



**Report Identification Number: NY-20-077**

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

**Issue Date: Feb 16, 2021**

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

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

**Date of Death:** 08/15/2020  
**Initial Date OCFS Notified:** 08/17/2020

## Presenting Information

At an unknown time on 8/15/2020, the MGF put the SC to bed. When the MGF checked the SC later that day, the SC was unresponsive. There was no information as to the details of her unresponsive state. The SC's sleeping arrangements were unknown. The MGF attempted to give the SC CPR and EMS was contacted. EMS arrived at the home and transported the SC to the hospital. When EMS arrived, the SC was covered in vomit. It was unknown if the vomit was due to CPR being administered or other circumstances. The SC died at 9:04PM. It was unknown if the SC died at the home or at the hospital. It was unknown the amount of time between the SC being put to bed and the MGF found her unresponsive. Additionally, there was no information as to how promptly the MGF contacted EMS. The SC did not present with any injuries and was an otherwise healthy child.

## Executive Summary

On 8/15/2020, the 2-month-old SC died while in the care of her MGF. ACS case documentation reflected the MGF found the SC unresponsive in the crib in the bedroom, with vomit around her mouth and nose. The MGF attempted CPR on the SC and the MGM called 911. EMS responded to the home and attempted to revive the SC to no avail. EMS transported the SC to the hospital where ER staff was unable to revive her. ER staff pronounced the SC dead at 9:04PM. At the time of writing this report, the autopsy report was pending; however, the ME's preliminary findings indicated there were no contusions or bruises observed on the SC's body. Additionally, LE did not deem the SC's death suspicious and no arrests were made.

The BM and the BF resided out of the home and were not present when the incident occurred. The SC and the surviving sibling were in the care of the maternal grandparents (MGPs) due to the BM's unstable housing, possible substance use, possible clinical health issues and not wanting to parent. The surviving sibling's father died when he, the sibling, was a baby. The BM's oldest female child was adopted by her PGM and resided with paternal relatives. The child did not have any relationship with the SC or the MGPs.

On 8/17/2020, ACS received the report and initiated the CPS investigation within the mandated timeframe. ACS obtained information from relevant collaterals such as the medical staff, LE, service providers, and the family which indicated there were no concerns of abuse or neglect regarding the SC's death. The family's account of the incident was consistent and plausible. Also, relatives, and medical providers did not report any concerns about the MGPs' ability to care for their grandchildren and the MU. Throughout the investigation, ACS assessed the surviving sibling and the MUs for safety during home visits and casework contacts, and deemed them safe in the care of the maternal grandparents (MGPs). The children were healthy and were up to date with their well child visits.

ACS held a child safety conference (CSC) on behalf of the surviving sibling. The participants at the CSC agreed on judicial intervention for the family; however, the Family Court Legal Services (FCLS) delayed filing a petition due to inadequate information regarding the SC's cause of death and the BM's clinical health status. The family agreed to participate in services. ACS referred the family for PPRS and FPP services.

On 11/2/2021, ACS unsubstantiated the allegations of the report against the MGF due to lack of credible evidence. ACS based its decision on the ME's preliminary findings which indicated there were no contusions or bruises observed on the SC's body. The ME and LE did not deem the SC's death suspicious. ACS also determined the MGF was meeting the SC's basic needs, prior to her death. There were no indicators to suggest that the MGF acted in a manner that contributed to the



SC's death.

All the children were assessed as safe in the care of the MGPs. The children's basic needs were being met by the MGPs. The BM maintained contact with the surviving sibling via telephone or supervised in-person contact.

## 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

Was the decision to close the case appropriate? Yes

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

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

### Explain:

All the children were assessed as safe in the care of the MGPs.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	ACS did not complete a 30-Day Safety Assessment document.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<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 attended and what was discussed.



## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 08/15/2020

**Time of Death:** 09:04 PM

**County where fatality incident occurred:**

Kings

**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?**

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**How long before incident was the child last seen by caretaker?** 90 Minutes

**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	Aunt/Uncle	No Role	Male	13 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	16 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	11 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	38 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	38 Year(s)
Deceased Child's Household	Mother	No Role	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Father	No Role	Male	40 Year(s)

### LDSS Response

On 8/17/2020, the MGF provided an account of events that led to the incident. According tot he MGF he fed the SC and then placed her on her back in her crib. About an hour later he checked the SC and found her unresponsive. The MGF initiated CPR on the SC and the MGM called EMS.



On 8/17/2020, the MGA did not report any concerns about the care the MGF gave the children. The MGA stated following the incident, the SS and the 2 younger MUs had been with her; the 16-yo MU was with his girlfriend. The MGA was willing to be a resource for the children. The MUs reported they did not witness the incident as they were not present in the home at the time. They stated they felt safe with the MGA. ACS assessed the children and they did not appear to be in imminent or impending danger.

On 8/18/2020, the ME reported that the SC's cause of death was pending further studies. There were no contusions or bruises observed on the SC's body. LE stated based on the initial findings, the SC's death was not deemed suspicious.

On 8/18/2020, the 16-yo MU stated he was not in the home and did not witness the incident. The MU denied any drugs use and alcohol abuse. ACS did not observe the MU with any marks or bruises on his body.

On 8/18/2020, the BM stated the SC was in good health a week prior to the incident when she last saw her. She reported a good relationship with the BF and that she and the BF provided financial support for the SC.

On 8/20/2020, ACS held a child safety conference (CSC). The CSC recommended on court intervention for the family but the FCLS delayed filing a petition due to inadequate information. The family agreed to participate in services. ACS referred the family for PPRS and FPP services.

On 8/21/2020, ACS submitted EI referral on behalf of the family to the service provider.

On 8/21/2020, the pediatrician stated the SC was a well child. The children did not have any medical issues, and their medicals were up to date. The parents were compliant with all recommendations and appointments.

On 8/27/2020, the BF refused ACS' offer of services. He also refused to disclose where he resided or any contact information. He stated he was involved with his other children who resided outside of New York State, but he did not have any information for the children or their mother.

On 8/28/2020, the ER Dr. stated based on preliminary findings, LE was informed that there were no suspicions of abuse or neglect.

On 8/28/2020, ACS visited the family with the service provider. There were no safety concerns observed in the home. The children reported they were doing well. The family accepted services.

On 9/8/2020, the ME reported there were no updates regarding the SC's cause of death. Later that same day, ACS received the results for the MGPs' drug screening. They both tested positive for Marijuana.

Between 9/16/2020 and 10/21/2020, ACS made several casework contacts with the family and other relevant collaterals. There was no new information about the fatality. The family was coping with the SC's death. ACS obtained a DC voucher for the SS. The two younger MUs were participating in remote learning; however, the MGF had difficulties enrolling the 16-yo MU in school. The MGF completed parenting classes but the MGM rejected services due to her work schedule. The ME's report was pending and LE's investigation would remain open pending the autopsy results from the ME.

On 11/2/2021, ACS unsubstantiated the allegations of the report against the MGF due to lack of credible evidence.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner



### Multidisciplinary Investigation/Review

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

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054842 - Deceased Child, Female, 2 Month(s)	054862 - Grandparent, Male, 38 Year(s)	DOA / Fatality	Unsubstantiated
054842 - Deceased Child, Female, 2 Month(s)	054862 - Grandparent, Male, 38 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
ACS did not complete a 30-Day Safety Assessment document.

**Fatality Risk Assessment / Risk Assessment Profile**

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

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Legal Activity Related to the Fatality**

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



# Child Fatality Report

## 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"/>	<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 checked="" type="checkbox"/>	<input 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 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? Yes
- 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 fetal alcohol effects or syndrome

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)
06/25/2020	Aunt/Uncle, Male, 16 Years	Grandparent, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 1 Months	Grandparent, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Male, 16 Years	Grandparent, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Months	Grandparent, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The 16-yo MU had a history of being physically violent towards the MGF. The MGPs were unable to adequately address the MU's physical violence in the home. On 6/25/20, the MU assaulted the MGF causing swelling and bruises to the MGF's face, and accidentally knocked over the stroller that the SC was in.

