	059213 Mother Female 24 Year(s)	
Comments:	The parents of the children removed are receiving services to address their poor judgement that led to the IG allegation and the death of the SC.	

Criminal Charge: Assault Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
06/25/2021	PS	Pending	PS remain incarcerated
Comments:	The PS was indicted on 6/25/21 and charged with assault in the 2nd degree; however, since the SC's death, the charges will be elevated pending the final autopsy from the medical examiner.		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
The friend received assistance with rental arrears.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
The SS and the parent substitute's child were placed in FC.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:
The SM remained in MH therapy, enrolled in parenting skills class, but was uncooperative with drug treatment and DV counseling. The friend enrolled in MH therapy, parenting skill class, drug treatment, and DV class as the friend's one-year-old son was also placed in FC.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** 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)
11/10/2018	Sibling, Male, 3 Years	Sibling, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Years	Sibling, Female, 19 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

The report narrative alleged that the then three-year-old sibling had suspicious bruising he sustained while in the SM's care to which there was no explanation. The sibling had a bruise under his right eye, right shin, top of his right foot and he was refusing to walk because of pain. The allegations were IG and LBW of the now six-year-old sibling by the SM, when he was three-years-old.

During the investigation, ACS verified that the sibling had a temporary medical condition caused by a virus, that exhibited symptoms such as bruising and pain. He was prescribed medication and there was improvement after a few days. The SM and the father (of the three-year-old) had no other children.

Report Determination: Unfounded

Date of Determination: 01/11/2019

Basis for Determination:

ACS unsubstantiated the allegations citing no evidence found. No services were implemented. NYCRO found the SM did not have a stable home and since she and the BF were uncooperative, the SS was not seen at the SM's dwelling.

OCFS Review Results:

The investigation was completed appropriately using the social service law.

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

The SM was hospitalized in the year 2020 and the now six-year-old sibling was placed in his father's care under agreement of both parents. The details of that out of state case were unknown to ACS.

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