



**Report Identification Number: NY-20-054**

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

**Issue Date: Dec 17, 2020**

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:** 2 month(s)

**Jurisdiction:** Richmond  
**Gender:** Female

**Date of Death:** 06/18/2020  
**Initial Date OCFS Notified:** 06/18/2020

## Presenting Information

On 6/18/2020, the 2-month-old SC died while in the care of the SM and SF. At about 7:00 AM, the SF awoke and found the SC unconscious and not breathing. The SF alerted the SM and they immediately called 911 at 7:07 AM. The SM last fed the SC at 1:30 AM. The SC was sleeping in the bed with the SM and SF at the time of the incident. EMS arrived at the home and transported the SC to the hospital where medical personnel attempted to resuscitate her for approximately one hour before she was pronounced dead.

## Executive Summary

On 6/18/2020, the SF awoke and found the SC unconscious and not breathing. The SC was sleeping in the bed with the SM and SF at the time of the incident. ACS case documentation reflected at 1:26 AM on 6/18/20, the SF laid the SC on her stomach to sleep. At about 6:45 AM, the SF awoke and found the SC unresponsive and not breathing. The SF alerted the SM to the incident. The SM contacted 911 as the parents attempted CPR on the SC. EMS responded to the home and transported the SC to the hospital where CPR continued until medical staff pronounced her dead at 8:21AM. The ME's preliminary findings indicated the SC's cause of death appeared natural, due to abnormalities.

At the time of her death, the SC resided with the SM, SF and three SS. The SF had two other children from previous relationships. These two children resided with their respective mothers and did not have any contact or relationship with the SC or the family.

On 6/18/2020, ACS initiated the investigation in a timely manner. ACS obtained information from the medical professionals, LE, service providers, and the family. LE did not suspect any criminality and no arrest was made. Additionally, the relatives, medical professionals and service providers did not report any concerns about the SM and SF's ability to care for their children. ACS conducted ongoing assessment of the three SS and deemed them safe in the care of the SM and SF. The family accepted ACS' offer for preventive services. ACS assessed the SF's other two children and did not document any concerns for them.

On 11/16/2020, ACS SUB the allegation IG of the SC by the SM and SF due to credible evidence. The SM and SF demonstrated poor judgment and put the SC in an unsafe environment to sleep. On the night of the incident, the SM and SF placed the SC on her stomach to co-sleep with them in a full-size adult bed. The family had adequate sleeping provisions for the SC which were not utilized.

ACS UNSUB the allegation of DOA/Fatality of the SC by the SM and SF due to lack of credible evidence. ACS based the decision on the information obtained from the ME which indicated the preliminary findings revealed the SC's cause of death was natural due to abnormalities.

ACS deemed the SS was safe in the care of the SM and SF. The SM and SF completed FPP and continued to work with preventive services. The family's preventive services case remained open at the time the fatality report was issued.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? 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 for services at the time this fatality report was issued.

### 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>	ACS did not complete a 30-Day Safety Assessment.
<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.

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 06/18/2020

Time of Death: 08:21 AM



**County where fatality incident occurred:** Richmond  
**Was 911 or local emergency number called?** Yes  
**Time of Call:** 07:07 AM  
**Did EMS respond to the scene?** Yes  
**At time of incident leading to death, had child used alcohol or drugs?** N/A

**Child's activity at time of incident:**

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

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

**At time of incident supervisor was:** 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	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)

**LDSS Response**

On 6/18/2020, LE and medical staff stated the family provided the account of the events that led to the SC's death which revealed the SM and SF were co-sleeping with the SC at the time of the incident. The family contacted 911, EMS responded to the home and transported the SC to the hospital. The medical staff deemed the SM and SF's account of the incident credible. The staff did not observe signs of abuse/maltreatment of the SC. LE stated preliminary findings did not reveal evidence of criminality in the SC's death.

On 6/18/2020, ACS visited the family. The SM reported the SC suffered from a medical condition. The SC was referred to a medical specialist, but the SM was unable to schedule an appointment for the SC to see the specialist. ACS observed a crib in the home. The SM did not provide any explanation for the reason the SC did not sleep in a crib or pack and play. ACS discussed safe sleep practice and the dangers of co-sleeping with the SM. The SM was interested in bereavement counseling. The SM denied knowledge of the whereabouts of the father of the 4-yo SS. This father was not involved with the family. ACS assessed the three SS to be safe in the care of the SM and SF.

On 6/18/2020, the SC's PCP did not report any concerns for the family. The PCP confirmed the SC was diagnosed with a medical condition and was referred to a medical specialist. The PCP did not report any medical concern for the three SS.

On 6/19/2020, the ME stated preliminary investigation did not reveal physical abuse/maltreatment of the SC. The autopsy



report was pending. The ME reportedly planned to contact SC’s physician to further explore the SC’s pre-existing medical condition.

On 6/22/2020, the three SS were assessed and medically cleared at the hospital. There were no concerns of abuse/neglect or past/present trauma.