**Report Determination:** Unfounded

**Date of Determination:** 08/24/2020

**Basis for Determination:**

The investigation revealed the MU attacked the MGF and was the aggressor during the incident. The family took the appropriate steps and ensured that the SC was medically examined at the time. ACS visited the family and documented the SC was "thriving." The family agreed to participate in services.

**OCFS Review Results:**

The investigation met regulatory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/20/2020	Deceased Child, Female, 1 Days	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Substantiated	No

**Report Summary:**

On 5/19/2020, the BM gave birth to the now deceased SC. At the time of birth, both the BM and the SC tested positive for stimulant drugs at the time of delivery.

**Report Determination:** Indicated

**Date of Determination:** 07/17/2020

**Basis for Determination:**

ACS SUB the allegation PD/AM against the BM. The hospital and the BM decided that she and the SC should move in with the maternal grandparents. The grandparents planned to obtain legal custody of the SC. ACS was unable to file a neglect petition in court due to COVID-19; however, the grandparents asked the BM to write and notarize a letter granting them authority to care for the SC. The family was referred to Community Based Services.

**OCFS Review Results:**

Based on the case documentation, ACS conducted the investigation appropriately.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/20/2020	Aunt/Uncle, Male, 16 Years	Grandparent, Male, 38 Years	Educational Neglect	Unsubstantiated	No
	Aunt/Uncle, Male, 16 Years	Grandparent, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Male, 16 Years	Grandparent, Female, 38 Years	Educational Neglect	Unsubstantiated	
	Aunt/Uncle, Male, 16 Years	Grandparent, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The 16-yo MU had missed at least 40 days of school during the 2020/2021 school year. He was not participating in remote learning and was failing as a result. The MGPs were aware but failed to adequately address this situation.

**Report Determination:** Unfounded**Date of Determination:** 06/19/2020**Basis for Determination:**

The allegations of IG and ED/NG were UNSUB against the maternal grandparents (MGP). The MGPs took the appropriate steps to address the MU's absenteeism by maintaining contact with the MU's school and attended a meeting to address the concerns and implement a plan. The MGPs initiated a process to transfer him to a different school, with the hope that he would attend that school. The MU was a truant student who refused to attend school. The MU's basic needs were being met.

**OCFS Review Results:**

The case documentation indicated ACS conducted the investigation appropriately.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/26/2018	Sibling, Male, 1 Days	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

The BM gave birth on 3/23/18 to the SS. The BM had another child who was not in her care. There was a concern for the new child in the BM's care.

**Report Determination:** Unfounded**Date of Determination:** 05/24/2018**Basis for Determination:**

ACS did not find any credible evidence to indicate the report as the caretakers did not fail to meet the minimum degree of care for the SC. The BM denied her older child was removed from her care. She stated she agreed that the PGM would be the primary caregiver as she was young when she gave birth to the child. The BM refused ACS' referral for PPRS services as she was engaged in clinical health services and parenting classes at the time.

**OCFS Review Results:**

ACS conducted a complete investigation.

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



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

Between 9/28/15 and 4/01/16, the family was known in multiple prior reports involving the BM and the maternal grandparents (MGPs). Out of the family's 5 most recent reports, 1 was indicated and 4 unfounded. The indicated report dated 9/28/15, alleged IG of the then 11, 9 and 7-yo MUs by the MGM. The MGM sold marijuana out of the home in the presence of her 3 children. The MGM was referred to a drug treatment program.

### Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.

## 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

**Family Court Petition Type:** Other Family Court (Including Article 6 Custody/Guardianship)

Date Filed:	Fact Finding Description:	Disposition Description:
07/30/2018	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	None	
<b>Comments:</b>	The MGM petitioned for the 2-yo SS' custody in Family Court due to the BM's having unstable housing. During the COI investigation, the BM agreed to the MGM being granted custody of the SS.	

## 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