



Report Identification Number: NY-17-135

Prepared by: New York City Regional Office

Issue Date: Jun 01, 2018

(Report was reissued on: Jun 04, 2018)

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: 2 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 12/10/2017
Initial Date OCFS Notified: 12/10/2017

Presenting Information

The parents were co-sleeping with the SC. At approximately 5:30 AM on 12/10/17, the SC was found unresponsive and she was pronounced dead on 12/10/17.

Executive Summary

The SCR report alleged the two-month-old female SC died as a result of sleeping with her parents. The report alleged that on 12/10/17, at approximately 5:30 AM, the BF awoke to check the children and found the SC unresponsive. The SC was placed on the twin size bed closest to the wall with the BF in the middle and the BM on the end of the bed. The BF reported he found the SC positioned on her back with her right arm above her head, left hand on her stomach and her right cheek facing the wall; she was observed stiff with swelling to her face, blood on her nose. The BF alerted the family and the PU initiated CPR as the 911 operator instructed. LE responded to the home and the officer took the SC to the ambulance and she was transported to Jacobi Hospital (JH). The medical staff at JH pronounced the SC dead at 6:10 AM. The allegations of the report were DOA/Fatality and IG of the SC by the parents.

ACS initiated the investigation into the death of the SC within the required time frame and assessed the surviving siblings (SSs) and two cousins who were documented to be free of marks or bruises and were deemed safe. ACS received information from the attending Dr, LE, and the ME investigator. The Dr reported the SC arrived at the ER without any vital signs and no indications of abuse or neglect. LE and the ME investigator conducted an investigation and found no inconsistencies in the reported information. The ME investigator explained that rigor mortis was evident and it appeared the incident was a roll over. The final report is pending. According to LE, the BM was hysterical and could not be interviewed; however, the BF was able to give the details that were corroborated by the PA and PU. LE reported the parents did not appear to be under the influence of drugs or alcohol and they found no criminality.

The PU reported when he initiated CPR he observed the SC's tongue was stiff and blocked her air passage. The PU added there was also dried blood on the SC's nose. The three SSs were awakened by the incident and were taken to the MGPs apartment. In a follow-up interview, the BM explained how she tried to place the SC in her bassinet, where she usually slept, but the SC cried each time she was placed in her bassinet. The home was described as clean with an adequate supply of food adequate clothing for the SSs.

The parents reported the SC had no preexisting medical conditions and that she had not received immunizations because they missed her appointment due to the BF's work schedule. The SSs immunizations are current. On 12/11/17, the parents submitted to drug screenings that reflected negative results for the SM; however, the BF's screening results were positive for marijuana use.

On 12/12/17, ACS filed an Article 10 Petition of Neglect on behalf of the SSs naming the parents as respondents. The SSs were released to the parents with ACS supervision. The family was referred for services and the BF enrolled in drug treatment.

On 4/10/18, ACS substantiated the allegations of DOA/Fatality and IG of the SC by the parents based on the results of their investigation. ACS documented that the parents, who had safe sleep training, opted to co sleep with the SC on a twin size bed, placing the SC in an unsafe condition that contributed to her death. The allegation IG of the SSs by the BM was unsubstantiated citing the BM provided the SSs with the minimum degree of care.



The allegation of PD/AM of the SSs by the BF was substantiated due to the BF's admission to smoking marijuana on the day of the incident. ACS did not document evidence that suggest the BF's marijuana use affected his ability to provide a minimum degree of care to the SSs.

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?** No

Explain:

The family is engaged with Family Court supervised services.

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:

ACS determined all of the allegations and the case remained open for services.

Required Actions Related to the Fatality

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

| | |
|-------------------------|--|
| Issue: | Adequacy of Documentation of Safety Assessments |
| Summary: | The Safety Assessments were identical and did not accurately reflect the circumstances of the case. |
| Legal Reference: | 18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b) |
| Action: | ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed. |



| | |
|-------------------------|--|
| Issue: | Appropriateness of allegation determination |
| Summary: | ACS did not apply the standards of evidence to the allegation of PD/AM of the SSs by the BF. ACS did not show the negative impact the BF's marijuana use had on the SSs; ACS' SA dated 12/10/17 stated no evidence was found. |
| Legal Reference: | FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv) |
| Action: | ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed. |

