



Report Identification Number: NY-18-088

Prepared by: New York City Regional Office

Issue Date: Mar 05, 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: 4 year(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 09/01/2018
Initial Date OCFS Notified: 09/04/2018

Presenting Information

On 9/4/18, ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006. The 7065 form stated that on 9/1/18, the SC accidentally drowned in a pool while visiting with the maternal grandparents (MGPs) in New Jersey.

Executive Summary

On 9/1/18, the four-year-old male SC died in a pool while visiting the MGP's home in New Jersey (NJ). The MGF was monitoring the SC and SS, ages two and three years of age. but he left the home to buy party supplies and when he returned found the SC floating in the swimming pool.

The BM had relocated to Connecticut (CT) after the children were returned to her care after having been in kinship foster care with their PGM on 6/25/18. ACS had asked permission of Family Court to allow the BM and children to relocate as long as the BM agreed to continue services in CT. CPS in involved in both NJ and CT.

Between 09/02/18 and 12/11/18, ACS continued to obtain information regarding the death of the SC from NJ and CT. The SS were assessed to be well cared for by the BM in CT. The ME determined the cause of death to be asphyxia due to drowning and the manner of death was accident. ACS documented that no action was taken by LE because of the SC's death.

On 12/11/18, ACS documented the BM and the SS are actively engaged in services in CT and closed the case.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

ACS' foster care case was to be closed because Family Court returned the SS to the BM and she moved to Connecticut.



ACS was arrange for an Interstate Compact to arrange for CT CPS to monitor the family. There were no allegations for ACS to address in New York State.

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:
The foster care case for the SC had been closed and the children were returned to the BM at the time of this fatality; however, a CPS investigation was registered against the BM in CT.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/01/2018

Time of Death: 07:00 PM

Time of fatal incident, if different than time of death: 07:37 PM

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: Swimming in a pool.

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was:

Total number of deaths at incident event:

Children ages 0-18: 01

Adults: 00

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	4 Year(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Male	03 Year(s)



Deceased Child's Household	Sibling	No Role	Male	02 Year(s)
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LDSS Response

On 9/2/18, ACS received additional information the SC died in a pool in New Jersey while at the home of the maternal grandparents. The BM and children resided in Connecticut (CT). ACS documented the relatives learned of the death from the BM who called and informed them from New Jersey.

On the same date, ACS obtained the address of the maternal grandparents and contacted the medical providers at Raritan Bay Medical Care-Perth Amboy. The attending physician informed ACS the SC was pronounced dead due to cardiac arrest and no criminal action was being taken. ACS also contacted CPS in CT to inform them of the SC's death. ACS then contacted New Jersey CPS and spoke with a CPS worker who stated the BM reported she was in the home of the MGF's preparing food and the MGF was supposed to be monitoring the children but he left the home and went on some errands. The BM said the children were playing and she was watching them from a window and didn't notice the SC leave his siblings and go near the pool. The MGF returned home and found the SC floating and called out for someone to call 911. ACS then contacted a LE detective in New Jersey who stated that the MGF resides with the MGM in New Jersey.

On 9/4/18, ACS contacted the CT CPS worker assigned to the case and was told he had not yet met with the family but had contacted the SC's school and learned the SC had attended the first week of the new school year before the accident.

ACS documented there are were CPS investigations in NJ and CT. CT CPS workers visited the BM and SS in their home and there were no concerns for the SS. On 12/6/18, the BM and the SS visited the ACS office and the SS were assessed to be cleaned, dressed appropriately without any indications of neglect or maltreatment. The BM and SS are engaged in services in CT.

On 12/11/18, ACS closed their case stating ACS' CPS was no longer required.

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: Hospital physician

Multidisciplinary Investigation/Review

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

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

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" 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"/>
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"/>

Additional information:

The SC died in a pool accident while visiting the MGP's in Carteret, NJ and the BM and SS reside in Connecticut.

Fatality Safety Assessment Activities

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

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



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

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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:
 Bereavement and other counseling services for the BM and SS are being provided in the state of CT.

