



Report Identification Number: NY-20-039

Prepared by: New York City Regional Office

Issue Date: Oct 30, 2020

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 day(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 05/08/2020
Initial Date OCFS Notified: 05/08/2020

Presenting Information

The SC was admitted to the hospital at the time of his birth in May of 2020. He was in critical condition due to pre-existing medical conditions. He remained hospitalized until he was pronounced dead on 5/8/20.

Executive Summary

The family had an open investigation that began on 5/7/20. ACS initiated the investigation and found the BM gave birth to the male infant in the hospital in May of 2020. The infant was born at approximately 24 weeks gestation and medical professionals diagnosed him with medical conditions associated with prematurity. He was admitted to the pediatric intensive care unit, his condition deteriorated and he was pronounced dead by the attending physician. The case was not referred to the Office of Chief Medical Examiner.

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 Services Cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006.

ACS obtained relevant information from medical professionals and other collateral contacts. The findings showed the BM tested positive for marijuana at the time she gave birth to the infant in the hospital. ACS attempted to discuss the infant's death, and drug misuse with the BM. The BM did not respond to ACS attempts to discuss the infant's death and she declined services.

The infant had a two-year-old female surviving sibling who resided with the BM and BF. ACS established telephone contact with the BM and BF and attempted to complete a safety assessment of the surviving sibling. The BM and BF did not allow ACS to enter the home but permitted ACS to observe the sibling and household conditions through video conferencing. The ACS case record showed there were no safety factors that placed the sibling in immediate danger.

ACS closed the CPS investigation and ended involvement with the family.

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 N/A as well as any others identified in the course of the investigation?



- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

N/A

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:

N/A

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: 05/08/2020

Time of Death: 06:42 AM

County where fatality incident occurred: Queens

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Hospitalized

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	No Role	Male	2 Day(s)
Deceased Child's Household	Father	No Role	Male	24 Year(s)



Deceased Child's Household	Mother	No Role	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

LDSS Response

Following the infant's death, ACS interviewed hospital personnel on 5/8/20. During the interview, the hospital personnel said after his birth, the infant's heart rate declined and he was subsequently pronounced dead on 5/8/20. Per the hospital records, the BM and BF were not in the hospital at the time the infant was pronounced dead, but the BM was informed of the death and planned to visit the hospital. The documentation showed ACS requested the infant's medical records.

ACS established telephone contact with the BF on 5/8/20. During the contact, the BF indicated he was aware of the infant's death and he said the family was in the hospital. ACS discussed the possibility of meeting the family to offer services in response to the fatality. The BF did not respond to the ACS offer to discuss the circumstances of the child's death.

Between 5/8/20 and 5/11/20, ACS attempted to contact the BM by telephone. However, the BM did not respond. On 5/11/20, during a telephone contact, the BF informed ACS that the BM was not available, and he said the family planned to cremate the infant's body. The BF was not available for an ACS interview.

On 5/13/20, ACS contacted the family physician and requested the medical records for the surviving sibling. During the contact, ACS learned that since 4/11/19, the sibling had not been examined by the physician. Per this physician's account, the sibling's immunization was not current.

On 5/14/20, during a telephone interview with ACS, the BM said she did not want to discuss the infant's death, and she did not accept referrals for services. ACS discussed the sibling's medical records and asked the BM to contact the physician to discuss the sibling's immunization needs. Later on 5/14/20, ACS observed the BM, sibling and home conditions through video conferencing, and there were no safety concerns noted.

ACS contacted the Early Intervention services provider and discussed the sibling's case. Per the provider's account, the sibling had an open case for Early Intervention. ACS learned that the case was pending as the BM did not complete the Early Intervention documentation requirement.

On 5/19/20, ACS interviewed the BM, who said she was unable to schedule a medical appointment to address the sibling's immunization. On 5/21/20, the BM contacted ACS by telephone and said she attempted to schedule an appointment with different physicians but was unsuccessful.

On 5/22/20, ACS closed the case. Prior to the case closing, there were no additional casework activities regarding the infant's death.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review



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

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

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
There was no SCR report regarding the infant's death.

Fatality Risk Assessment / Risk Assessment Profile



Child Fatality Report

	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"/>
Explain: The family did not accept the services.				

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: There was no removal regarding the surviving sibling.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

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:

ACS referred the sibling for Early Intervention services.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The BM and BF declined ACS offer for services.

