



**Report Identification Number: NY-18-086**

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

**Issue Date: Feb 22, 2019**

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

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

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

**Date of Death:** 08/21/2018  
**Initial Date OCFS Notified:** 08/23/2018

## Presenting Information

ACS submitted an OCFS-7065 that stated on 8/21/18, the SM gave birth to a premature female at 23 weeks of gestation. The cause of death provided was extreme prematurity, abnormal heart rate and pulmonary failure. The SM tested positive for marijuana at the time of the delivery but no toxicology was performed on the SC. The SC died at 9:01 PM on the same date.

## Executive Summary

The SC died on 8/22/18. According to medical staff the cause of death was underdevelopment due to a premature birth. No autopsy was performed on the SC who was born and died in a hospital.

On 8/21/18, the SCR registered a report that alleged PD/AM of the SC by the SM. No DOA/Fatality allegation was reported to the SCR. The SM tested positive for marijuana at the time of the SC's birth. No toxicology was performed on the SC.

On 8/23/18, ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006.

ACS conducted this investigation and made the appropriate collateral contacts and home visits and assessed the two year old SS. Throughout the investigation the SS was documented to be well cared for by the SM and the MGM. The SM agreed to engage in services which were in place at the time of the determination of this investigation.

Between 8/22/18 and 10/19/18, ACS conducted home visits, collected information from collateral contacts with information relevant to the investigation, assessed the safety of the SS and made home visits to the home of the MGM, MA and PU. On 10/19/18, ACS substantiated the allegation of PD/AM of the SC by the SM and indicated 8/21/18 report; however, the determination narrative did not address how the SM's drug use negatively impacted the SC or led to SC's premature birth.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Safety assessment due at the time of determination?** Yes

### Determination:



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- **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:**

ACS could have obtained more information from the attending physician to determine what, if any, role the SM's marijuana usage played in the death of the SC. This is essential because the PD/AM allegation was substantiated.

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** No

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

**Explain:**

The case record has documentation of contact with the family and collaterals.

### 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>	ACS substantiated the allegation PD/AM of the SC by the SM. ACS' documentation does not reflect how the SM's marijuana use caused the premature birth or death of the SC.
<b>Legal Reference:</b>	FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.
<b>Issue:</b>	Pre-Determination/Supervisor Review
<b>Summary:</b>	ACS' supervision did not correct the inappropriate case determination when the case was reviewed prior to substantiating the allegation of the report.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(v)
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 08/21/2018

Time of Death: 09:01 PM



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

**County where fatality incident occurred:** Kings

**Was 911 or local emergency number called?** No

**Did EMS respond to the scene?** No

**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: Hospitalized after Birth

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

**At time of incident supervisor was:** Not impaired.

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

**Children ages 0-18:** 01

**Adults:** 00

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	06 Hour(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Female	02 Year(s)

### LDSS Response

On 8/22/18, the ACS Specialist contacted the attending nurse by telephone and learned the SC died because she was not fully developed at the time of birth. On the same date the Specialist interviewed the SM by telephone and learned the SM had checked out of the hospital and returned to her home. The SM also informed ACS the SS was staying with the MGM during her hospitalization. The Specialist then spoke with the MGM via telephone but was unable to make a home visit because the MGM was not home at that time.

Later, on same date, the Specialist visited the MGM's home and assessed the SS and the home of the MGM. The MGM explained the SS stays in her home during the week and stays with the SM on the weekends. ACS provided the MGM with a day care voucher for the SS and the home was assessed to be safe and clean. The MGM has two minor children, ages twelve and seventeen, respectively, who are the MA and MU of the SS. These two children were interviewed and ACS documented there are no safety concerns for these children and the sleeping arrangements are adequate for the three children.

The sixteen year old MA was interviewed and stated she assists the SM and MGM in caring for the SS. The MA said she does not know if the SM uses drugs or alcohol because she is not with her on a daily basis but added she has no concerns regarding the care of the SS. The fourteen year old MU was interviewed and he stated he did not know anything about drugs and that he and the SM have a good relationship.



On 8/23/18, ACS submitted a request for daycare for the SS. The Specialist continued to arrange a home visit to interview the SM but was unsuccessful.

On 8/27/18, ACS conducted a home visit and described the home as a small apartment in a private home. ACS documented the apartment was small but there was bedding for the SS and ACS ordered a toddler bed. On the same date ACS received medical information from the SS's physician documenting the SS is a well child.

On 9/6/18, ACS held a Child Safety Conference and the SM agreed to attend bereavement counseling and also to attend a substance abuse treatment program. The SM was already enrolled in services and would receive any services through the Women's Prison Association Agency.

On 9/26/18, ACS held a legal consultation and it was determined there was no basis for Family Court involvement in this case.

Between 9/26/18 and 10/19/18, ACS continued to monitor the SS and made home visits with the MGM, SM and SS. On 10/19/18, ACS substantiated the allegation of PD/AM of the SC by the SM and indicated 8/21/18 report. The determination narrative did not address how the SM's drug use negatively impacted the SC or led to SC's premature birth.

