



**Report Identification Number: NY-19-059**

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

**Issue Date: Oct 31, 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:** 3 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 05/25/2019  
**Initial Date OCFS Notified:** 05/25/2019

## Presenting Information

The SCR report alleged on 5/25/19, the SF slept alongside the SC in a bed at the family residence. The SM was not at home when the SF decided to co-sleep with the SC. When the SM returned home, she found the SC stuck between the mattress and the wall and not breathing, while the SF was asleep in the same bed. The SC was taken to the hospital where he was pronounced dead. The SC had no pre-existing medical condition and was otherwise healthy. There were no visible injuries observed on the SC.

A subsequent report alleged on 5/25/19, the SM and SF were co-sleeping with the SC in their bed for an unknown period of time. The SM awoke and found the SC wedged between the mattress and headboard near the wall. A 911 call was made at 12:37 PM by an unknown person. Upon EMS's arrival, the SC was unconscious. EMS transported the SC to the hospital where he was pronounced dead. The SC had no pre-existing medical conditions.

## Executive Summary

The 3-month-old male child (SC) died on 5/25/19. The autopsy listed the cause of death as positional asphyxia due to wedging between adult bed mattress and headboard. The manner of death was accident.

The allegations of the 5/25/19 report were DOA/Fatality and IG of the SC by the parents.

According to ACS's findings, on 5/25/19, the SM and SF slept alongside the SC in the parents' king size bed. ACS found that the SM placed the SC on his stomach in the top left corner of the bed. There was a 3 to 5-inch gap around the mattress due to the construction of the frame. The SM and SF placed pillows in the gaps around the bed. According to the SM's account, she and the SF went to sleep at 7:30 AM on 5/25/19. The SM awoke at 12:30 PM and observed the SC's feet hanging out from between the headboard and the mattress. She lifted the SC and observed his lips were blue, and she woke the SF. The SF took the SC and attempted to wake him, and the SM called 911.

The SF said he awoke at 6:30 AM to give the 1-yo SS a meal. He saw the SC lying in the bed. The SF was awakened by the SM at 12:30 PM when the SM told him about her observations of the SC. He took the SC from the SM and performed a chest rub and CPR. The ACS documentation reflected that ACS addressed the timeline discrepancy between the SM's and SF's account with LE.

At the time of the incident, the SC had 2-yo and 1-yo SS who were in the care of the SM and SF. The SC had 5-yo and 10-yo SS who were adopted prior to the SC's death.

On 5/28/19, the 1-yo and 2-yo SS temporarily began to reside in the home of the MA as a planned family arrangement. On 6/4/19, ACS filed an Article Ten Neglect petition in Bronx County Family Court (BxCFC) naming the SM and SF as the respondents due to concerns that the SM and SF possibly misused prescription drugs, and their inability to adequately care for the SS. ACS opened a service case for the family. The judge remanded the SS to ACS, the two SS were removed from the home of the MA as she was not willing to care for them. ACS placed the SS in a licensed foster home. The Forestdale, Inc. agency had case planning responsibility. Subsequently, the two SS were transferred to the home of a relative on 6/18/19.

LE concluded the death was an accident. Therefore, the parents were not criminally charged for the SC's death. LE



determined the SM and SF provided a credible account of the incident.

On 7/26/19, the ME's office provided information to reflect the SC's death appeared to be accidental. There were no injuries to the SC and all tests returned negative.

On 8/21/19, ACS Sub the allegations of DOA/Fatality and IG of the SC. ACS added and Sub the allegation of LMC of the SC and the allegations of IG and LMC of the 1-yo and 2-yo SS by the SM and SF to the report. ACS explained that the SM and SF did not practice safe sleep for the SC despite their knowledge of safe sleep. The SM and SF were unable to provide a clear/accurate understanding as to how the SC became wedged between the headboard. The 2-yo SS was reportedly diagnosed with a developmental disability, and the SM and SF did not follow through with the appropriate/necessary services for the SS. There was a suspicion of prescription drug misuse for the SM and SF, who also admitted to using marijuana. The SC and SS were not current on their immunizations. After being assessed, it was determined the 2-yo was malnourished.

On 7/29/19, the SCR registered a report that included the allegations of IG, IF/C/S, L/B/W, and M/FTTH of the 2-yo SS by the SM and SF. On 9/18/19, the report was UNF.

