



Report Identification Number: NY-20-041

Prepared by: New York City Regional Office

Issue Date: Nov 10, 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: 3 month(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 05/15/2020
Initial Date OCFS Notified: 05/15/2020

Presenting Information

At 9:00 PM on 5/14/2020, the BM went to sleep with the 3-month-old SC, face up in her twin-size bed. At about 6:00 AM on 5/15/2020, the BM awoke and found the SC unresponsive in the bed, face down and there was blood on the pillow. The BM called 911 at about 6:18 AM, the BM was instructed to perform CPR by 911. EMS responded to the home and performed CPR. During this time, it was noted that the SC had discharge from his nose. The SC was transported to the hospital and pronounced dead at 6:35 AM. The SC was an otherwise healthy child and the BM did not have any explanation for the SC's death. The BM had a history of sleeping in the same bed as the SC.

Executive Summary

At about 6:00 AM on 5/15/20, the BM found the SC unresponsive in her adult twin bed, face down and there was blood on the pillow. At the time of writing this report, the SC's cause and manner of death were pending; however, the ME's preliminary findings indicated the SC's death was accidental due to co-sleeping.

According to ACS' case documentation, at 9:00 PM on 5/14/2020, the BM fell asleep with the SC and when she awoke at 6:00 AM on 5/15/20, the SC was unresponsive. The BM called 911 and the 911 operator instructed her to perform CPR on the SC. EMS responded to the home, continued CPR on the SC and then transported the SC to the hospital where medical professionals pronounced him dead at 6:35 AM. At the time of the fatality, the BM and the SC resided in a New York City (NYC) shelter. The SC had three SS in kinship foster care with the MGM. The BF resided at a different location in NYC and was involved with the SC.

On 5/15/2020, ACS initiated the investigation in a timely manner. ACS obtained information from the family, service providers, medical professionals and LE. The BM admitted she was co-sleeping with the SC on the night of 5/14/2020. ACS, the service provider and shelter personnel provided the BM with information regarding safe sleep practices. ACS assessed and interviewed the three SS in the kinship foster home of the MGM and deemed them safe. The medical professionals did not report any signs of injury to the SC. LE reported no criminal charges were made. Additionally, the service providers reported the BM completed PPRS and was diligently working towards reunification with the SS in foster care prior to the fatality.

ACS held a child safety conference (CSC) to discuss a safety plan for the SS. The CSC revised the BM's visitation schedule with the SS to be supervised. The CSC mandated the BM to engage in services.

On 10/16/2020, ACS found credible evidence to SUB the allegation IG of the SC by the BM. The ME's preliminary findings indicated the BM rolled over on the SC while co-sleeping with him in the same bed; despite being aware of the dangers of co-sleeping. The BM said she had 3-4 beers prior to co-sleeping with the SC.

ACS did not find credible evidence to SUB the allegation DOA/FATL of the SC by the BM. The ME's preliminary findings indicated the SC's death was accidental due to co-sleeping.

The three SS remained in the kinship foster home of the MGM where their needs were being met. The SS had devices to complete remote learning. The provider agency ensured their well-being in the home through visits to the home. They continued to make a positive adjustment in their MGM's care.



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? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:

ACS did not contact the child's physician.

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	ACS did not contact the physician to obtain information about the SC's and the three SS' overall medical care.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	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 will attend and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information



Date of Death: 05/15/2020

Time of Death: 06:35 AM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

06:18 AM

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:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

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	No Role	Male	45 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	39 Year(s)

LDSS Response

On 5/15/20, the medical professionals and LE reported the SC did not have any signs of physical abuse to his body. LE did not observe alcohol in the BM's room. LE did not suspect any criminality regarding the SC's death and no arrests were made.

On 5/15/2020, the service provider reported the last virtual visit with the BM was on 4/30/20. The BM and the SC were well at the time. The BM did not report being overwhelmed or stressed. She was aware of safe sleep practices.

ACS visited the kinship home of the MGM. The MGM did not report any concerns for the SC in the BM's care. The BM consistently visited the three SS via video calls and there were no concerns. ACS assessed the three SS and deemed them safe in the home. They were aware of the SC's death and denied the BM would intentionally hurt the SC. They stated their remote learning was going well. The 9 and 10-yo SS were interested in grief counseling. The older SS stated she would talk to school staff if needed. ACS also assessed the MGM's two children. They appeared happy and well in the home. The



home had adequate sleeping arrangements and food.

