



## Report Identification Number: NY-21-104

Prepared by: New York City Regional Office

Issue Date: Mar 19, 2022

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** 09/18/2021  
**Initial Date OCFS Notified:** 09/18/2021

## Presenting Information

The 9/18/21 SCR report alleged that on 9/18/21, the mother fed the one-month-old female subject child (SC) a bottle then she placed the SC back side down in the crib to sleep and went back to bed. Just before 5:43AM, the mother got up to use the bathroom and checked the SC. The SC looked unusual and the mother picked her up. The SC was unresponsive, did not move, and did not make any noise. The mother alerted the father to the situation and the father started to perform CPR on the SC while the mother called 911 at 5:43AM. The father carried the SC out of the home into the ambulance and the ambulance immediately transported the SC and the father to the hospital's emergency department. The SC was not able to be revived and was pronounced dead at the hospital on 9/18/21, at 6:32 AM. The parents had no explanation for the SC's death. The three surviving siblings ages 8-yo, 4-yo, and 1-yo had unknown roles.

## Executive Summary

The 1-month-old female SC died on 9/18/21. As of 2/16/22, NYCRO had not received a copy of the ME's report.

At the time of the incident the SC resided with her parents and three SSs ages 8-yo, 4-yo,, and 1-yo in the home. The SF was the bio-father to the SC, 4-yo, and 1-yo SS.

According to ACS' documentation, at about 4:00AM on 9/18/21 the SC began crying. The mother awoke, fed, burped, and then rocked the SC to sleep. The mother placed the child face up in the Pack n' Play which was located near the parents' bed, and then went to sleep. The mother awoke to use the bathroom and checked the SC. The mother discovered the SC was unresponsive and in the same position in which she was placed. She alerted the father to the situation and called 911. LE and EMS arrived shortly thereafter. The SC and father were transported to the hospital where the SC was pronounced dead.

ACS contacted LE and learned there was no evidence of criminality associated with the SC's death, and no arrests would be made. According to LE, the SF acted accordingly after the realization that the SC was not breathing.

The children's pediatrician reported there were no medical concerns regarding the care the parents provided. The children were current with their immunizations and were well. The pediatrician said the SC was seen regularly and no concerns were noted.

ACS contacted the ME and was informed there was nothing suspicious noted at the autopsy. The SC had a small superficial laceration on her top lip and some acute rib fractures which the ME attributed to the parents' attempts at CPR.

ACS spoke with the SM about grief counseling. The mother did not believe the grief counseling was necessary for her or anyone else and declined all services. Despite the mother's refusal of services, ACS sent and provided grief counseling information to the mother should she decide the family needed services at a later date. ACS also provided a daycare voucher for the 1-yo CH.

On 2/4/22, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the parents. ACS documented there was no credible evidence to support the allegations. LE said the SM acted appropriately after observing the SC was not



breathing and attempted to perform CPR before calling LE. To support the decision, ACS documented the ME stated there did not appear to be any trauma to the SC's body.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

### Explain:

Sufficient information was gathered to make a determination for all the allegations on the intake report.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

### Explain:

The level of casework activity, which included contact with the family and others from the receipt of the report through case conclusion, was commensurate with the case circumstances.

## 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: 09/18/2021

Time of Death: 06:32 AM



**Time of fatal incident, if different than time of death:** 05:30 AM

**County where fatality incident occurred:** Kings

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

**Time of Call:** 05:43 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 was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

Distracted     Absent

Asleep     Other:

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)

**LDSS Response**

On 9/18/21, LE said the home was filthy and CHN were dirty. There were mice and roaches in the home that LE observed. The SC had a crib, but it was dirty and had stains. There was a fitted sheet and blanket in the crib. The SM explained she placed the SC in her crib face up to sleep at 4:15 AM after feeding the SC. The crib was next to the parent's bed. The SC had a blanket covering her feet. The SM awoke sometime after 5:00AM and saw the SC in the same position but the SC's hands were "in a weird position." The SM picked up the SC who remained unresponsive. The SM placed her on the bed and began CPR. The SM woke the SF who also attempted CPR. The SM called 911. EMS arrived and transported the SC to the hospital.

On the same date, ACS visited the home and described the home as "slightly messy." ACS interviewed the SM who provided additional details. The SM explained she awoke between 3:30AM and 4:00AM after she heard the SC crying.



The SM said she fed and burped the SC then laid the SC down on her back to sleep. The SM said she went to the bathroom and when she exited, she saw the SC was stiff. The SM said she went to the SC and tried to wake her, but she would not wake. The SM woke the SF and he attempted CPR; however, the SC did not respond. The SM confirmed she called 911 and EMS transported the SC to the hospital. The SM reported the SC was perfectly healthy. ACS observed the Pack n' Play where the SC slept. It was filled and cluttered with items such as clothes, blankets, playing cards and various other items.

The SF was also interviewed. His account was similar to the SM's from the time she alerted him to the unfolding situation.

