



**Report Identification Number: NY-16-030**

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

**Issue Date: 10/26/2016**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



## Abbreviations

### Relationships

|                                  |                                    |                                    |
|----------------------------------|------------------------------------|------------------------------------|
| BM-Biological Mother             | SM-Subject Mother                  | SC-Subject Child                   |
| BF-Biological Father             | SF-Subject Father                  | OC-Other Child                     |
| MGM-Maternal Grand Mother        | MGF-Maternal Grand Father          | FF-Foster Father                   |
| PGM-Paternal Grand Mother        | PGF-Paternal Grand Father          | DCP-Day Care Provider              |
| MGGM-Maternal Great Grand Mother | MGGF-Maternal Great Grand Father   | PGGF-Paternal Great Grand Father   |
| PGGM-Paternal Great Grand Mother | MA/MU-Maternal Aunt/Maternal Uncle | PA/PU-Paternal Aunt/Paternal Uncle |
| FM-Foster Mother                 | SS-Surviving Sibling               |                                    |

### Contacts

|                                    |                     |                                |
|------------------------------------|---------------------|--------------------------------|
| LE-Law Enforcement                 | CW-Case Worker      | CP-Case Planner                |
| Dr.-Doctor                         | ME-Medical Examiner | EMS-Emergency Medical Services |
| DC-Day Care                        | FD-Fire Department  | BM-Biological Mother           |
| CPR-Cardio-pulmonary Resuscitation |                     |                                |

### Allegations

|   |                                   |                                       |
|---|-----------------------------------|---------------------------------------|
| FX-Fractures                              | II-Internal Injuries              | L/B/W-Lacerations/Bruises/Welts       |
| S/D/S-Swelling/Dislocation/Sprains        | C/T/S-Choking/Twisting/Shaking    | B/S-Burns/Scalding                    |
| P/Nx-Poisoning/ Noxious Substance         | XCP-Excessive Corporal Punishment | PD/AM-Parent's Drug Alcohol Misuse    |
| CD/A-Child's Drug/Alcohol Use             | LMC-Lack of Medical Care          | EdN-Educational Neglect               |
| EN-Emotional Neglect                      | SA-Sexual Abuse                   | M/FTTH-Malnutrition/Failure-to-thrive |
| IF/C/S-Inadequate Food/ Clothing/ Shelter | IG-Inadequate Guardianship        | LS-Lack of Supervision                |
| Ab-Abandonment                            | OTH/COI-Others                    |                                       |

### Miscellaneous

|   |   |                                      |
|---|---|--------------------------------------|
| IND-Indicated                                     | UNF-Unfounded                               | SO-Sexual Offender                   |
| Sub-Substantiated                                 | Unsub-Unsubstantiated                       | DV-Domestic Violence                 |
| LDSS-Local Department of Social Service           | ACS-Administration for Children's Services  | NYPD-New York City Police Department |
| PPRS-Purchased Preventive Rehabilitative Services | TANF-Temporary Assistance to Needy Families | FC-Foster Care                       |
| MH-Mental Health                                  | ER-Emergency Room                           |                                      |



## Case Information

**Report Type:** Child Not Found  
**Age:** Unknown

**Jurisdiction:** Bronx  
**Gender:** Unknown

**Date of Death:** Unknown  
**Initial Date OCFS Notified:** 04/03/2016

## Presenting Information

The mother gave birth to a baby on 2/18/16 and smothered the newborn with a pillow, suffocating the baby and put the deceased newborn in a dumpster. No further details are known. The father was aware the mother smothered the newborn with a pillow, suffocated the baby and put the baby in a dumpster and did not intervene. The father abuses marijuana and the mother abuses pills and alcohol all day in the home while caring for the child. The parents are always impaired from substance abuse. They are failing to provide for their other child. The parents have no food, bed sheets and no blankets for the child. The father is always physically assaulting the mother around the child. The home is always filthy and in deplorable condition.

