



Report Identification Number: NY-18-101

Prepared by: New York City Regional Office

Issue Date: Apr 06, 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

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: 1 year(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 10/05/2018
Initial Date OCFS Notified: 10/05/2018

Presenting Information

The SCR registered two fatality reports dated 10/5/18 and 10/9/18; and a duplicate report on 10/6/18 concerning the death of the SC. The reports alleged the mother placed the SC to sleep around 8:00 P.M. and when she checked the SC, he was unresponsive. The report stated the SC was lying on the parent’s bed face up. EMS was called and the SC was transported to the hospital where he was pronounced dead. Prior to the arrival of the police and EMS, the mother had moved the SC and placed him on the hallway floor. The report stated the SC had no visible injuries or pre-existing medical condition. The reports also alleged that the mother was known to hit the SC leaving red marks and the father failed to intervene.

Executive Summary

The SC died on 10/5/18 and on 10/5/18 and 10/9/18, the SCR registered two reports with allegations of DOA/FATL and IG of the SC by the parents. ACS also added the allegation of IG of the sibling by the parents. As of the writing of this report, the autopsy has not been issued and the ME has not provided a cause and manner of death.

The family resided in a rented room in a 4-bedroom apartment with other tenants. The father had two other minor children who resided outside the U.S.

ACS initiated the investigation of the reports timely; and interviewed the parents, neighbors, medical staff, and the NYPD. The mother provided a consistent account regarding the events leading up to the SC’s death.

On 10/6/18, ACS visited the home and deemed it safe with adequate provisions for the children. The sibling was observed asleep in a bassinet with no marks or bruises. ACS provided safe sleep information for the sibling.

The mother reported that on 10/5/18, she took the SC to the daycare in the morning and picked him up from the daycare at about 5:00 P.M. The mother said when they returned to the home, she fed the SC, bathed him and then placed him to sleep at about 8:00 P.M. The mother stated at about 8:56 P.M. while she was washing dishes, she heard the sibling crying and went to the room to check the children. The mother said she found the SC unresponsive and called 911. EMS responded to the home within minutes and transported the SC to the hospital where he was pronounced dead. The parents indicated the father was working at the time of the incident.

ACS contacted the doctor from the ER and learned the SC arrived at the ER at 9:22 P.M. via EMS and was pronounced dead at 9:42 P.M. The mother provided a consistent account regarding events leading to the 911 call.

The medical staff found no suspicious signs of abuse or maltreatment. In addition, the NYPD found no sign of criminality surrounding the SC’s death. However, neighbors reported the mother was frequently heard hitting the SC and yelling at the children.

On 10/9/18, ACS held a CSC due to safety concerns for the sibling and determined court intervention was needed.

On 10/11/18, ACS filed an Article 10 Petition in the Bronx Family Court on behalf of the sibling naming the parents as the respondents. The petition was filed due to the parent’s history of domestic violence and the mother’s mental health concerns. The Family Court released the sibling to the father with COS. The mother was excluded from the home, and an



Order of Protection (OOP) was issued against the mother on behalf of the sibling. The mother was granted supervised visits.

On 12/7/18, ACS unsubstantiated the DOA/FATL allegation against the parents, but did not provide a narrative to support this determination as it relates to the father. ACS cited the DOA/FATL allegation would be unsubstantiated against the mother as there was no credible evidence to indicate she caused the death of the SC. ACS documented the ME's verbal report noted additional test were needed.

The allegation of IG was substantiated against the parents due to the domestic violence; the information reported by the neighbors regarding the mother's abusive treatment of the SC, and the father's failure to intervene.

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?** No, sufficient information was gathered to determine some allegations only.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Was the decision to close the case appropriate? N/A

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

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

Explain:

The case remained open for COS.

Required Actions Related to the Fatality

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

Issue:	Appropriateness of allegation determination
Summary:	ACS unsubstantiated the allegation of DOA/Fatality against the father but did not provide a narrative to address this determination.



Legal Reference:	FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency will has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/05/2018

Time of Death: 09:42 PM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

At time of incident 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	Male	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	47 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Month(s)

LDSS Response

According to the mother, on 10/5/18, she left the SC at the day care at around 7:45 A.M. and picked him up at around 5:15 PM. The mother said when they arrived home, she bathed the SC, then fed him, and gave him prescribed medication; on 9/28/18 the doctor had prescribed the SC medication for a cold. The mother said she put the children to sleep at 8:00 P.M.



and then went to the kitchen to wash dishes. The mother stated she laid the SC on his side on the bed with one pillow between the wall and the SC, another under his head and a third pillow on the opposite side. The mother said she covered the SC with a sheet from his feet to his midriff. The mother said when she checked the SC he was in the same position as he had been when he went to sleep. The SC was not moving; he was limp, and unresponsive. The mother said before she could begin CPR, EMS arrived and transported the SC to the hospital.

The father said he and the mother argued earlier in the day and she did not answer his calls until 7:00 P.M. and they ended the call when he heard the sibling crying. The father said he continued working and later noticed he missed 8 calls from the mother. The father said when he returned her calls he learned of the incident and went to the hospital where he learned of the SC's death.

