



**Report Identification Number: NY-21-079**

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

**Issue Date: Jan 24, 2022**

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:** 1 year(s)

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

**Date of Death:** 07/29/2021  
**Initial Date OCFS Notified:** 07/29/2021

## Presenting Information

On 7/29/21, the one-year-old female subject child had no appetite and was lethargic and she regurgitated. At 10:45AM, the mother called 911. EMS responded to the home and transported the child to the hospital where she was pronounced dead at 12:05PM on the same day. The child was known as an otherwise healthy child and the parents were unable to provide an explanation for the child's death. The allegations of the report were DOA/fatality and IG of the subject child by the parents.

## Executive Summary

This fatality report concerns the death of a one-year-old female subject child (SC) who died on 7/29/21. As of the writing of this report, NYCRO had not received a copy of the final autopsy report from the Medical Examiner.

At the time of the incident, the SC resided in the home with her parents and a two-year-old male surviving sibling. The mother and the father had three children each from previous relationships; however, those children resided elsewhere. ACS assessed the children and deemed them safe with their caregivers. Neither the mother nor the father had physical contact with those children.

According to ACS' documentation, the SC had refused to drink from her "Sippy" cup for the three days leading up to her demise; however, on the day before her death, the SC did not exhibit any sign of illness. On the day of the SC's death, the two children were at home with their father. The father made bottles for the children and while the two-year-old surviving sibling drank his, the SC refused hers. After repeated attempts to feed the SC, the father called the mother, who was out running errands, and told her the SC refused to eat and was "not acting herself". The mother returned and also attempted to feed the SC who then regurgitated. The SC then became limp in the mother's arms and the mother called 911. EMS responded to the home and transported the child to the hospital, where she was pronounced dead at 12:05 PM on 7/29/21.

The hospital staff found no signs that indicated maltreatment or abuse of the SC. EMS reported the SC's pupils were fixed and dilated, her skin was cool to the touch and she appeared pale when they arrived at the home. The ME investigator reported the parents reenacted the incident and there was no suspicion that the parents harmed the SC. The ME's preliminary statement noted the SC appeared dehydrated and the final autopsy was pending. LE found no criminality.

The parents denied any recent DV or marijuana use. ACS initially removed the surviving sibling based on the unusual circumstances of the child's death; however, Family Court released the sibling to the parents with ACS supervision and services.

On 9/27/21, ACS unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship of the SC and Inadequate Guardianship of the surviving sibling by the parents citing a lack of credible evidence.

## 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? Yes

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

**Explain:**

The allegations of the 7/29/21 case were unfounded and the case remained open for services.

**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: 07/29/2021

Time of Death: 12:05 PM

Time of fatal incident, if different than time of death: 10:55 AM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: 10:55 AM

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: In the mother's arms

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

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

- Distracted
- Absent
- Asleep
- Other: **No, she was alert**

**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	Female	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)

### LDSS Response

Upon receipt of the SCR report, ACS initiated an investigation by contacting hospital staff, LE, ME, and the parents.

LE, the ME, and the hospital staff found no indication of maltreatment or abuse. Hospital staff reported the SC and sibling's last well children checkup occurred on 4/20/21.

On 7/29/21, the Specialist interviewed the mother who reported she awoke at 7:30AM and checked the children. The SC was awake in her play pen, and her sibling was still sleeping on his bed. The mother stated she gave the SC a cup of milk and turned on the TV. She did not wait to see if the SC drank the milk, but noted the SC moved around in the playpen. The mother said she left home to run errands and while she was out, the father called her to tell her the SC did not appear well. The mother said she heard the panic in the father's voice and returned immediately. When she arrived at home she attempted to feed the SC and the child regurgitated. The mother said she moved the child from her lap to her shoulder, and at that time the SC smiled and became limp on her shoulder. The mother said she called the ACS worker at 10:54AM, and was advised to call 911 which she did at 10:55 AM; EMS arrived at the hospital at 11:30 AM. The mother also reported she had two children ages 12 and 14-year-old who reside with their grand-aunt, and a 9-year-old who was placed with the child's father.

The father said on the day of the incident, he awoke between 9:40AM and 9:50AM, and checked the children. He said he noticed the SC did "not appear herself", her arms were straight down, head and eyes were moving slowly, and she was not smiling as usual. The father said he alerted the mother to the SC's condition and as she returned. He said the mother then sent him to the store nearby to purchase milk and upon his return, he heard the mother on the phone speaking to the 911 operator. The father said he took the phone from the mother and it died, he then used his phone to call 911. The father disclosed he had one-six-year-old and two seven-year-old children who resided with their individual parent.

On 7/30/21, ACS removed the surviving sibling and placed him in a non-kinship foster home based on the unusual circumstances of the case. However, at a Family Court hearing on 8/4/21, the court ordered the return of the surviving



sibling to the parents.