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? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? Yes

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)
05/07/2020	Deceased Child, Male, 1 Days	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 1 Days	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 25 Years	Lack of Medical Care	Substantiated	
	Sibling, Female, 2 Years	Father, Male, 24 Years	Lack of Medical Care	Substantiated	

Report Summary:

The report alleged the BM had a positive toxicology for marijuana at the time she gave birth to the infant in May of 2020. The roles of the BF and sibling were unknown.

Report Determination: Indicated

Date of Determination: 05/22/2020

Basis for Determination:

ACS substantiated the allegations of IG and PD/AM of the infant and surviving sibling by the BM. ACS explained that the BM tested positive for marijuana at the time she gave birth to the infant. ACS added that the BM exercised poor judgment and placed her need to smoke over the needs of her children, refused toxicology test and declined services.

ACS substantiated the allegation of LMC of the surviving sibling by the BM and BF.

OCFS Review Results:

ACS interviewed the BM and BF, and observed the surviving sibling outside of the home on 5/7/20. During the interview, the BM admitted she used marijuana and she refused referral for drug/alcohol screening. She said the infant remained hospitalized for treatment of prematurity.

The investigative findings showed the BM tested positive for marijuana, and the infant was hospitalized and never released to the BM's care. The documentation did not reflect the BM's marijuana use or the BM and BF's actions/inaction had a negative impact on the care they provided the surviving sibling. ACS did not provide justification for the decision to substantiate the allegations of the report.

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

Issue:

Appropriate Application of Legal Standards (Abuse/Maltreatment)

Summary:

ACS did not appropriately apply the standards of maltreatment to the case circumstance. ACS substantiated the allegations of the report although the documentation did not reflect the BM's drug use or the BM and BF's actions/inaction had a negative impact on the care they provided the children. The infant remained hospitalized during his lifetime and was never in the BM's care.

Legal Reference:

SSL 412(1) and 412(2)

**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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/28/2020	Sibling, Female, 1 Years	Other Adult - Parent Substitute, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

The report alleged on 1/28/20 the parent substitute, physically assaulted the BM while the BM was holding the surviving sibling. During the assault, the parent substitute hit the BM in the face. It was unknown if the sibling sustained any injuries as a result. It was unknown if the parent substitute was intoxicated at the time of the assault or had a history of this behavior. The roles of the BM and BF were unknown.

Report Determination: Unfounded

Date of Determination: 03/17/2020

Basis for Determination:

ACS unsubstantiated the allegation of the report on the basis of no credible evidence. ACS explained that the BM refused to disclose the identifying information about the alleged subject, who was listed as a parent substitute.

OCFS Review Results:

ACS interviewed the BM and BF, obtained information from medical personnel, LE and other collateral contacts, and observed the surviving sibling and home conditions. The BM said she sustained injuries when a male friend hit her. The BM refused to provide identifying information about the friend. The BF said he did not have concerns about the care the BM provided the sibling. The BF did not reside in the home and he refused to provide his address. The investigative findings showed there was LE involvement and EMS transported the BM and sibling to the hospital where they received medical examination. ACS referred the family for domestic violence, day care and Early intervention services.

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)
09/29/2019	Sibling, Female, 1 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 1 Years	Father, Male, 23 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The report alleged the BF and BM engaged in a physical and verbal fight in the presence of the surviving sibling. The BF dragged the BM and tossed the sibling in his vehicle. A bystander tried to intervene, but the BM physically assaulted him.

Report Determination: Indicated

Date of Determination: 10/20/2019

Basis for Determination:

ACS substantiated the allegation of the report on the basis of credible evidence. ACS explained that the BM and BF engaged in domestic violence and exposed the surviving sibling to the violence.

OCFS Review Results:

ACS interviewed LE and learned that on 9/29/19, the BF dragged the BM out of a building and pushed the BM and surviving sibling into his car. The BF was arrested, an OP was issued on behalf of the BM and sibling against the BF, the BM was examined at the hospital and released to LE, and the sibling received temporary care with a grandparent.

During interviews with ACS, the BM and BF denied there was domestic violence in their relationship. ACS referred the



BF for batterer's and anger management program through a community-based agency. The BM brought the sibling to the LDSS office where ACS observed her and found she had no marks/bruises.

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

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

There is no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Legal History Within Three Years Prior to the Fatality

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