



**Report Identification Number: NY-22-009**

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

**Issue Date: Aug 03, 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:** 2 month(s)

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

**Date of Death:** 02/14/2022  
**Initial Date OCFS Notified:** 02/14/2022

## Presenting Information

The two SCR reports received, alleged at approximately 1:30AM on 2/14/22, the BM placed the SC to sleep on her back in her crib. An hour later, the BM found the SC cold to the touch, unresponsive, not breathing, and with blood coming out of her nose. The BM called 911 and performed CPR on the SC until EMS arrived on the scene. EMS continued CPR on the SC and then transported her to the hospital where medical personnel pronounced her dead at 3:39AM. The BM did not have any explanation for the SC's death.

## Executive Summary

This fatality report concerns the death of a two-month-old female subject child (SC) that occurred on 2/14/22. ACS' case documentation reflected at approximately 1:30AM on 2/14/22, the BM placed the SC to sleep on her back in her crib. An hour later, the BM found the SC cold to the touch, unresponsive, and not breathing with blood coming out of her nose. The BM called 911 and performed CPR on the SC until EMS arrived on the scene. EMS continued CPR on the SC and then transported her to the hospital where medical staff pronounced her deceased at 3:39AM. At the time of writing this report, the final autopsy report was pending; however, the ME's preliminary findings did not reveal any abuse or neglect to the SC.

At the time of the fatality, the SC resided with her BM and two SSs. ACS explored information regarding the biological fathers for the SC and the older SS; however, the BM did not provide any accurate information about these fathers. The BF of the 3-yo SS was deceased.

ACS received the report and initiated the CPS fatality investigation in a timely manner. ACS sought and received clinical health, medical, substance abuse, and early childhood consultations. ACS also made collateral contacts with the ME, LE, hospital staff, school staff, pediatrician, and the family. The ME, LE and the hospital staff did not deem the SC's death suspicious. LE closed the criminal investigation pending the final autopsy. LE and ACS assessed the SSs and deemed them safe. The pediatrician did not report any medical concerns for the children or the care they received. The family members also denied any concerns about the BM's parenting.

ACS conducted an emergency removal of the 2 SSs from the BM's care. The SSs were medically cleared and placed with the GM. However, ACS did not proceed with the SSs' removal due to the ME's preliminary findings. Consequently, the SSs were returned to the BM's care. The BM then made a family arrangement with the GM to care for the SSs until after the funeral arrangements.

ACS held a child safety conference (CSC). Based on the participants' decision at the CSC, the BM accepted Family Preservation Program (FPP) and supportive services. The BM commenced services on 3/3/22. ACS also provided the BM with daycare vouchers.

On 5/25/22, ACS unsubstantiated all the allegations of the report due to lack of fair preponderance of evidence. Although the autopsy was pending, the ME's preliminary findings did not indicate any signs of abuse or neglect to the SC. Additionally, the BM appeared to have met the SC's basic needs. The SC's medical records reflected she was a healthy child.

ACS kept the case open in the FSS stage for ongoing service engagement.



## 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 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: 02/14/2022

Time of Death: 03:39 AM

Time of fatal incident, if different than time of death: 02:35 AM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: 02:35 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**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
- Asleep

- Absent
- Other: **Not Applicable**

**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	2 Month(s)
Deceased Child's Household	Father	No Role	Male	38 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Other Household 1	Father	No Role	Male	40 Year(s)

### LDSS Response

On 2/14/22, ACS contacted the attending Dr. and LE. They reported there were no signs of abuse to the SC. The Dr. deemed the BM's statement about the incident consistent with the medical findings. The Dr. stated the SC had a rapid Covid test and the result was negative. LE stated there were no signs of abuse or neglect to the SSs. LE deemed the family's home a crime scene and barred ACS access to the home.

On 2/14/22, ACS assessed the family at the MGM's home. The BM denied any concerns for the SC other than nasal congestion two days prior to her passing which required suction. The SC last visited the Dr. on 1/10/22, and there were no concerns noted. The BM requested ACS' help to obtain counseling, and burial expenses. The MGM did not report any concerns about the BM's parenting. The 4-yo SS denied physical discipline by the BM. The 3-yo SS appeared sleepy and did not want to be engaged by ACS. The BM requested the school to evaluate the 4-yo SS due to behavioral concerns. ACS assessed the SSs to be well.

On 2/14/22, ACS and LE jointly visited the BM at the MGM's home. The BM denied utilizing a Hookah machine found in the home in front of the children. She also denied co-sleeping with the SC at the time of the incident. She provided the BF's phone number but denied his whereabouts and any other information about him. The BF was not involved with the SC. ACS explained to the BM that ACS was conducting a removal of the SSs. The BM provided the godmother's (GM) information as a resource for the SSs. ACS then removed the 2 SSs from the BM's care. The SSs were medically cleared.



and then placed with the GM. ACS completed clearances on the adults in the GM's home. There were no negative findings on the adults.