### 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:** Hospital physician

### Multidisciplinary Investigation/Review

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

**Comments:** There is no OCFS approved CFRT in the New York City region.

### 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"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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 checked="" 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"/>

**Additional information:**

No autopsy was performed on the SC.



## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>
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**Explain:**  
The SS was with the MGM at the time of the death of the SC. The SS was seen and assessed to be safe and well cared for by the MGM.

## 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"/>



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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"/>
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Explain as necessary:  
 SS assessed to be safe and well cared for by the SM and the MGM.

### Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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

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

Were services provided to siblings or other children in the household to address any immediate needs and support



their well-being in response to the fatality? Yes

**Explain:**

The SS has been referred for EI services.

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

**Explain:**

The SM has engaged in services and drug treatment counseling.

## 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? Yes
- 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? Yes
- 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/21/2018	Deceased Child, Female, 15 Hours	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Substantiated	Yes

**Report Summary:**

On 8/21/18, the SCR registered a report that alleged PD/AM of the premature newborn SC by the SM who tested positive for marijuana. ACS initiated the investigation timely and the SM stated she had used marijuana during the pregnancy. ACS assessed the SS and had no concerns of the quality of care provided the child. ACS contacted some collateral contacts with the MGM and hospital staff and continued to monitor the SS. On 8/21/18, ACS substantiated the allegation PD/AM of the SC by the SM. The mother agreed to and has begun bereavement services in addition to a drug treatment program.



<b>Report Determination:</b> Indicated	<b>Date of Determination:</b> 10/15/2018				
<b>Basis for Determination:</b> ACS' determination narrative stated the SM admitted to smoking marijuana while pregnant and tested positive after giving birth to the SC. The narrative added the SC died due to prematurity and being underdeveloped.					
<b>OCFS Review Results:</b> The substantiation of the allegation PD/AM was inappropriate. ACS did not establish the SM's marijuana usage contributed to the death of the SC. Medical providers determined the cause of death was extreme prematurity and underdevelopment.					
<b>Are there Required Actions related to the compliance issue(s)?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Issue:</b> Appropriateness of allegation determination					
<b>Summary:</b> The substantiation of the allegation PD/AM was inappropriate. ACS did not establish the SM's marijuana usage contributed to the death of the SC. Medical providers determined the cause of death was extreme prematurity and underdevelopment.					
<b>Legal Reference:</b> FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)					
<b>Action:</b> ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.					
<b>Issue:</b> Pre-Determination/Supervisor Review					
<b>Summary:</b> A thorough supervisory review may have prevented the substantiation of the PD/AM allegation against the SM. ACS did not establish how the SM's marijuana negatively impacted the SC. There is no medical documentation supporting this determination.					
<b>Legal Reference:</b> 18 NYCRR 432.2(b)(3)(v)					
<b>Action:</b> ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.					
Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/12/2016	Sibling, Female, 3 Months	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	No
<b>Report Summary:</b> On 12/12/16, the SCR registered a report that alleged IG of the SM and then three-month-old SS. The report alleged the SM engaged in a physical fight while in a shelter placing the SS at risk of harm.  ACS established the SM did engage in a fight and the SS was inside a stroller that was knocked over during the fight but she was unharmed. ACS filed a neglect petition and the SS was removed and placed with the MGM for a short time and subsequently returned to the SM. The MGM did not want foster care funds and agreed to care for the SS without ACS financial assistance.					



<b>Report Determination:</b> Indicated	<b>Date of Determination:</b> 02/10/2017
<b>Basis for Determination:</b> On 2/10/17, ACS substantiated the IG allegation citing that there was credible evidence the SM placed the SC at risk of physical harm by engaging in a fight with the three-month-old SC present.	
<b>OCFS Review Results:</b> Based on the case documentation the SM willingly engaged in a fight with shelter staff even after the SC was knocked over she was while inside a stroller during the altercation initiated by the SM. ACS had credible evidence to substantiate the allegation of the report.	
<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 SM had no ACS history as a parent more than three years prior to the fatality.

### Known CPS History Outside of NYS

There is no known history outside of NYS.

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

**Was there any legal activity within three years prior to the fatality investigation?**

Family Court                       Criminal Court                       Order of Protection

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
12/20/2016	Adjudicated Neglected	Direct Custody to/or Continued with Relative (Article 10)
<b>Respondent:</b>	049210 Mother Female 23 Year(s)	
<b>Comments:</b>	The SM regained custody of the SC shortly after the court date. The SC was released to the MGM without any foster care involvement. The MGM declined to be a foster parent or accept money for the SC while the SC was in her care.	

<b>Have any Orders of Protection been issued? Yes</b>	
<b>From:</b> Unknown	<b>To:</b> Unknown
<b>Explain:</b> The father of the SS was granted an order of protection against the SM because the SM assaulted him with a taser. ACS documented the OOP is in effect for 3 years; however, the exact dates of the order is not known.	

### 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