



Report Identification Number: NY-17-042

Prepared by: New York City Regional Office

Issue Date: Nov 01, 2017

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		



Case Information

Report Type: Child Deceased
Age: 0 day(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 05/18/2007
Initial Date OCFS Notified: 04/26/2017

Presenting Information

The 4/26/17 SCR report alleged in 2007 the mother gave birth at home prematurely to the newborn as a result of the assault the mother sustained from the father. The newborn was born brain dead and had bruising and injuries, further details were unknown at the time 911 was called. The newborn was resuscitated three times by emergency medical staff; however, she expired on 5/18/07. It was alleged that presently, the mother had numerous mental health disorders. As a result of the mother's mental health, she was not capable of ensuring the 7-year-old female SS and the 15-year-old male SS, were getting to school on a regular basis. The mother was required to receive an evaluation and was not willing to receive it. The mother did not keep the home clean.

Executive Summary

This newborn female infant died 5/18/07. On 10/4/17, NYCRO received a copy of the ME's report. According to the autopsy report, no external injuries were observed on the infant's body. The ME's official manner and cause of the infant's death was listed as placental abruption, prematurity and multiple congenital abnormalities.

The 4/26/17 report included the allegations of DOA/Fatality, IG and L/B/W of the infant by her father and the allegation of IG of both SS by the mother.

ACS findings showed that on 5/18/07, at the time of the infant's death, the mother was residing in Albany County with the male SS, who was then 5 years old. The mother described the circumstances surrounding the death of the infant. The mother was unaware of her pregnancy with the infant until she was five month pregnant. At that time, the Dr. told her the pregnancy was high risk as the infant was not developing properly and could possibly be born brain dead. The mother continued with the pregnancy. On 5/18/07, the mother took the SS to the park. When she returned home, her water broke and the infant's delivery was fast approaching. The mother stated only her and the male SS were in the home at the time; the SS dialed 911. The mother stated EMS responded and observed the infant was in distress. The mother and the infant were escorted to the hospital in separate EMS vehicles. Shortly after the mother arrived at the hospital, the medical staff informed her of the infant's death. The mother denied her spontaneous labor was a result of a physical altercation between her and the infant's father. The mother admitted she and the father engaged in a verbal argument at the hospital; he was angered upon learning of the infant's death. The mother denied there were DV incidents of a physical nature with the father at the time of the infant's death.

At the time of the 4/26/17 report, the family resided in an emergency DV shelter. The mother and both SS shared a 2-bedroom apartment with another family; where they occupied one room in the apartment. The apartment was furnished and equipped with a working smoke detector/carbon monoxide detector and window guards in place. The sleeping arrangements were adequate for the mother and SS.

During the investigation, ACS gathered pertinent information about the circumstances surrounding the infant's death by the account from the mother and male SS. ACS obtained supporting documentation from the ME, LE and social service databases and medical provider records, and made relevant collateral contacts with neighbors, relatives, school and social service staff. ACS maintained regular face-to face-contact and conducted adequate assessments of the SS throughout the investigation.

ACS made diligent efforts to contact the infant's father; however, his whereabouts were unknown.



On 6/27/17, ACS substantiated the allegation of IG of both SS by the mother and upheld the allegation decision for IG of the male SS by infant's father from 12/6/06. ACS determined there was credible evidence the mother put her children at risk as she maintained involvement with an ex-paramour, who recently assaulted her; resulting in the family requiring an emergency relocation from permanent housing to a DV shelter. The infant's father was arrested for the DV incident that occurred in the presence of the male SS. The allegation of DOA/Fatality, L/B/W and IG of the infant by her father was unsubstantiated as there was no evidence of such as the ME autopsy reported no external injuries on the infant's body and the newborn had multiple congenital abnormalities.

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? No
 - 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? 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:

N/A

Required Actions Related to the Fatality

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

Issue:	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	On 5/2/17, ACS approved the 24-Hour Fatality Report; however, it was not approved within the required 24-hour timeframe of the 4/26/17 report.
Legal Reference:	CPS Program Manual, VIII, B.1, page 2



Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Unknown if they were 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	0 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	34 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	15 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	7 Year(s)

LDSS Response

On 4/27/17, the ACS Specialist interviewed the Social Worker (SW) at the shelter. The SW stated since the mother's arrival at the shelter, she appeared preoccupied and overly concerned with the other resident's infant. The SW assessed the mother may have had mental health issues; although, the mother was not formally diagnosed. The SW stated the SS had developmental disabilities. The issue of insects and rodents within the facility was addressed with the SW.

On 4/27/17, the mother stated she received public funds to assist with the burial arrangements for the infant. The mother denied having had treatment for a mental health diagnosis or a substance abuse issue. The mother stated the fathers of the SS were not involved their lives. The mother said she had a cognitive disability that had not affected her ability to provide for her children's basic care.