On 10/30/19, a subsequent report was registered with the SCR with allegations of DOA/Fatality and IG of the SC, and IF/C/S, PD/AM, and IG of the 2-yo SS and 1-yo SS by the SM and SF. The report was under investigation at the time of the issuance of the fatality report.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

### Explain:

NA

**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 foster care services at the time of issuance of this fatality report.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The 5/31/19 Seven Day safety assessment document was inadequate as the comments did not support the selected safety factors.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency 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.
<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	The 6/24/19 safety assessment was inadequate as the comments did not support the selected safety factor.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency 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.
<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	ACS did not enter Investigation Progress Notes contemporaneously. An event occurred on 5/28/19, but was not entered until 8/21/19.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency 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.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	ACS documentation did not reflect whether ACS obtained information regarding EMS observations of the SC and home conditions at the time of response.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency 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:** 05/25/2019

**Time of Death:** 01:41 PM

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

12:30 PM

**County where fatality incident occurred:**

Bronx

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

12:37 PM

**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:** Not 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	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	61 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)

### LDSS Response

ACS initiated the investigation in a timely manner. On 5/25/19, ACS interviewed an attending physician and ACS learned there were no signs of abuse of the SC. ACS verified the SM was next to the SC and the SF was the furthest from the SC in the king size bed. The SM awoke and observed the SC was between the mattress and head board.

On 5/25/19, the SM said the two SS were asleep at 3:00 AM when she fed and burped the SC. According to the SM's account, the SC usually slept in the portable bassinet that was placed on the bed. She did not place him in the bassinet as he cried often and was difficult to put to sleep. The SM reportedly experienced physical difficulty with lifting the SC to the



height of the bassinet. She said that between 3:00 AM and 7:30 AM she and SF were awake and able to monitor the SC in the bed and not in the bassinet, but she fell asleep. She denied she or the SF used drugs or alcohol, or misused prescription medication the night of 5/24/19.

Later, during a home visit, the SM said she believed the SC was smothered after he rolled out of the portable bassinet. The SM did not know how he rolled out of the bassinet. The SM recalled the SC first went to bed at 3:00 AM. The SM said she and the SF went to bed at 5:45 AM or possibly later. The two SS were in their room asleep. She explained that she placed the portable bassinet so the SC could be close to her and when she awoke she observed the SC was between the pillows and the headboard. She acknowledged she received safe sleep practice education. The SM said beginning on 5/16/19, she took medication prescribed for her illness. The SF used medication, but ACS was unable to verify information about the prescription. ACS made efforts to obtain the SM and SF's medical records; however, the attempts were unsuccessful.

The SF provided an account of the timeline of events that was similar to the information provided by the SM. According to the SF, he and the SM went to bed at 5:30 AM and the SC was asleep. The SM woke him at 12:30 PM and alerted him to the SC's condition. He took the SC from the SM, performed a chest rub and CPR. Later, the SF said he used medication for medical issues.

ACS observed the SS and noted the 1-yo did not have marks/bruises. The 2-yo SS had a six-inch crescent shaped burn and three linear scratches on her back. The SM explained that approximately one year prior to 5/25/19, the SS sustained the burn from a space heater in the home. The 2-yo was diagnosed with a developmental delay.

On 5/30/19, the SM and SF informed ACS they no longer used marijuana. The SM denied she used marijuana when the SC died. She said the last time she took her prescribed medication was the day before the SC died.

On 6/11/19, a conference occurred in which the foster care agency informed ACS that the 2-yo SS had a mark on her back which seemed to have been inflicted with a wire hanger. The participants noted the SM previously reported the injury had occurred when the SS sustained a burn from a space heater. There was also a concern the 2-yo had unusual fears and presented as a malnourished CH. The 1-yo was not current with her immunizations. ACS scheduled CAC evaluations for both SS. These CAC evaluations were pending due to the parents delay in signing the necessary documents.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**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 case documentation did not reflect there was a MDT response.

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

**Comments:** There is no OCFS approved Child Fatality Review Team in NYC.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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# Child Fatality Report

051453 - Deceased Child, Male, 3 Mons	051455 - Father, Male, 61 Year(s)	Lack of Medical Care	Substantiated
051453 - Deceased Child, Male, 3 Mons	051454 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated
051453 - Deceased Child, Male, 3 Mons	051455 - Father, Male, 61 Year(s)	DOA / Fatality	Substantiated
051453 - Deceased Child, Male, 3 Mons	051455 - Father, Male, 61 Year(s)	Inadequate Guardianship	Substantiated
051453 - Deceased Child, Male, 3 Mons	051454 - Mother, Female, 27 Year(s)	Lack of Medical Care	Substantiated
051453 - Deceased Child, Male, 3 Mons	051454 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
051456 - Sibling, Female, 1 Year(s)	051454 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
051456 - Sibling, Female, 1 Year(s)	051454 - Mother, Female, 27 Year(s)	Lack of Medical Care	Substantiated
051456 - Sibling, Female, 1 Year(s)	051455 - Father, Male, 61 Year(s)	Inadequate Guardianship	Substantiated
051456 - Sibling, Female, 1 Year(s)	051455 - Father, Male, 61 Year(s)	Lack of Medical Care	Substantiated
051457 - Sibling, Female, 2 Year(s)	051455 - Father, Male, 61 Year(s)	Inadequate Guardianship	Substantiated
051457 - Sibling, Female, 2 Year(s)	051454 - Mother, Female, 27 Year(s)	Lack of Medical Care	Substantiated
051457 - Sibling, Female, 2 Year(s)	051455 - Father, Male, 61 Year(s)	Lack of Medical Care	Substantiated
051457 - Sibling, Female, 2 Year(s)	051454 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

The documentation did not reflect whether ACS received information from the family physician. ACS did not obtain information about EMS responders' observations of the SC, SS and home conditions.