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/10/2017

Time of Death: 06:10 AM

Time of fatal incident, if different than time of death:

05:30 AM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

05:30 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 6 Hours

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

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

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 | 2 Month(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 28 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 26 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 2 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 4 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 3 Year(s) |
| Other Household 1 | Aunt/Uncle | No Role | Female | 27 Year(s) |
| Other Household 1 | Other Child - Cousin | No Role | Female | 4 Year(s) |
| Other Household 1 | Other Child - Cousin | No Role | Male | 8 Year(s) |
| Other Household 1 | Unrelated Home Member | No Role | Male | 33 Year(s) |

LDSS Response

On 12/10/17, at approximately 5:30 AM, the BF awoke to check on the children and found the two-month-old female SC unresponsive. The SC was asleep beside the parents on a twin bed where she had been placed the night before. The SC was found face up with her right arm above her head, left hand on her stomach and right cheek on the mattress toward the wall. She was observed to be stiff with swelling to her face, blood on her nose, and she appeared "blue." The BM explained that she had safe sleep education and often placed the SC to sleep in her bassinet; however, on the night of the incident, she opted to put her in the bed. The SM explained that after the third attempt to place the SC in the bassinet she placed the SC in the bed with the parents because she cried. ACS documented the SC had no pre-existing medical condition.

ACS' case documentation reflected the BF reported he found the SC unresponsive, he alerted the BM, PU and the PA who had been sleeping in the other bedroom; the PU initiated CPR to which he is certified. The BM contacted 911 and the operator instructed the PU on how to perform CPR on the SC. LE first arrived at the case address and took the SC outside to the ambulance. EMS transported the SC to Jacobi Hospital's ER where she was pronounced dead at 6:16 AM on 12/11/17.

On 12/11/17, the ACS Specialist contacted the hospital and learned that the SC arrived at the ER unresponsive with no outward signs of abuse or neglect was found. The ME investigator attributed the appearance of swelling on the SC's face to lividity and the three rib fractures to efforts to revive the SC with CPR. The preliminary cause of death is "rollover". According to the case documentation, the BF is 5 feet, 6 inches, 155 pounds and the BM is 5 feet, 3 inches 140 lbs. ACS documented that LE reported marijuana paraphernalia was found in the home and the parents admitted to marijuana use.

On 12/12/17, ACS held a Child Safety Conference and the parents admitted to marijuana use and the parents accepted services.

On the same date, ACS filed an Article 10 Petition of Neglect in the Bronx Family Court on behalf of the SSs naming both parents as respondents. The children were released to the parents under ACS' supervision. ACS assisted with enrolling the SSs into a day care program and the BM enrolled in a work program. The family enrolled in services to address their specific needs. ACS provided beds for the SSs and their cousins.

On 12/15/17, LE completed their investigation and found no criminality.

ACS assessed the SSs in the paternal grandparent's apartment located at the case address; they were safe.

ACS also assessed the two paternal cousins who were free of marks and documented to be safe.

The Specialist interviewed all family members and found no inconsistencies or concerns regarding the care the parents



provided. The parents and SSs recently relocated to New York and they share a two-bedroom apartment with the PU, his two children and their mother; the PU and PA had no child care responsibilities for the parents four children. The family reported they were awakened by the BM's screams, she was hysterical.

ACS opened a PPRS case to service the family on 12/28/17. The BM reported she was tired and the SC was fussy when she placed the SC in the twin bed to sleep with them, it was an isolated incident.

Between 12/11/17 and 3/7/18, ACS monitored the family by visiting the home announced and unannounced and making collateral contacts and obtaining information from maternal and paternal family members, school records of the 5-year-old SS, the parent's drug treatment program, and service providers. The parents denied domestic violence.

On 3/8/18, ACS contacted the medical center where the SSs receive medical care and learned the SSs' immunizations were current.