## Executive Summary

The 4/3/16 report alleged the BM gave birth to a baby on 2/18/16 and on 2/22/16 she smothered her newborn with a pillow and placed the body in a dumpster. The report alleged that the BF was aware and did not intervene and the BM abused drugs and alcohol and the BF abused marijuana and they were always impaired. The report also alleged the parents failed to provide adequate food, bedding and the living conditions were always filthy and deplorable. The report further alleged the BF continually physically assaulted the BM in the presence of the children. The allegations of this report were DOA/Fatality, IG, XCP, IF/C/S, LS, PD/AM and S/D/S of the surviving siblings by the parents. ACS's investigation revealed there was no newborn infant in the home and no child had died.

At the time of this report, there was an open CPS investigation that was registered with the SCR on 3/20/16. ACS was monitoring the family and they received PPRS services. During the investigation, the parents denied all of the reported allegations. ACS documented the parents have two children, ages two and five, and the BM was not pregnant during the previous investigation and there was no baby born.

On 4/4/16, LE reported they had not received a report regarding a child fatality; however they escorted ACS to the case address as they responded to the SCR report. The two and five-year-old children were assessed to be safe; the home was documented to be clean with an ample amount of food for the family. According to the PO, they had responded to the case address many times when false reports were called into 911 regarding the parents but LE always found the children to be safe and the home to be in order.

On 4/4/16, the SCR registered a report. On 6/27/16, ACS substantiated the allegations of IG and PD/AM of the children against the BF and unsubstantiated all allegations of the children by the BM. The case remained open for services.

ACS made contact with the children's pediatrician at Montefiore Hospital and on 5/31/16, ACS received documentation the children's immunizations were current and they were well cared for by the parents. The school aged child was reported to be doing well in school and the two-year-old child attends day care and the provider reported no concerns regarding the child. ACS interviewed family members who reported the BM did not give birth to, or kill, a baby.



ACS case documentation revealed eight subsequent and duplicate reports were registered to this family since 3/20/16 while ACS had been working closely with family. The myriad of allegations for the 3/20/16 report were unfounded except for IG and PD/AM of the children by the BF. The family was relocated and it appeared the reports subsided as the family's whereabouts were unknown. However, they were conflicts among family members and the reporting continued.

On 5/5/16, the SCR registered a subsequent report. On 6/24/16, all of the allegations were unsubstantiated.

On 6/23/16, ACS unsubstantiated the allegations of IG, PD/AM, IF/C/S of the unknown deceased child alleged in the 4/3/16 report, by the unknown father. The case was closed with no services. However, ACS did not add the alleged DOA/ Fatality allegation to the case determination for the 4/3/16 report. According to ACS, this allegation caused technical difficulties and was removed from the list of allegations of the 4/3/16 report. The case remains open for services.

The case investigation documentation reflected that the Specialist provided assistance, guidance, and good referrals to the BM.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

### Explain:

The investigation supported that there was no child fatality. The surviving siblings were deemed safe.

**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 family is under Court Ordered Supervision. The BM and children relocated and continues to receive PPRS. The BF resides separate from the BM and children.



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## Required Actions Related to the Fatality

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

|                         |   |
|-------------------------|---|
| <b>Issue:</b>           | Appropriateness of allegation determination   |
| <b>Summary:</b>         | The allegation DOA/Fatality was registered on two SCR reports dated 4/3/16 and 4/4/16. The DOA/Fatality allegation was removed by ACS and was not determined in CONNECTIONS although it was mentioned in the determination narrative of the 4/3/16 report.  |
| <b>Legal Reference:</b> | 18 NYCRR 432.2(b)(3)(iii)(c)  |
| <b>Action:</b>          | The Administration for Children's Services (ACS) must submit a corrective action 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 attended and what was discussed. |

## Fatality-Related Information and Investigative Activities

### Household Composition at time of Fatality

| Household                  | Relationship   | Role                | Gender | Age        |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim      |        |            |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 23 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 23 Year(s) |
| Deceased Child's Household | Sibling        | Alleged Victim      | Male   | 2 Year(s)  |
| Deceased Child's Household | Sibling        | Alleged Victim      | Male   | 5 Year(s)  |
| Other Household 1          | Father         | Alleged Perpetrator | Male   | 26 Year(s) |

### LDSS Response

In this reported child fatality registered by the SCR, ACS documented that there was no death of a child as alleged.