On 5/18/2020, the BM and the BF declined an interview by ACS. The BM stated she was grieving. The BF did not disclose his whereabouts. He denied he visited the BM at the shelter.

On 5/18/2020, ACS documented between 11/27/19 and 1/24/20, the BM completed PPRS. She tested negative for all substances twice a week and was compliant with visits with the SS.

On 5/19/2020, the ME reported preliminary findings revealed the SC's death appeared accidental, which was associated with co-sleeping and consistent with a roll over.

On 5/20/2020, ACS requested service referrals for the two younger SS for grief counseling from the service provider. The service provider reported the SC was always observed in the crib on his back with a blanket during visits to the BM's unit. The BM was provided with safe sleep literature.

On 5/21/2020, the school professionals did not report any concerns for the older SS. She was involved in remote learning. The younger SS were doing well academically. There were no reported concerns about them.

On 5/21/2020, the BM provided an account of events that led to the SC's death which was consistent with the information that was already known. She stated she had a crib for the SC but was co-sleeping with the SC at the time of the incident because the room was cold. She agreed to ACS' offer of grief counseling for her and the BF.

On 5/22/2020, ACS held a child safety conference (CSC). The CSC agreed to modify the BM's visits with the SS to be supervised. The BM was mandated to complete an in-patient substance abuse program, submit to an evaluation and follow all recommendations, as well as engage in family therapy.

On 5/26/2020, ACS observed several safe sleep documents in the BM's unit. There were no signs of drugs or alcohol in the unit. The shelter personnel denied the BM was observed drinking alcohol while caring for the SC.

On 7/24/2020, ACS informed Family Court the BM had stopped all visits with the SS once the visits were revised to be supervised, but she communicated with the three SS via phone calls. The next court date was 9/30/20.

On 9/4/2020 and 10/1/2020, the ME reported the final autopsy was pending.

On 10/16/2020, ACS SUB the allegation IG of the SC by the BM. ACS UNSUB the allegation DOA/FATL of the SC by the BM.

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 New York City.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055305 - Deceased Child, Male, 3 Mons	055414 - Mother, Female, 39 Year(s)	DOA / Fatality	Unsubstantiated
055305 - Deceased Child, Male, 3 Mons	055414 - Mother, Female, 39 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

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

Additional information:

ACS did not contact the children's physician.

Fatality Safety Assessment Activities

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



Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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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Fatality Risk Assessment / Risk Assessment Profile

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

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 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.

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"/>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input checked="" 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"/>				
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 checked="" 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"/>

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? 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)
01/25/2020	Deceased Child, Male, 1 Days	Mother, Female, 39 Years	Inadequate Guardianship	Substantiated	No

Report Summary:

The 1/25/20 report alleged in January of 2020, the BM, who had children that were not in her care due to Child Protective reasons, delivered a baby boy.

Report Determination: Indicated**Date of Determination:** 03/25/2020**Basis for Determination:**

The BM had had her three children removed from her care and was unable to provide a suitable home for the children.

OCFS Review Results:

Based on the case documentation, ACS determination of the report was appropriate. During the investigation, ACS sought court intervention to amend the existing petition to reflect the derivative neglect of the newborn child. The court released the newborn to the BM with ACS supervision.

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)
04/16/2019	Sibling, Male, 9 Years	Mother, Female, 38 Years	Lack of Medical Care	Substantiated	No
	Sibling, Male, 9 Years	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 9 Years	Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 8 Years	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 8 Years	Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 15 Years	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 15 Years	Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

There were concerns that the BM drank alcohol daily to the point of impairment and, as a result, was unable to adequately care for her 15, 9, and 8-year-old children. While intoxicated, the BM became belligerent and physically aggressive towards the children. The BM had the children hit each other in the face, punch and pull each other's hairs. The BM punched the 9 and 15-yo children while intoxicated.

The BM left her three children with the MGM and did not provide the 9-yo's medication, or information needed to obtain treatment for his medical condition.



Child Fatality Report

Report Determination: Indicated **Date of Determination:** 06/05/2019

Basis for Determination:
 ACS obtained information from collateral contacts and verified the BM did not provide some of the basic needs of her children due to her alcohol misuse. She mismanaged the funds she received for the children and the children often had to fend for themselves. The BM became aggressive toward the children when intoxicated. She did not engage in services. The BM did not provide the MGM with the medication or the health insurance card that the 9-yo needed to treat his medical condition. As a result, the child developed an illness.