ACS interviewed neighbors who reported the mother was frequently heard hitting and yelling at the SC. The neighbors stated that on 10/5/18, they arrived home at 7:00 P.M. and the parents' room was quiet. They stated the mother was in the room with the children and she later came out saying the SC was lifeless. When asked, the neighbors stated they did not report the incidents because they did not want to get "involved."

On 10/9/18, ACS held two Child Safety Conferences to meet with the parents individually due to the reported history of domestic violence. In spite of the previous report and domestic incident reports filed with the NYPD, the parents minimized the incidents. During the conferences the father emphasized the mother's level of immaturity as a barrier to properly care for the children. He explained that she appeared unaware of their needs even when these were obvious. The mother denied the allegations made regarding her abusive behavior towards the SC and expressed the father was controlling. However, even when the incidents of domestic violence were initiated she minimized them. As a result of the conferences, ACS determined court intervention was necessary to secure the safety of the sibling. Family Court released the sibling to the father with COS by ACS and ordered that the mother be excluded from the home. An OOP was issued against the mother on behalf on the sibling and visitations were supervised by ACS.

ACS spoke to the SC's pediatrician and confirmed he was seen on 9/28/18 and was prescribed over the counter medication for nasal congestion. The SC was up to date with his immunizations and there were no concerns about the mother's care of the SC. The SC had no pre-existing condition.

ACS contacted the sibling's medical specialist who confirmed she had a medical condition and noted the mother kept all her appointments. However, the specialist indicated the mother was observed screaming at the sibling when she cried and instead of soothing the sibling she would "jostle and almost shake the sibling." The specialist noted the mother had a very flat affect towards the sibling.

ACS contacted the director from the SC's day care who indicated the SC was enrolled at the day care on 5/22/18. The director had no concerns about the mother's ability to care for the SC. ACS also spoke to a former babysitter who had no concerns about the mother's ability to care for the children and noted she was a good and caring parent.

Throughout the investigation ACS received no information from the NYPD, medical staff or the ME to suspect any criminality or signs of abuse or neglect.

The case was indicated and remained open for COS.

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)?Unknown

Comments: The investigation adhere 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 NYC Region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049507 - Deceased Child, Male, 1 Yrs	049509 - Father, Male, 47 Year(s)	DOA / Fatality	Unsubstantiated
049507 - Deceased Child, Male, 1 Yrs	049509 - Father, Male, 47 Year(s)	Inadequate Guardianship	Substantiated
049507 - Deceased Child, Male, 1 Yrs	049508 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
049507 - Deceased Child, Male, 1 Yrs	049508 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
049511 - Sibling, Female, 2 Month(s)	049508 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
049511 - Sibling, Female, 2 Month(s)	049509 - Father, Male, 47 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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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"/>
Explain: N/A				

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"/>
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Explain as necessary:
 ACS filed an Article 10 Petition and by the orders of the court the family was to be supervised by ACS.

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:
10/11/2018	Adjudicated Neglected	Order of Supervision
Respondent:	049508 Mother Female 27 Year(s)	
Comments:	The sibling was released to the father with court ordered supervision.	

Have any Orders of Protection been issued? Yes

From: 04/11/2018 **To:** 03/11/2019

Explain:
 As of the writing of this report, the OOP continues to be active. The last hearing was held on 3/11/19.

Services Provided to the Family in Response to the Fatality

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



Child Fatality Report

Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

As a result of the fatality, the sibling was under court ordered supervision. Visits with the mother were supervised and an OOP was issued against her.

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

Explain:

As a result of the fatality, the parents were under COS and were provided with financial support.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
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

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)
05/23/2017	Deceased Child, Female, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 1 Years	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

On 5/23/17, the SCR registered a report with the allegation of IG of the SC by the parents. The report stated the father had suggested the mother “throw away the baby” (SC) or return him to the hospital. The report stated prior to the SC’s birth, the father had a previous history of violence against the mother. The report also stated the mother was seen acting



erratically while caring for the SC. Division of Youth and Family Services (DYFS) indicated the parents moved to New York before they could complete a mental health evaluation for the mother.

Report Determination: Unfounded

Date of Determination: 07/14/2017

Basis for Determination:

ACS unsubstantiated the allegation of IG by the parents noting the mother and the SC travelled out of the country to her native country to reside with relatives.

OCFS Review Results:

NYCRO's review revealed the mother was reportedly exhibiting some erratic behavior in NJ after she gave birth to the SC. Hospital staff in NJ recommended she have a clinical assessment, but she left NJ to live with the father in NY. The staff in NJ stated the mother had called the police due to a DV incident with the father. The mother was unable to stay with the father in NY and was escorted by ACS to PATH, but after two days she returned to live with the father. The family decided it would be best for the mother to return to her native country with the SC. The MU assisted the mother with the air fare; ACS confirmed the mother's flight with the airline.

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

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

The family had no CPS history.

Known CPS History Outside of NYS

In 2017, the family was known to DYFS in New Jersey for issues of domestic violence and concerns about the mother's mental health. After the mother was referred for a mental health evaluation, she and the father relocated to New York.

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