The SS were unable to participate in interviews.

### Fatality Safety Assessment Activities

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

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

ACS filed an Article Ten Neglect petition in Family Court.

**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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

On 6/4/19, ACS filed an Article Ten Neglect petition in BxCFC. A remand was granted and the two SS were placed in foster care. During a court hearing on 6/18/19, the two SS were placed in the home of a relative.

**Legal Activity Related to the Fatality**

Was there legal activity as a result of 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>
06/04/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	051454 Mother Female 27 Year(s)	
<b>Comments:</b>	On 6/4/19, an Article Ten Neglect petition was filed in BxCFC naming the SM and SF as the respondents. The SS were removed from the care of the SM and SF and placed in foster care.	

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
06/04/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	051455 Father Male 61 Year(s)	
<b>Comments:</b>	On 6/4/19, an Article Ten Neglect petition was filed in BxCFC naming the SM and SF as the respondents. The SS were removed from the care of the SM and SF and placed in foster care.	

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



# Child Fatality Report

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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The family received foster care and other services to address history of drug misuse, child development, bereavement, parenting and mental health needs.

**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 two SS received foster care services.

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

**Explain:**

The family received referrals for health services, random toxicology screenings, Certified Alcohol and Substance Abuse Counselor (CASAC) assessment, parenting skills training and bereavement counseling.

## History Prior to the Fatality

### Child Information

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

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? Yes  
 Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

**During pregnancy, mother:**

- |   |  |
|---|--|
| <input type="checkbox"/> Had medical complications / infections                                       | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                               | <input type="checkbox"/> Smoked tobacco        |
| <input type="checkbox"/> Experienced domestic violence  | <input type="checkbox"/> Used illicit drugs    |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

**Infant was born:**

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record |   |

### 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)
02/21/2017	Sibling, Female, 1 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 1 Years	Mother, Female, 25 Years	Lack of Supervision	Unsubstantiated	

**Report Summary:**

The 2/21/17 report alleged the SM failed to provide adequate care and supervision for the 1-yo SS. The SM left the SS home alone unsupervised for at least 20 minutes on a regular basis. The SM prostituted; the SM brought strange men to the home placing the SS at risk of harm. The role of the SF was unknown.

**Report Determination:** Unfounded **Date of Determination:** 04/21/2017

**Basis for Determination:**

The SM appeared to have provided the basic needs to the SS. The SM and SF said the SS had never been left home alone unsupervised. ACS contacted the shelter staff and found they did not have concerns about the SM and SF's ability to care for the SS. There were no reports of the SM and SF leaving the SS alone in the facility.

**OCFS Review Results:**

On 2/24/17, ACS visited the home which was a shelter unit. There were safe sleep posters over the SS's crib. The SM denied the allegations of the report and stated she was not allowed to bring people in the home. The SM discussed one instance where she allowed her niece to visit the home overnight. The SF denied the allegations of the report. The shelter case manager (CM) had no concerns for the family.

Some Investigation Progress Notes were not entered contemporaneously. An event occurred on 2/22/17 but was not entered until 4/21/17.

In the 7-Day safety assessment, ACS included a comment about the SS exhibiting fear; however, ACS did not provide evidence to support the comment.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

The documentation reflected that there were Investigation Progress Notes that were not entered contemporaneously. An event occurred on 2/22/17 but was not entered until 4/21/17.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency 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.

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

The SM was known to the SCR and ACS as a subject in reports dated: 5/22/09, 7/29/09, 12/6/09, 3/29/10, and 8/16/11.

The allegation of the 5/22/09 and 7/29/09 reports was IG of the 10-yo SS by the SM. On 7/25/09, the 5/22/09 report was UNF and on 9/25/09, the 7/29/09 report was IND.

The allegations of the 12/6/09 report were IG and IF/C/S of the 10-yo SS by the SM. On 2/4/10, the report was IND.

The allegation of the 3/29/10 and 8/16/11 report was IG of the 10-yo SS by the SM. On 5/26/10, the 3/29/10 report was IND and on 10/14/11, the 8/16/11 report was UNF.

**Known CPS History Outside of NYS**

The ACS findings showed the family had prior CPS History in the state of Connecticut from 2011 to 2014. The documentation reflected that on 8/31/13, a child abuse/neglect report was registered in the state of Connecticut listing the SM and SF as subjects pertaining to the 5-yo and 10-yo SS. The two SS were removed from the parent's care and placed in foster care. There were concerns for prescription drug misuse, mental health for the SM, DV and excessive corporal punishment. The SM did not address her mental health concerns, and the SM and SF refused to plan for the two SS. The SM and SF's parental rights were terminated and the two SS were adopted.

**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