ACS interviewed the 8-yo SS; however, the parents refused to have the child in a separate room for the interview. The 8-yo said the last time she saw the SC was last night and she was awake. ACS did not observe suspicious marks or bruises on the 4-yo and 1-yo SS. The 8-yo said the morning of the incident the SM woke her to tell her to unlock her phone. The SM entered the kitchen and called LE. The 8-yo said she saw and touched the SC, but she was not breathing. The 8-yo was observed to be free of marks and bruises. The 4-yo said the SC died and he was sad. The 4-yo and 1-yo were observed to be free of marks and bruises.

On 9/21/21, the ME indicated there was nothing suspicious noted at autopsy. The SC had a small superficial laceration on her top lip. Additionally, there were some acute rib fractures consistent with the parents performing CPR on the SC. Further testing was being conducted to determine a final cause of death.

On 10/14/21, ACS spoke with the SM about grief counseling. The SM did not believe the grief counseling was necessary for her or anyone else.

On 10/28/21, ACS held conference to determine next steps regarding the family. The decision was made not to seek court intervention. The same day, ACS sent and provided grief counseling information to the SM.

On 11/11/21, ACS submitted a daycare voucher for the 1-yo CH.

Between 11/12/21 and 2/3/22, ACS continued to make contacts with the family. No new information was obtained. The mother continued to decline services.

On 2/4/22, ACS Unsub the allegations of DOA/Fatality and IG of the SC by the parents.

### 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 referred to an OCFS approved Child Fatality Review Team?** No

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

### SCR Fatality Report Summary



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059601 - Deceased Child, Female, 1 Mons	059602 - Mother, Female, 33 Year(s)	DOA / Fatality	Pending
059601 - Deceased Child, Female, 1 Mons	059602 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Pending
059601 - Deceased Child, Female, 1 Mons	059603 - Father, Male, 28 Year(s)	DOA / Fatality	Pending
059601 - Deceased Child, Female, 1 Mons	059603 - Father, Male, 28 Year(s)	Inadequate Guardianship	Pending

### CPS Fatality Casework/Investigative Activities

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



<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
Based on the risk assessment completed by ACS, the family could benefit from grief and bereavement services. On 10/24/21, ACS opened a service case, but closed the same on 12/30/21 as the family declined services.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
The SSs were not removed form the home.

### Legal Activity Related to the Fatality

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

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



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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other, specify:** Preventive Services

**Additional information, if necessary:**

On 11/11/21, ACS submitted a daycare voucher for the 1-yo SS.

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

**Explain:**

The SM declined services.

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

**Explain:**

On 11/11/21, ACS submitted a daycare voucher for the 1-yo SS.

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

### Infant was born:

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/13/2020	Sibling, Female, 1 Days	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	No

### Report Summary:

The 2/13/20 SCR report alleged the SM gave birth to a baby. The SM had two other CHN that were removed from her care due to maltreatment.

**Report Determination:** Indicated

**Date of Determination:** 04/03/2020

### Basis for Determination:

ACS documented there was some evidence that supported the substantiation of the allegations. The SM failed to make adequate provisions for the newborn (now 1-yo SS) prior to birth, and reported she was advised by her attorney that she did not have to disclose being pregnant to the agency. The SM also refused to provide the agency with an address where she had planned to stay with the newborn upon discharge.

### OCFS Review Results:

ACS initiated the investigation in a timely manner and followed up on information obtained from pertinent collaterals. The circumstances of the case warranted court intervention and ACS filed an Article Ten petition. Appropriate notices were provided.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/25/2019	Sibling, Female, 6 Years	Mother, Female, 31 Years	Excessive Corporal Punishment	Substantiated	No



Sibling, Female, 6 Years	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 6 Years	Mother, Female, 31 Years	Lacerations / Bruises / Welts	Substantiated

**Report Summary:**

The 10/25/19 SCR report alleged that the SM had a history of using excessive force when disciplining the 6-yo CH resulting in marks or bruises. On 10/24/19, the SM beat the 6-yo SS with a belt and punched her in the mouth, as punishment for getting a bad grade. As a result, the 6-yo had a foot long bruise on her right arm and a split lip.

**Report Determination:** Indicated**Date of Determination:** 12/24/2019**Basis for Determination:**

ACS documented there was some credible evidence to support the substantiation of allegations. The SM failed to provide the 6-yo SS with proper guardianship, by unreasonably inflicting harm to the child.

**OCFS Review Results:**

The investigation of the report was adequate. Proper notices were provided to the family. ACS made the appropriate referrals and interviewed the CH at CAC. There was evidence of supervisory involvement. The decision to indicate the report was appropriate. ACS filed an Article Ten Petition.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/18/2018	Sibling, Female, 5 Years	Mother, Female, 30 Years	Excessive Corporal Punishment	Substantiated	No
	Sibling, Female, 5 Years	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 30 Years	Lacerations / Bruises / Welts	Substantiated	
	Sibling, Female, 5 Years	Grandparent, Female, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Grandparent, Female, 48 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Grandparent, Female, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Grandparent, Female, 48 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The 11/18/18 SCR report alleged the MGM was using crack to the point of impairment in the presence of the two CHN. When the MGM was impaired, she was aggressive. The MGM was spending her money on drugs. As a result, the electricity was turned off. The SM and the SF were aware that the MGM used drugs and allowed the situation to continue.