ACS investigated the 4/3/16 SCR report with the allegations DOA/Fatality, IG, IF/C/S, and PD/AM of the SC and surviving siblings by the parents.

On 4/4/16, ACS visited the parents and documented their response to the allegations which they denied. ACS also visited family members who all stated they had no knowledge of a pregnancy. The current ACS Specialist received information from the past Specialist who confirmed the BM never appeared to be pregnant and they had been working closely with the BM during the timeframe in question. The staff at the shelter site reported they had not observed any signs of the BM being pregnant or of any drug use by the BM. The staff added the BM provided good care to the children and their apartment was kept clean. The NYPD officer reportedly was very familiar with the family and as they escorted the Specialist to the case address, reported they had been summoned to that home several times via 911 calls which proved to be false reports against the parents. The officer reported every time he responded to the home the children appeared very



well cared for and there were no concerns regarding the children.

The family had been receiving PPRS and there was on open investigation at the time of this report. ACS' investigation had been ongoing since 5/6/15, and the ACS worker was well known to the family. The family resided in a shelter and during one of many home visits the Specialist observed what appeared to be marijuana in reach of the children; however, the BM, who stated she did not see the marijuana, immediately removed it and protected the children. The BF was not at home. The BF admitted to daily usage and refused to engage in services. The ACS documentation reflected the children were never left alone with the BF; the BM was always present. On 4/5/16, ACS filed an Article 10 Neglect Petition on behalf of the children against the BF. The family court order the parents to take drug tests. The BM test result was negative and the BF test result was positive. The BF refused to engage in services and he did not return to the shelter. The BM and children were relocated after an unrelated isolated incident occurred. The BM engaged and was cooperative.

During the course of this fatality investigation, the SCR registered four additional reports on this family dated 4/4/16, 5/5/15, 5/11/16 (twice), and 9/17/16. The allegations in all reports were repeated in various combinations. The allegations of IG and PD/AM of the children, against the BF, in the 4/4/16, report were substantiated; however, in the 5/5/16 report the allegations against both parents were unsubstantiated. The second 5/11/16 report was consolidated. The allegations of the 5/11/16 report were of the children, by the MA were unsubstantiated. The 9/17/16 report remains open for an investigation.

On 6/23/16, ACS unsubstantiated the allegations of IG, PD/AM, IF/C/S of the unknown deceased child alleged in the 4/3/16 report, by the unknown father. However, ACS did not add the alleged DOA/ Fatality allegation to the case determination for the 4/3/16 report. According to ACS, this allegation caused technical difficulties and was removed from the list of allegations of the 4/3/16 report so the DOA/Fatality was not determined. The case remains open for services.

According to ACS, this allegation caused technical difficulties and was removed from the list of allegations of the 4/3/16 report.

### Multidisciplinary Investigation/Review

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

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

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

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

### SCR Fatality Report Summary

| Alleged Victim(s)          | Alleged Perpetrator(s)            | Allegation(s)                        | Allegation Outcome |
|----------------------------|-----------------------------------|--------------------------------------|--------------------|
| 030521 - Deceased Child, , | 031122 - Father, Male, 26 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated    |
| 030521 - Deceased Child, , | 031122 - Father, Male, 26 Year(s) | Parents Drug / Alcohol Misuse        | Unsubstantiated    |
| 030521 - Deceased Child, , | 030522 - Mother, Female, 23       | DOA / Fatality                       | Pending            |



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|                          |                                     |                                      |                 |
|--------------------------|-------------------------------------|--------------------------------------|-----------------|
|                          | Year(s)                             |                                      |                 |
| 030521 - Deceased Child, | 030522 - Mother, Female, 23 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 030521 - Deceased Child, | 031122 - Father, Male, 26 Year(s)   | DOA / Fatality                       | Pending         |
| 030521 - Deceased Child, | 031122 - Father, Male, 26 Year(s)   | Inadequate Guardianship              | Unsubstantiated |
| 030521 - Deceased Child, | 030522 - Mother, Female, 23 Year(s) | Inadequate Guardianship              | Unsubstantiated |
| 030521 - Deceased Child, | 030522 - Mother, Female, 23 Year(s) | Parents Drug / Alcohol Misuse        | Unsubstantiated |