ACS substantiated all allegations except the IG of the SSs by the BM.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

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: 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 |
|---|-------------------------------------|-------------------------------|--------------------|
| 042981 - Deceased Child, Female, 2 Mons | 042982 - Mother, Female, 26 Year(s) | DOA / Fatality | Substantiated |
| 042981 - Deceased Child, Female, 2 Mons | 042983 - Father, Male, 28 Year(s) | Parents Drug / Alcohol Misuse | Substantiated |
| 042981 - Deceased Child, Female, 2 Mons | 042983 - Father, Male, 28 Year(s) | Inadequate Guardianship | Substantiated |
| 042981 - Deceased Child, Female, 2 Mons | 042982 - Mother, Female, 26 Year(s) | Inadequate Guardianship | Substantiated |
| 042981 - Deceased Child, Female, 2 Mons | 042983 - Father, Male, 28 Year(s) | DOA / Fatality | Substantiated |
| 046431 - Sibling, Male, 4 Year(s) | 042983 - Father, Male, 28 Year(s) | Parents Drug / Alcohol Misuse | Substantiated |
| 046431 - Sibling, Male, 4 Year(s) | 042983 - Father, Male, 28 Year(s) | Inadequate Guardianship | Substantiated |



| | | | |
|-----------------------------------|-------------------------------------|-------------------------------|-----------------|
| 046431 - Sibling, Male, 4 Year(s) | 042982 - Mother, Female, 26 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046432 - Sibling, Male, 2 Year(s) | 042983 - Father, Male, 28 Year(s) | Inadequate Guardianship | Substantiated |
| 046432 - Sibling, Male, 2 Year(s) | 042983 - Father, Male, 28 Year(s) | Parents Drug / Alcohol Misuse | Substantiated |
| 046432 - Sibling, Male, 2 Year(s) | 042982 - Mother, Female, 26 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046433 - Sibling, Male, 3 Year(s) | 042982 - Mother, Female, 26 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046433 - Sibling, Male, 3 Year(s) | 042983 - Father, Male, 28 Year(s) | Inadequate Guardianship | Substantiated |
| 046433 - Sibling, Male, 3 Year(s) | 042983 - Father, Male, 28 Year(s) | Parents Drug / Alcohol Misuse | Substantiated |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| All children observed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact with source? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |
| School | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
| Did the investigation adhere to established protocols for a joint investigation? | <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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: | | | | |
| Within 24 hours? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 7 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any safety issues that need to be referred back to the local district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Fatality Risk Assessment / Risk Assessment Profile

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of the family's need for services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were appropriate/needed services offered in this case | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Placement Activities in Response to the Fatality Investigation

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation? | <input 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"/> |

**Explain as necessary:**

ACS filed an Article Ten Petition of Neglect on behalf of the three SSs in the Bronx Family Court on 12/12/17. The court released the SS to the parents with ACS' supervision.

Legal Activity Related to the Fatality**Was there legal activity as a result of the fatality investigation?** Family Court Criminal Court Order of Protection**Family Court Petition Type: FCA Article 10 - CPS**

| | | |
|--------------------|--|---------------------------------|
| Date Filed: | Fact Finding Description: | Disposition Description: |
| 12/12/2017 | There was not a fact finding | Order of Supervision |
| Respondent: | 042982 Mother Female 26 Year(s) | |
| Comments: | Family Court determined the family required services such as drug rehabilitation, public assistance, housing assistance and daycare, and bereavement counseling. | |

Family Court Petition Type: FCA Article 10 - CPS

| | | |
|--------------------|--|---------------------------------|
| Date Filed: | Fact Finding Description: | Disposition Description: |
| 12/12/2017 | There was not a fact finding | Order of Supervision |
| Respondent: | 042983 Father Male 28 Year(s) | |
| Comments: | Family Court determined the family required services such as drug rehabilitation, public assistance, housing assistance, daycare and bereavement counseling. | |

Services Provided to the Family in Response to the Fatality

| Services | Provided After Death | Offered, but Refused | Offered, Unknown if Used | Not Offered | Needed but Unavailable | N/A | CDR Lead to Referral |
|------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Economic support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input checked="" type="checkbox"/> | <input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input checked="" type="checkbox"/> | <input 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"/> |

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

Explain:

The SSs began day care.

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

Explain:

The family was referred to Calvary Hospital for services and the BF enrolled in drug treatment services at Argus Community and later switched to another agency.

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

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

There was no known CPS history.

Known CPS History Outside of NYS

ACS requested CPS information from both Pennsylvania and Connecticut; however, there is no documentation a response was received from either state.

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