OCFS Review Results:
 ACS appropriately closed the duplicate report and merged it with the 4/16/19 report. ACS filed an Article 10 Neglect Petition in Queens County Family Court against the BM. On 6/4/19, the court granted a remand for the children. The children were removed and released to the care of the MGM with ACS supervision. The investigation and the determination was appropriate.

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)
06/22/2018	Sibling, Male, 8 Years	Mother, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 8 Years	Mother, Female, 38 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Female, 7 Years	Mother, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Years	Mother, Female, 38 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:
 On 6/22/18, the BM failed to seek medical care for her two children, ages 8 and 7. The children exhibited concerning behaviors and the BM was told that the children needed counseling. The BM refused to cooperate with any services.

Report Determination: Unfounded **Date of Determination:** 08/21/2018

Basis for Determination:
 ACS was unable to verify with the physician that the children’s medical needs were neglected. The children’s immunizations appeared to be “complete” based on school record. The school personnel did not report behavioral concerns for the children. The family continued to receive services. The BM and the children resided with the maternal grandparents who assisted in caring for the children.

OCFS Review Results:
 Based on the case documentation, NYCRO agrees with the determination.

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)
08/30/2017	Sibling, Male, 10 Years	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 10 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 6 Years	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Substantiated	



Sibling, Female, 16 Years	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 16 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Substantiated

Report Summary:

The report alleged the BM drank alcohol to the point of intoxication and then slept all day when she was the sole caretaker of her three children.

Report Determination: Indicated**Date of Determination:** 09/22/2017**Basis for Determination:**

The BM admitted to having a drinking problem that affected her mood, she became angry and argued with the MGM in front of the children.

OCFS Review Results:

NYCRO agrees with ACS' decision to SUB the allegations of the report. ACS did not provide a notice of indication to the BM.

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

Failure to Provide Notice of Indication

Summary:

ACS did not provide the notice of indication to the subject BM.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

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 will attend and what was discussed.

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

The family did not have CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

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

Services Open at the Time of the Fatality**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality?** Yes**Date the preventive services case was opened:** 06/05/2019**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality?** Yes**Date the Child Protective Services case was opened:** 06/05/2019**Evaluative Review of Services that were Open at the Time of the Fatality**

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Provider



	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
The family received PPRS.

Preventive Services History

On 10/27/17, the family signed an agreement for preventive services, counseling and treatment with a provider agency due to ongoing tension and communication issues between the BM and MGM. The family learned coping skills in order to modify the BM's behavior and decrease the way she used alcohol as a coping mechanism. The BM received substance abuse counseling services. The MGM and BM reported that communication between them improved and requested their case be closed.

On 9/21/18, ACS held an elevated risk conference and agreed that the risks in the home were decreased. ACS closed the family's case.

Between 11/27/19 and 1/24/20, the family received services that addressed parenting and strengthening relationships, substance misuse, anger management, coping skills, relapse prevention, and therapeutic needs.

On 1/27/2020, ACS sought Family Court intervention to amend the active petition, and added the derivative neglect of the SC to the petition. The court released the SC to the BM with supervision. The BM received PPRS and was diligently working towards reunification with the three SS when ACS received notification of the fatality.

Foster Care Placement History

The BM had a history of alcohol abuse while caring for the three SS. The BM became aggressive toward the SS when intoxicated. The SS were fearful of the BM. As a result, on 6/4/19, ACS filed an Article 10 Neglect Petition in Queens County Family Court against the BM. The court granted a remand for the SS. The SS were removed from the BM's care and released to the kinship care of the MGM with ACS supervision.

The SS remained in the kinship foster care of the MGM. The BM was active in the children's lives and had regular visits with them.

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:
06/04/2019	There was not a fact finding	There was not a disposition
Respondent:	055414 Mother Female 39 Year(s)	



Comments:	On 6/4/19, ACS filed an Article 10 Petition in Queens County Family Court against the BM. The court granted a remand for the children and they were released to the care of the MGM with ACS supervision.
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Have any Orders of Protection been issued? Yes

From: 06/04/2019	To: Unknown
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Explain:
On 6/4/19, ACS filed an Article 10 Petition in Queens County Family Court against the BM. The court issued a full stay away OP for the three children against the BM.

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