## CPS Fatality Casework/Investigative Activities

|  | Yes                                 | No                       | N/A                                 | Unable to Determine      |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>All children observed?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>When appropriate, children were interviewed?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Alleged subject(s) interviewed face-to-face?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>All 'other persons named' interviewed face-to-face?</b>   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Contact with source?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>All appropriate Collaterals contacted?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Was a death-scene investigation performed?</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>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)?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Coordination of investigation with law enforcement?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Did the investigation adhere to established protocols for a joint investigation?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Was there timely entry of progress notes and other required documentation?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

**Additional information:**

ACS determined that no child died. LE reported there was no knowledge of a fatality. There was no autopsy, death scene investigation or first responders regarding a newborn during the time alleged in the report.

## Fatality Safety Assessment Activities

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Were there any surviving siblings or other children in the household?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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|  |                                     |                                     |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b> |                                     |                                     |                          |                          |
| Within 24 hours?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| At 7 days?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any safety issues that need to be referred back to the local district?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

### Fatality Risk Assessment / Risk Assessment Profile

|   | Yes                                 | No                       | N/A                      | Unable to Determine      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of the family's need for services?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the protective factors in this case require the LDSS to file a 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Explain as necessary:</b>  |                          |                                     |                          |                          |



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The case documentation presented the children as safe therefore no removal was necessary. ACS deemed the children safe because the children were never left in the BF's care without the BM present. According to ACS, there were no safety factors that placed the children in immediate or impending danger.

## Legal Activity Related to the Fatality

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

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

| Services                             | Provided After Death                | Offered, but Refused                | Offered, Unknown if Used | Needed but not Offered   | Needed but Unavailable   | N/A                                 | CDR Lead to Referral     |
|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Mental health services               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Foster care                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Domestic Violence Services           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Early Intervention                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Child Care                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### Additional information, if necessary:

According to ACS, there was no child fatality. ACS case documentation reflect that the BM is receiving mental health services. The economic support and housing assistance continues. The BM is enrolled in parenting and anger management classes. The two-year-old attends day care. The five-year-old child was referred to have a mental health



evaluation. ACS offered the BF services but he refused.

**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?** N/A

**Explain:**

There was no child fatality. However, the BM and children were relocated to another family shelter. They engaged in PPRS services. The two-year-old child attends daycare and the school-age child was doing well in school.

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

**Explain:**

There was no child fatality; however, the family was referred to PPRS services due to DV and the BF admittance to daily drug use. The BF refused all services. The BM and children are engaged in services.

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

| Date of SCR Report | Alleged Victim(s)                | Alleged Perpetrator(s)                | Allegation(s)                 | Status/Outcome | Compliance Issue(s) |
|--------------------|----------------------------------|---------------------------------------|-------------------------------|----------------|---------------------|
| 11/03/2015         | 10904 - Sibling, Male, 4 Years   | 10905 - Grandparent, Female, 51 Years | Parents Drug / Alcohol Misuse | Unfounded      | No                  |
|                    | 10903 - Sibling, Male, 21 Months | 10901 - Mother, Female, 22 Years      | Burns / Scalding              | Unfounded      |                     |
|                    | 10903 - Sibling, Male, 21 Months | 10902 - Father, Male, 22 Years        | Inadequate Guardianship       | Unfounded      |                     |
|                    | 10903 - Sibling, Male, 21 Months | 10902 - Father, Male, 22 Years        | Lacerations / Bruises / Welts | Unfounded      |                     |
|                    | 10903 - Sibling, Male, 21 Months | 10902 - Father, Male, 22 Years        | Parents Drug / Alcohol Misuse | Unfounded      |                     |
|                    | 10904 - Sibling, Male, 4 Years   | 10902 - Father, Male, 22 Years        | Inadequate Guardianship       | Unfounded      |                     |
|                    | 10903 - Sibling, Male, 21 Months | 10905 - Grandparent, Female, 51 Years | Inadequate Guardianship       | Unfounded      |                     |
|                    | 10903 - Sibling, Male, 21 Months | 10905 - Grandparent, Female, 51 Years | Parents Drug / Alcohol Misuse | Unfounded      |                     |
|                    | 10904 - Sibling, Male, 4 Years   | 10905 - Grandparent, Female, 51 Years | Inadequate Guardianship       | Unfounded      |                     |
|                    | 10904 - Sibling, Male, 4 Years   | 10905 - Grandparent, Female, 51 Years | Lack of Supervision           | Unfounded      |                     |
|                    | 10903 - Sibling, Male, 21 Months | 10901 - Mother, Female, 22 Years      | Inadequate Guardianship       | Unfounded      |                     |
|                    | 10903 - Sibling, Male,           | 10901 - Mother, Female,               | Lacerations / Bruises         | Unfounded      |                     |