The ME later reported the subject child was dehydrated; but unknown if it played a role in her death. The parents shared that for the last three days, the subject child did not want to drink from her sippy cup because they had replaced the old spout.

On 7/30/21, ACS visited the mother’s three children at the grand-aunt’s residence. ACS documented the children were safe. During the assessment, the 12 and 14-year-old children reported their only contact with the mother was annual, and via Facetime. When they were informed of the passing of their sister, they expressed sadness and concern for the mother. None of these children had met the subject child in person.

On the same date, ACS assessed the father’s children in their respective homes and deemed them safe. It was reported they had no contact or involvement with the father. These children were not aware of the fatality.

The parents denied DV. The mother reported the sibling peered into the subject child’s play pen looking and calling for her. The family received funeral assistance.

ACS unsubstantiated all allegations citing lack of credible evidence.

### Official Manner and Cause of Death

**Official Manner:** Natural

**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 referred to an OCFS approved Child Fatality Review Team?** No

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059401 - Deceased Child, Female, 1 Yrs	059402 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
059401 - Deceased Child, Female, 1 Yrs	059403 - Father, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
059401 - Deceased Child, Female, 1 Yrs	059402 - Mother, Female, 33 Year(s)	DOA / Fatality	Unsubstantiated
059401 - Deceased Child, Female, 1 Yrs	059403 - Father, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
059404 - Sibling, Male, 2 Year(s)	059402 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
059404 - Sibling, Male, 2 Year(s)	059403 - Father, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated



## CPS Fatality Casework/Investigative Activities

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

## Fatality Safety Assessment Activities

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile



	Yes	No	N/A	Unable to Determine
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"/>
<b>Explain:</b> The parents engaged in family and grief counseling, the father was cooperative with the mental health services and medication.				

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> The parents had no explanation for the subject child's death. ACS removed the sibling based on recent history of drug use and other allegations.				

### Legal Activity Related to the Fatality

Was there legal activity as a result of 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:
07/30/2021	Not Adjudicated	Petition Dismissed
<b>Respondent:</b>	059402 Mother Female 33 Year(s)	
<b>Comments:</b>	The Court found insufficient information and therefore the sibling was returned to his parents.	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:**  
The parents engaged in family and grief counseling. The father was cooperative with the mental health services and medication.

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

**Explain:**  
The parents engaged in family and grief counseling. The father was cooperative with the mental health services and medication.

## 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

## 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)
03/23/2021	Sibling, Male, 2 Years	Mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 4 Months	Mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Female, 4 Months	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 4 Months	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 4 Months	Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Female, 4 Months	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 4 Months	Father, Male, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Aunt/Uncle, Male, 39 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Aunt/Uncle, Male, 39 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Aunt/Uncle, Male, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 4 Months	Aunt/Uncle, Male, 39 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Female, 4 Months	Aunt/Uncle, Male, 39 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 4 Months	Aunt/Uncle, Male, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
Sibling, Male, 2 Years	Unrelated Home Member, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated		



Sibling, Male, 2 Years	Unrelated Home Member, Male, 30 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Unrelated Home Member, Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Deceased Child, Female, 4 Months	Unrelated Home Member, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Deceased Child, Female, 4 Months	Unrelated Home Member, Male, 30 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Female, 4 Months	Unrelated Home Member, Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

**Report Summary:**

On 3/23/21, the SCR registered a report that alleged the home was unsanitary and presented a health concern for the two children. The home had severe mildew and exposed pipes in the kitchen, and the parents used buckets for a sink. The parents and paternal uncle were not taking responsibility to address the ongoing unsanitary conditions in the home.

**Report Determination:** Unfounded

**Date of Determination:** 05/18/2021

**Basis for Determination:**

On 05/18/2021, the allegations of IG, IFCS, PD/AM of the sixteen-month old and two-year-old by the parents and the paternal uncle were unsubstantiated. ACS wrote that the parents denied substance use and they declined to submit to tests; however, the Specialist did not observe the parents under the influence.

**OCFS Review Results:**

The investigation revealed that the parents had made complaints to their landlord that were being addressed. There was food and adequate sleep accommodations for the children. The sixteen-month-old child had been scheduled for an early intervention assessment and the children's medicals were up to date. The paternal uncle had no care giving responsibilities and had relocated. The investigation was completed in compliance with NYS SSLs.

**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)
01/08/2020	Sibling, Male, 1 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Months	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The SCR report alleged on 1/9/20, the father punched the mother in her face as she was feeding the seven-week-old child. The mother put the child down and the father grabbed the mother by the neck, flung her into the wall and on the ground, sat on her, choked, and punched her in the presence of the child. The child was not physically hurt. The allegation was IG of the child by the father.

**Report Determination:** Indicated

**Date of Determination:** 03/06/2020

**Basis for Determination:**

On 3/6/20, ACS substantiated the IG allegation of the children by the father as he admitted to the assault. The father was found to be controlling and aggressive, explosive, dangerous and out of control placing the children in imminent danger.