The Specialist assessed both SS during a home visit. The children were interviewed separately. Both children were observed appropriately dressed, healthy and well cared for. The 7-year-old female SS was observed and it was noted that she had developmental disabilities. The SS was alert, appeared to understand when she was addressed and spoke basic words. The 15-year-old male SS explained he did not remember the death of the infant. He recalled he knew the mother delivered the infant and it died when he was younger. The Specialist observed no marks, bruises or injuries on the children at the time of the visit. The male SS denied he witnessed DV or observed the mother engage in substance use in the home. The Specialist observed a positive, appropriate interaction between the mother and her children. The children were deemed safe.

On 4/28/17, a relative stated she had no contact with the mother and her children in over a year. The relative explained the family suspected the mother was in an abusive relationship when the mother ceased all communication with the family. The relative described the mother and her siblings overheard the MGP's arguments and had often relocated to shelters as a result. This history and behavior may have contributed to the mother's attraction to abusive relationships and seeking housing. The relative denied witnessing any physical altercations between the MGPs. The Specialist probed the relative regarding the infant's death and the relatives' account was contradictory to the mother's earlier statement.

On 5/3/17, ACS obtained the infant's autopsy report. The report listed the time of death as 7:45 PM. The infant was premature and had several severe congenital abnormalities. There was no physical injury observed on the infant's body during the external examination.



According to school staff, the 15-year-old SS guidance counselor had no concerns regarding the care the mother provided him or his behavior. He had perfect school attendance. The 7-year-old SS was adjusting well and participated in therapeutic services at school. There were no safety concerns noted.

On 6/15/17, ACS held a family team meeting (FTM) and the mother attended. The participants discussed the safety concerns and risk factors associated with the mother's DV history and possible impact on the care the mother was able to provide the children. The mother provided clarity to the inconsistencies of her earlier statements. The mother confirmed the infant's father physically assaulted her while she was three months pregnant with the infant; however, the assault did not result in the spontaneously birth of the infant when she was seven months pregnant. It was unclear if the mother obtained prenatal care and who cared for the male SS when the mother was escorted to the hospital. ACS offered the mother case management and counseling services. The mother accepted a referral for support services to address the SS developmental disabilities.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
037261 - Deceased Child, Female, 0 Days	037265 - Father, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
037261 - Deceased Child, Female, 0 Days	037265 - Father, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
037261 - Deceased Child, Female, 0 Days	037265 - Father, Male, 34 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
037263 - Sibling, Male, 15 Year(s)	037265 - Father, Male, 34 Year(s)	Inadequate Guardianship	Substantiated
037263 - Sibling, Male, 15 Year(s)	037262 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
037264 - Sibling, Female, 7 Year(s)	037262 - Mother, Female, 35 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Case Planners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACS conducted a face-to-face interview with the subject mother; however, the subject father's whereabouts were unknown despite ACS' diligent efforts to contact.

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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 was unable to make successful face-to-face contact with the SS for an assessment within 24 hours of the report.

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.

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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
 ACS offered and the mother refused counseling and case management services. The mother received DV service and entitlement services from the shelter. The mother accepted a referral for support services to address both SS developmental needs.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

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

**Infant was born:** Drug exposed With fetal alcohol effects or syndrome With neither of the issues listed noted in case record**CPS - Investigative History Three Years Prior to the Fatality**

There is no CPS investigative history in NYS within three years prior to the fatality.

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

The family was known to the SCR and ACS in five reports dated 12/6/06, 4/21/10, 9/30/10, 3/16/11, and 5/15/12. There was a pattern of DV between the mother and multiple partners over the years.

The 12/6/06 report was indicated. The allegation of IG of the male SS by the newborn's father was substantiated on the basis he physically assaulted the mother in the presence of the male SS. The mother was pregnant with the newborn (deceased) at the time of the investigation. The newborn's father was arrested on 12/28/06 for the incident.

The 4/21/10 report was indicated. The allegations of EdN, IG and LS of the male SS by the mother were substantiated on the basis the mother kept SS out of school and at times she allowed the SS to go to the bus stop alone. The SS was referred for services to address developmental needs.

The 9/30/10 report was indicated. The allegation of IG of both SS, who were then one and eight years old, by the mother and her paramour was substantiated on the basis the subjects engaged in a physical altercation between each other while the children were in the home. The subjects were arrested.

The 3/16/11 report was indicated. The allegation of IG and LMC of the female SS by the mother was substantiated on the basis the mother failed to address the child's physical needs.

The 5/15/12 report was unfounded. The allegations of IFCS, IG and LS of both SS by the mother were unsubstantiated due to lack of evidence to substantiate the allegations.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Preventive Services History

As a result of the 9/30/10 investigation, ACS opened the Family Services Stage (FSS) of the case on 10/12/10. ACS assessed the mother needed supportive services to address DV and both SS developmental needs. The mother was described as having a history of abusive relations, and lacking a clear understanding about both her children's developmental needs. The Lower East Side Family Union (LESFU) agency was assigned case planning responsibility. The Family Assessment Services Plan reflected the female half sibling received Early Intervention and therapeutic services and the mother received DV and individual counseling, parenting skills emphasizing parenting children with disabilities and anger management. On 9/24/13, the FSS was closed after the mother provided LESFU two notarized request to discontinue services and close the case. The LESFU case record noted there were no safety concerns regarding the children.

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