|                                  |                                       |                               |           |
|----------------------------------|---------------------------------------|-------------------------------|-----------|
| 21 Months                        | 22 Years                              | / Welts                       |           |
| 10903 - Sibling, Male, 21 Months | 10901 - Mother, Female, 22 Years      | Lack of Medical Care          | Unfounded |
| 10903 - Sibling, Male, 21 Months | 10901 - Mother, Female, 22 Years      | Lack of Supervision           | Unfounded |
| 10903 - Sibling, Male, 21 Months | 10901 - Mother, Female, 22 Years      | Parents Drug / Alcohol Misuse | Unfounded |
| 10903 - Sibling, Male, 21 Months | 10902 - Father, Male, 22 Years        | Lack of Medical Care          | Unfounded |
| 10904 - Sibling, Male, 4 Years   | 10902 - Father, Male, 22 Years        | Burns / Scalding              | Unfounded |
| 10904 - Sibling, Male, 4 Years   | 10902 - Father, Male, 22 Years        | Lacerations / Bruises / Welts | Unfounded |
| 10903 - Sibling, Male, 21 Months | 10902 - Father, Male, 22 Years        | Burns / Scalding              | Unfounded |
| 10903 - Sibling, Male, 21 Months | 10902 - Father, Male, 22 Years        | Lack of Supervision           | Unfounded |
| 10904 - Sibling, Male, 4 Years   | 10902 - Father, Male, 22 Years        | Lack of Supervision           | Unfounded |
| 10904 - Sibling, Male, 4 Years   | 10902 - Father, Male, 22 Years        | Parents Drug / Alcohol Misuse | Unfounded |
| 10903 - Sibling, Male, 21 Months | 10906 - Grandparent, Male, 46 Years   | Inadequate Guardianship       | Unfounded |
| 10903 - Sibling, Male, 21 Months | 10906 - Grandparent, Male, 46 Years   | Parents Drug / Alcohol Misuse | Unfounded |
| 10904 - Sibling, Male, 4 Years   | 10906 - Grandparent, Male, 46 Years   | Lack of Supervision           | Unfounded |
| 10904 - Sibling, Male, 4 Years   | 10906 - Grandparent, Male, 46 Years   | Parents Drug / Alcohol Misuse | Unfounded |
| 10903 - Sibling, Male, 21 Months | 10905 - Grandparent, Female, 51 Years | Lack of Supervision           | Unfounded |
| 10903 - Sibling, Male, 21 Months | 10906 - Grandparent, Male, 46 Years   | Lack of Supervision           | Unfounded |
| 10904 - Sibling, Male, 4 Years   | 10906 - Grandparent, Male, 46 Years   | Inadequate Guardianship       | Unfounded |

**Report Summary:**

This report alleged that the five-and one-year-old children sustained marks, bruises, scratches, burn marks and welts on their bodies; while under the care of their parents. The BF punches the five-year-old in the ribs and slaps him in the face. The BF gets high on marijuana, violent and beats the BM in the presence of the children. The BF sells drugs. It alleged that the one-year-old is left filthy and disheveled wearing a feces and urine filled diaper resulting in severe diaper rash that is left untreated. The report also alleged the grandparents use drugs while caring for the children who are left with them as caregivers.

The parents and grandparents are subjects of this report.



# NYS Office of Children and Family Services - Child Fatality Report

**Determination:** Unfounded **Date of Determination:** 12/21/2015

**Basis for Determination:**  
This report was a subsequent to an open investigation. There were no safety issues. ACS unfounded the allegations and the case remained open for services. ACS did not write a narrative to support the determination.