**OCFS Review Results:**

The investigation was completed within the parameters of NYS SSLs.

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/30/2019	Sibling, Female, 6 Years	Mother, Female, 30 Years	Emotional Neglect	Substantiated	No
	Sibling, Female, 6 Years	Stepfather, Male, 27 Years	Emotional Neglect	Substantiated	
	Sibling, Female, 6 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 5 Months	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Stepfather, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 5 Months	Stepfather, Male, 27 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

On 3/30/19, the SCR registered a report alleging that in 2018, the biological father of the then six-year-old assaulted the mother. The mother went to pick up the child and the father grabbed her from behind and repeatedly punched her in the face causing a bloody nose and busted lip. During the altercation, the child was crying but not hurt.

**Report Determination:** Indicated**Date of Determination:** 05/29/2019**Basis for Determination:**

On 5/29/19, the allegations of EN and IFCS of the child and IG of the five-month-old by the mother and step-father were substantiated. ACS found overwhelming evidence to substantiate the allegations. The IG allegation of the six-year-old by her father was unsubstantiated. The mother accepted services.

**OCFS Review Results:**

The investigation revealed DV between the parents, a custody case and the step-father showed signs of alcohol misuse. On 4/22/19, ACS filed an Article Ten petition on behalf of the children against the mother and step-father. The five-month-old was released to the parents and the six-year-old to her father. ACS filed the petition as needed. The investigation was completed appropriately.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/11/2018	Sibling, Female, 5 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

On 9/11/18, the SCR registered a report that alleged the father was a registered and convicted child sex offender and the mother allowed the father to continue to live in the home with the five-year-old child.

**Report Determination:** Unfounded**Date of Determination:** 11/09/2018**Basis for Determination:**

On 11/9/18, ACS unsubstantiated the IG allegation of the child by the mother. ACS stated they obtained no credible evidence that indicated the mother was placing her child at risk of harm. The child presented with no visible marks or bruises and there were no safety concerns.

**OCFS Review Results:**

The case investigation met the requirements.

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

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

On 10/13/11, a report alleged that the father was a level II Sex Offender who had been living with a mother and her 4-year-old daughter. The investigation revealed the father had not registered himself as a sex offender and the mother was not



aware. On 12/8/11, the allegation was substantiated against the father.

On 6/25/12, the SCR reported the mother and the birth father of the then four-month-old child got into an altercation and he pushed the mother while she was holding their child in her arms. The child suffered no injuries. The allegation was IG of the child by her birth father; however, during the investigation, the mother and her paramour tested positive for marijuana. The allegation of PD/AM was added, and both allegations were substantiated. The mother and paramour declined services.

The parents' history together began with a report dated 9/15/17 that alleged the father was a sex offender living with the mother and her five-year-old daughter; the mother was aware of his status. ACS unsubstantiated IG allegation of the five-year-old by the mother and "other" by the father(then mother's partner) on 12/3/17, stating the child made no disclosure and appear comfortable in the presence of the step-parent, adding that the mother provided all personal care to the child.

### Known CPS History Outside of NYS

ACS had no known CPS history outside of NYS.

### Services Open at the Time of the Fatality

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: 08/30/2021

### Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
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 checked="" type="checkbox"/>	<input 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



# Child Fatality Report

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"/>

### Preventive Services History

On 11/1/18, a FSS was initiated as the family accepted court ordered preventive services which lasted until 5/7/19. The mother's then six-year-old child was placed with her father and the family relocated, services continued with another agency and they remained compliant.

On 11/30/19, with an addition to the family, they relocated again and continued to engage in services that included formal individual counseling and preventive services.

On 1/8/20 due to a DV incident, the father was removed from the family shelter and the family relocated. On 5/29/20, it was noted that both children received play therapy while both parents engaged in counseling and parenting skills training. The father was also engaged in parenting and batterer's intervention classes.

On 7/23/20, the services ended as the family had been stabilized. Both parents expressed that they remained compliant and understood the importance of the services, and would reach out if needed. Due to the fatality, services were reopened for counseling and play therapy for the family.

### Foster Care Placement History

The two-year-old sibling was removed on 7/30/21, from the parents and placed in non-kinship foster care for two days. An Article 1027 hearing was held on 8/2/21. The Court released the sibling to his parents.

### 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:
04/22/2019	Adjudicated Neglected	Not LDSS Custody
<b>Respondent:</b>	059402 Mother Female 33 Year(s)	
<b>Comments:</b>	The six-year-old child was released to her biological father and the six-month-old was returned to the mother's care.	

**Have any Orders of Protection been issued? Yes**

**From:** 01/08/2020

**To:** 07/08/2020

**Explain:**

The father engaged in DV with the mother in the presence of the one-year and five-week-old children. The mother obtained an OP for herself and the children against the father.

### 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