**Report Determination:** Indicated **Date of Determination:** 01/15/2019

**Basis for Determination:**  
The then 5-yo SS disclosed the SM hit her with a belt causing bruising and marks on her left arm and her legs. The SM admitted to using a belt as a form of punishment for the 5-yo. ACS saw the punishment to be excessive due to using a belt and also leaving multiple marks and bruises. The SF was observed to be an adequate caretaker and able to meet the needs of the 1-yo and 5-yo CHN. ACS observed no indication the MGM behaved in a way that impacted the quality of care for the CHN. ACS did not observe the MGM using drugs.

**OCFS Review Results:**  
ACS initiated the investigation in a timely manner. The appropriate notices were provided. There was evidence of supervisory involvement throughout the investigation and at critical points. The decision to file an Article 10 Petition was also appropriate.

**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

There was no known CPS History outside of NYS.

### Preventive Services History

During the 11/18/18 investigation, ACS opened a service case on 12/15/18. The initial FASP reflected the report was originally registered against the MGM stating concerns regarding drug use, no electricity and the CHN being dirty. It was observed that marijuana was being used in the home but away from the CHN. A subsequent report was registered against the SM for excessive corporal punishment as the SM used a belt to discipline the 8-yo. There were bruises on her left arm and both legs. On 12/18/18, an Article Ten petition was filed. The Family Court granted court ordered supervision as well as a limited OP and the SM and SF were not to use any form of physical discipline and comply with PPRS. The service plan for the SM included parent training and clinical health services. The service plan for the SF included parent training. On 8/30/19, ACS supervision ended, but the family was active with PPRS.

During the 10/25/19 investigation, ACS filed an Article Ten petition on 10/28/19. The CHN were released to the SF with supervision. The family was linked to a higher level of preventive services.

The 5/8/21 FASP reflected preventive services were no longer warranted. The SM completed her parenting class and anger management, and was engaged in therapy. There were no safety concerns.

On 6/8/21, ACS' supervision expired and on 7/2/21, the service case was closed.

### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to 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:
12/18/2018	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	059602 Mother Female 33 Year(s)	
<b>Comments:</b>	According to CS, on 12/18/18, an Article Ten Neglect petition was filed in Kings County Family Court. The SM was named as the respondent. The Article Ten petition was settled on 5/30/19 with a three month adjournment in contemplation of dismissal (ACD) with ACS supervision. The Family Court also issued a short order which prevented the SM from using physical discipline. The SM was also ordered to complete parenting and anger management.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
10/28/2019	There was not a fact finding	Order of Supervision
<b>Respondent:</b>	059602 Mother Female 33 Year(s)	
<b>Comments:</b>	According to ACS, on 10/28/19, ACS filed an Article Ten Neglect petition in Kings County family Court naming th SM as the respondent. It was settled on 11/9/20. The SM allocated to a 1051(a) to Neglect. The settlement date also served as the date of Disposition. The following were the conditions of release: the 8-yo SS was released to the SM, the 4-yo and 1-yo SSs were released to the SM and SF with court ordered supervision, six months of a suspended judgement (backdated to 9/18/20- supervision to end on 3/18/21), the SM was to comply with a final order of protection, usual terms, no corporal punishment, SM was to comply with ACS supervision, allowing announced and unannounced home visits, and allowing the CW to speak to the CH privately, SM was to continue therapy at a service provider agency and comply with reasonable recommendations including family therapy for the 8-yo SS and the SM, the SM was to continue to cooperate with PPRS, both parents to insure the CHN received required services, including complying with a referral for the 8-yo SS, for evaluation for play therapy, the SM was to sign any necessary releases.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
02/19/2020	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	059602 Mother Female 33 Year(s)	
<b>Comments:</b>	According to ACS, on 2/19/20, ACS filed an Article Ten Neglect petition in Kings County Family Court naming the SM as the respondent. The petition was filed on behalf of the 1-yo SS. The petition was filed due to the open Article Ten petition the SM had for her other two CHN.	

Criminal Charge: Assault Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	The mother	Unknown	unknown
<b>Comments:</b>	On 9/18/21, LE said the SM had a prior criminal history of an Assault 2 charge for the 8-yo SS.		

**Have any Orders of Protection been issued? Yes**



<b>From:</b> 02/20/2020	<b>To:</b> 04/28/2020
<b>Explain:</b> According to ACS, an OP was issued on 2/20/20 against the SM on behalf of the 8-yo, 4-yo, and 1-yo SSs. The Op ended on 4/28/20.	
<b>From:</b> 10/28/2019	<b>To:</b> 11/08/2019
<b>Explain:</b> According to ACS, an OP was issued on 10/28/19 against the SM on behalf of the 8-yo SS. The OP ended on 11/8/19.	
<b>From:</b> 12/18/2018	<b>To:</b> 01/23/2019
<b>Explain:</b> According to ACS, an OP was issued on 12/18/18 against the SM on behalf of the 8-yo and 4-yo SSs. The OP ended on 1/23/19.	

### 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