**OCFS Review Results:**  
ACS did not write a determination narrative to support the case determination.

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

| Date of SCR Report | Alleged Victim(s)                | Alleged Perpetrator(s)         | Allegation(s)           | Status/Outcome | Compliance Issue(s) |
|--------------------|----------------------------------|--------------------------------|-------------------------|----------------|---------------------|
| 05/06/2015         | 10907 - Sibling, Male, 14 Months | 10899 - Father, Male, 22 Years | Inadequate Guardianship | Unfounded      | No                  |
|                    | 10907 - Sibling, Male, 14 Months | 10898 - Mother, Male, 22 Years | Inadequate Guardianship | Unfounded      |                     |

**Report Summary:**  
While changing the one-year-old child, the parents saw bruises and scratches near his penis and thighs that he sustained while at the daycare he attended. The parents took the child back to the same daycare where he was maltreated the previous day.  
The report alleged IG of the one-year-old by the parents.

**Determination:** Unfounded **Date of Determination:** 07/02/2016

**Basis for Determination:**  
ACS unsubstantiated the allegation of IG of the child by the parents citing a lack of credible evidence.

**OCFS Review Results:**  
The determination was appropriate.

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

| Date of SCR Report | Alleged Victim(s)               | Alleged Perpetrator(s)                | Allegation(s)                 | Status/Outcome | Compliance Issue(s) |
|--------------------|---------------------------------|---------------------------------------|-------------------------------|----------------|---------------------|
| 09/06/2014         | 10896 - Sibling, Male, 7 Months | 10894 - Mother, Female, 21 Years      | Inadequate Guardianship       | Unfounded      | No                  |
|                    | 10896 - Sibling, Male, 7 Months | 10894 - Mother, Female, 21 Years      | Parents Drug / Alcohol Misuse | Unfounded      |                     |
|                    | 10897 - Sibling, Male, 4 Years  | 10894 - Mother, Female, 21 Years      | Inadequate Guardianship       | Unfounded      |                     |
|                    | 10897 - Sibling, Male, 4 Years  | 10894 - Mother, Female, 21 Years      | Parents Drug / Alcohol Misuse | Unfounded      |                     |
|                    | 10896 - Sibling, Male, 7 Months | 10908 - Grandparent, Female, 49 Years | Lack of Supervision           | Unfounded      |                     |
|                    | 10896 - Sibling, Male, 7 Months | 10908 - Grandparent, Female, 49 Years | Parents Drug / Alcohol Misuse | Unfounded      |                     |
|                    | 10897 - Sibling, Male, 4 Years  | 10908 - Grandparent, Female, 49 Years | Inadequate Guardianship       | Unfounded      |                     |
|                    | 10897 - Sibling, Male, 4 Years  | 10908 - Grandparent, Female, 49 Years | Lack of Supervision           | Unfounded      |                     |



# NYS Office of Children and Family Services - Child Fatality Report

|                                 |                                       |                               |           |
|---------------------------------|---------------------------------------|-------------------------------|-----------|
| 10897 - Sibling, Male, 4 Years  | 10908 - Grandparent, Female, 49 Years | Parents Drug / Alcohol Misuse | Unfounded |
| 10896 - Sibling, Male, 7 Months | 10894 - Mother, Female, 21 Years      | Lack of Supervision           | Unfounded |
| 10897 - Sibling, Male, 4 Years  | 10894 - Mother, Female, 21 Years      | Lack of Supervision           | Unfounded |
| 10896 - Sibling, Male, 7 Months | 10908 - Grandparent, Female, 49 Years | Inadequate Guardianship       | Unfounded |

**Report Summary:**

This report alleged the MGM sniffs cocaine and smokes crack while caring for the five-year-old and the eight-month-old children. The smell of crack in the apartment is so severe that it permeates through the apartment. The MGM leaves the infant screaming for long periods of time while she is under the influence of drugs. The BM leaves the children in the care of the MGM. It is unknown whether the BM is aware of the MGM's drug use. Last month, the BM engaged in a physical altercation with her sister, while in the presence of the children, causing the eldest to become extremely upset and scream.

The allegations of the 9/6/14 report were IG, LS and PD/AM of the children by the MGM and BM.