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:

Services are being provided to the BM and SS in the state of Connecticut.

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

Explain:

Services were to be provided in CT.

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?	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

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)
06/28/2017	Sibling, Male, 2 Years	Mother, Female, 29 Years	Swelling / Dislocations / Sprains	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 4 Years	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 4 Years	Mother, Female, 29 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 4 Years	Mother's Partner, Male, 21 Years	Fractures	Unsubstantiated	



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Deceased Child, Male, 4 Years	Mother's Partner, Male, 21 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 4 Years	Mother's Partner, Male, 21 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 2 Years	Mother's Partner, Male, 21 Years	Fractures	Unsubstantiated
Sibling, Male, 2 Years	Mother's Partner, Male, 21 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Mother's Partner, Male, 21 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 5 Months	Mother's Partner, Male, 21 Years	Fractures	Unsubstantiated
Sibling, Male, 5 Months	Mother's Partner, Male, 21 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 5 Months	Mother's Partner, Male, 21 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 5 Months	Mother, Female, 29 Years	Fractures	Substantiated
Sibling, Male, 5 Months	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 5 Months	Mother, Female, 29 Years	Swelling / Dislocations / Sprains	Unsubstantiated

Report Summary:

On 6/28/17, the SCR registered a report that alleged L/B/W, S/D/S and IG of the SM's three children by the BM and PS. ACS documented the then five-month-old SC suffered a fractured femur and there were other indications of neglect.

Report Determination: Indicated

Date of Determination: 08/17/2017

Basis for Determination:

ACS determined there was credible evidence to support all of the allegations against the SM.

OCFS Review Results:

The determination made by ACS was appropriate given the collateral information provided by the medical professionals.

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)
06/06/2016	Deceased Child, Male, 2 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 1 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	

Report Summary:

On 6/6/16, the SCR registered a report that alleged IG of the SC and SS by the SF because of DV in the home against the BM while she was pregnant. ACS investigated and it was revealed the SF had a history of DV with the BM. An order of protection was granted for the BM, SC, and SS against the BF.

Report Determination: Indicated

Date of Determination: 07/22/2016

Basis for Determination:

On 7/22/16, ACS substantiated the allegation of IG of the SC by the BF. ACS determined the SF's actions placed the SC at risk of harm. Because of the BF's actions he was arrested.

OCFS Review Results:

Given the information obtained during the investigation ACS' determination appropriate.

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



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

The BM has no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no CPS history for the BM as a parent outside of NYS prior to the death of the SC in New Jersey; however, there was a CPS investigation in 2006 for physical abuse of the then child BM against the MGF.

Foster Care Placement History

The SC and SS were remanded in Bronx Family Court and placed into kinship foster care under the auspices of New York Foundling on 7/5/18. The three children were placed in the home of the PGM and remained in this placement until 6/5/18, when the children were released to the BM. ACS documented that although the children were returned to the BM she was not to relocate out of state until an Interstate Compact (IC) was completed to assess the new home; however, the BM moved to Connecticut prior to the IC being completed.

During the period the children were in placement the BM attended therapy and parenting classes and maintained visits with the children twice a week. The foster care case was closed on 12/12/18.

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: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
07/30/2017	Adjudicated Neglected	Article 10 Remand
Respondent:	049334 Mother Female 29 Year(s)	
Comments:	ACS filed an Article 10 Neglect petition in Bronx Family Court against the BM for the three SC. The three children were remanded and placed in the home of the PGM.	

Have any Orders of Protection been issued? Yes

From: 07/05/2017

To: 07/17/2017

Explain:
As a result of the neglect proceedings, Bronx Family Court granted an order of protection to the three SC against the then SM. This order expired two weeks after it was granted.

From: 06/17/2016

To: 06/16/2018

Explain:
On 6/17/16, Bronx Family Court granted a full stay away order of protection for the three SC against the then BF for assault. This order of protection expired on 6/16/18.



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