On 6/23/2020, the children’s PCP reported safe sleep practice was not discussed with the SM and SF because the SC was the family’s fourth child. Also, the PCP did not instruct the parents how to put the SC to sleep after feeding.

On 6/23/2020, ACS visited the MA’s home. The family was visiting at the time, and ACS assessed the three SS. They did not have any marks or bruises. The SF admitted he smoked marijuana daily, but denied he smoked around the children. He also denied being under the influence while caring for the SC. He stated he turned the SC on her stomach on the night of the incident because he felt the SC slept better on her stomach. He stated the SC usually slept on her stomach.

On 6/24/2020, ACS held a child safety conference (CSC). The CSC recommended Family Court involvement, and an OP against the SF. Consequently, ACS attempted to file an Article 10 Neglect petition in Family court; however, the filing was delayed due to insufficient information.

On 7/10/2020, ACS visited the family with the service provider and family preservation program (FPP) staff. The SM and SF consented to the program. ACS observed the SS and noted they had no marks or bruises.

On 7/15/2020, LE reported the criminal investigation was closed on 6/23/2020 pending the results the ME’s report.

On 7/23/2020, the ME stated preliminary findings indicated the SC’s death was as a result of her breathing condition. The final autopsy report was pending.

Between 7/27/2020 and 11/13/2020, ACS made multiple casework contacts with the family, the ME and the service provider. They did not provide new information regarding the fatality. ACS deemed the SS safe in the care of their SM and SF. ACS provided the family with information to obtain housing. ACS assessed the SF’s other two children and did not document any concerns for them. These children’s mothers denied the children had contact with the SF.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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# Child Fatality Report

054321 - Deceased Child, Female, 2 Mons	054322 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
054321 - Deceased Child, Female, 2 Mons	054322 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
054321 - Deceased Child, Female, 2 Mons	054323 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
054321 - Deceased Child, Female, 2 Mons	054323 - Father, Male, 25 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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**Explain:**  
ACS did not complete a 30-Day Safety Assessment.

**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 type="checkbox"/>	<input checked="" 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 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? 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



<b>Housing assistance</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## 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:

- |                                                                                                       |                                                |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Had medical complications / infections                                       | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                               | <input type="checkbox"/> Smoked tobacco        |
| <input type="checkbox"/> Experienced domestic violence                                                | <input type="checkbox"/> Used illicit drugs    |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |                                                |

#### Infant was born:

- |                                                                                            |                                                                 |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Drug exposed                                                      | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record |                                                                 |

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/26/2019	Sibling, Female, 2 Months	Father, Male, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 2 Months	Father, Male, 24 Years	Internal Injuries	Unsubstantiated	
	Sibling, Female, 2 Months	Father, Male, 24 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 2 Months	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Months	Mother, Female, 24 Years	Internal Injuries	Unsubstantiated	
	Sibling, Female, 2 Months	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated	

**Report Summary:**

On 4/26/19, the SM and SF failed to adequately supervise the 1-yo SS in the home. As a result, the SS rolled off an unknown object onto the floor and sustained a hematoma to the left side of her head.

**Report Determination:** Unfounded**Date of Determination:** 06/18/2019**Basis for Determination:**

ACS UNSUB the allegations of the report. The SM was not in the home at the time of the incident. The SS was taken to the hospital for observation and later released. She was taken to the physician for follow up and there were no reported concerns. The incident occurred while the SF prepared a bottle for the SS in the kitchen. The information receive from other collateral contacts reflected there were no concerns for the parents' ability to care for their children. ACS obtained a day care services for the family.

On 5/2/19, ACS opened a preventive services case for the family.

**OCFS Review Results:**

Based on the case documentation, the investigation was appropriate.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**CPS - Investigative History More Than Three Years Prior to the Fatality**

On 6/6/16, the father of the 4-year-old SS assaulted the SM while the SM was holding the SS in her arms. The SS was not injured but was placed at risk. ACS SUB the allegation IG by the father due to credible evidence. The SM and father engaged in a verbal dispute that escalated to a physical altercation in the presence of the SS. Due to the altercation there was a temporary OP issued against the father.

**Known CPS History Outside of NYS**

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

**Preventive Services History**

On 6/18/16, ACS opened a preventive services case for the family. The case was opened after ACS found there were DV incidents by the parents in the presence of the SS. The family received case management and PPRS. On 12/11/17, ACS closed the case citing the SM was aware of how to protect the SS from harm, the SS's primary needs were met, and the SS was healthy.

ACS opened a preventive services case for the family on 5/2/19. According to ACS case record, the family received case management and PPRS. The family was initially compliant with services but after both parents started working, they withdrew from the preventive services due to their work schedule. They later stated they no longer required services. The



service provider made several attempts to meet with the family in their home without success. On 11/25/19, ACS closed the case as the agency determined the SS were healthy and there were no safety factors that placed the SS in danger.

## 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