**Determination:** Unfounded **Date of Determination:** 11/26/2014

**Basis for Determination:**

ACS unsubstantiated both allegations citing lack of credible evidence. ACS wrote that the MGM drug tests were negative. ACS concluded that since the children were found to be well cared for and the family had a conflict with the neighbors who threatened to call in a report; the report was retaliation.

**OCFS Review Results:**

The facts in the progress notes supported the determination.

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

| Date of SCR Report | Alleged Victim(s)              | Alleged Perpetrator(s)               | Allegation(s)                 | Status/Outcome | Compliance Issue(s) |
|--------------------|--------------------------------|--------------------------------------|-------------------------------|----------------|---------------------|
| 11/18/2013         | 10891 - Sibling, Male, 3 Years | 10911 - Father, Male, 21 Years       | Inadequate Guardianship       | Indicated      | No                  |
|                    | 10891 - Sibling, Male, 3 Years | 10911 - Father, Male, 21 Years       | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 10891 - Sibling, Male, 3 Years | 10910 - Aunt/Uncle, Female, 19 Years | Sexual Abuse                  | Unfounded      |                     |
|                    | 10891 - Sibling, Male, 3 Years | 10910 - Aunt/Uncle, Female, 19 Years | Inadequate Guardianship       | Unfounded      |                     |

**Report Summary:**

The then three-year-old sibling visits the BF home on weekends. During the visits, his PA inappropriately touches his buttocks in a sexual manner. She puts him on top of her and has him hump her. She kisses him on the mouth and puts her tongue in his mouth. The BF has been told about it and he does not believe it; he says the three-year-old is lying. The BF has not done anything to intervene. It is unknown if the sexual touching has occurred after the BF was told. The BM had no role in the report.

During the investigation, the BM disclosed DV in the home in the presence of the three-year-old and the BF admitted to marijuana use. He declined services.



# NYS Office of Children and Family Services - Child Fatality Report

|   |  |
|---|--|
| <b>Determination:</b> Indicated   | <b>Date of Determination:</b> 01/06/2014 |
| <b>Basis for Determination:</b><br>ACS did not find sufficient evidence to substantiate the allegation of SA against the PA; however, ACS substantiated the allegations of IG and PD/AM against the BF. ACS wrote of his admission to smoking marijuana and the infant's admission to observing the physical abuse committed by the BF to the BM.   |  |
| <b>OCFS Review Results:</b><br>Based on the circumstances of the case, ACS acted appropriately as they assisted the BM in obtaining an OOP against the BF. On 11/27/13, in the Bronx Family Court, ACS filed an Article 10 Neglect Petition of the then three-year-old child by the BF. The child was released to the BM; the BF was given visitation with ACS supervision. The BF declined all services. The BM relocated to the MGM's home and engaged in services. |  |
| <b>Are there Required Actions related to the compliance issue(s)?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |

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

The BM was known to ACS as a confirmed maltreated child in twelve reports and one report was unfounded.

As an adult, the BM was the subject of five reports from 9/23/11 to 6/6/12; two of those reports were consolidated into existing reports, two were indicated against the BM (one unfounded). The substantiated allegation was IG.

The BF was known to ACS as a confirmed maltreated child in one report. The BF was the subject of nine reports from 4/08/11 to 11/18/13; four of those reports were consolidated and five reports were indicated against the BF (four were unfounded). The allegation of the indicated reports were IG and PD/AM.

## Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

## Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality?** Yes  
**Date the preventive services case was opened:**

## Evaluative Review of Services that were Open at the Time of the Fatality

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Did the service provider(s) comply with the timeliness and content requirements for progress notes?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Did the services provided meet the service needs as outlined in the case record?</b>                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Did all service providers comply with mandated reporter requirements?</b>                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Casework Contacts

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were face-to-face contacts with the child in the child's placement location made with the required frequency?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

The family has been engaged in PPRS services since 02/22/12 until current under the auspices of Good Shepherd agency. The BM was compliant and made improvement; however, continue to engage in services. The BF refused services.

Casework Contacts

|   | Yes                                 | No                       | N/A                      | Unable to Determine      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were face-to-face contacts with the child in the child's placement location made with the required frequency? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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