On 2/14/22, ACS assessed the GM's home to be appropriate for the SSs.

Later that same date, LE reported the family's home was no longer a crime scene.

On 2/14/22, the BM's former service provider reported the BM received clinical health services and there no concerns for the BM at the time of service.

On 2/15/22, the ME reported the autopsy was pending. The preliminary findings did not reveal any trauma to the SC.

On 2/15/22, ACS withdrew an emergency removal petition for the SS in Family Court due to the ME's preliminary findings.

On 2/15/22, the school staff reported the 4-yo SS was being evaluated for an individualized education program, but the evaluation was not finalized. There were behavioral and attendance concerns for the SS.

On 2/16/22, the pediatrician did not report any medical issues for the children or the care they received.

On 2/16/22, ACS held a child safety conference (CSC). The participants at the CSC referred the BM to Family Preservation Program (FPP) and supportive services.

On 2/17/22, the BM's paramour did not report any concerns about the care the BM gave her children. He denied being the SC's BF.

On 2/17/22, the BM's medical Dr. reported a medical diagnosis for the BM. She was consistent with her medication regimen and medical appointments.

On 2/18/22, ACS assessed the 3-yo SS in her PGM's home. ACS did not document any concerns for the SS or the home. The PGM did not have any concerns about the BM's parenting.

On 2/22/22, the service provider recommended the BM engaged in substance abuse treatment because she was positive from her toxicology screening on 2/15/22. The BM refused.

On 3/3/22 the BM accepted services.

On 3/8/22, ACS provided the BM with daycare vouchers.

Between 3/9/22 and 5/20/22, ACS made multiple visits to the family and contacted other collaterals. The SSs were evaluated by a child abuse expert and the 4-yo SS had old marks on him which was indicative of physical discipline. ACS educated the BM on discipline practices. The BM was receiving substance abuse related services. The SSs remained safe in the BM's care. LE closed the criminal investigation. The autopsy was pending further studies. The case remained open in the FSS stage.

## 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 referred to 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
060891 - Deceased Child, Female, 2 Mons	060892 - Mother, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
060891 - Deceased Child, Female, 2 Mons	060892 - Mother, Female, 37 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



# Child Fatality Report

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"/>

### 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 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"/>

**Explain as necessary:**  
 ACS conducted an emergency removal of the 2 SSs from the BM's care and placed them with the GM. However, ACS withdrew the removal petition in Family Court due to the ME's preliminary findings. Consequently, ACS returned the SSs to the BM's care.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### History Prior to the Fatality

#### Child Information

Did the child have a history of alleged child abuse/maltreatment? No

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

Had heavy alcohol use



- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

## 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)
11/16/2021	Sibling, Male, 4 Years	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 4 Years	Mother, Female, 37 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

On a regular basis, the BM became upset with the now 4-yo SS and will hit him with different objects and the child had sustained welts on his body. The BM had thrown objects at the child when she became upset. Approximately two weeks prior, the child was hungry and missed meals and the BM was aware and failed to adequately address the issue.

**Report Determination:** Unfounded

**Date of Determination:** 01/15/2022

**Basis for Determination:**

ACS UNSUB the allegations of the report due to lack of fair preponderance of evidence. Throughout the investigation, the children's basic needs were being met by the BM. During school and home visits, ACS did not observe any visible marks or bruises on the child.

**OCFS Review Results:**

ACS initiated the investigation in a timely manner. ACS visited the home, interviewed the BM, the MGM, the godmother, and the SS at school. ACS made collateral contacts with the shelter staff, school, and hospital staff. Throughout the investigation, ACS observed adequate food in the home as well. The child did not have any marks and bruises. ACS sought and received the assistance of the mental health, and early childhood consultants. NYCRO agrees with the case determination of UNF due to lack of credible evidence to support the allegations IG, and L/B/W. ACS kept the case open in the FSS stage.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/02/2020	Sibling, Male, 3 Years	Mother, Female, 35 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Sibling, Male, 3 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

The BM used drugs and alcohol in the presence of her 3-yo son. The BM became impaired while being the sole caretaker of the child. On a regular basis the BM became angry and hit the child with a belt in a forceful manner. The BM also



made the child stand on one foot in the corner for an unknown period as a form of punishment. As a result, the child was crying and had cramps in his foot. The child was not harmed or injured.

**Report Determination:** Unfounded

**Date of Determination:** 07/01/2020

**Basis for Determination:**

The BM denied physical punishment but admitted to disciplining the child by placing him on time out for increments of 3 minutes. The BM was advised to shorten the length of time being placed on time out due to the child's age. There was no indication that the BM used excessive corporal punishment. Additionally, the BM complied with random screening as results were negative. The service provider also confirmed the BM's previous toxicology results were negative. Throughout the investigation, the BM appeared alert and there was no indication of her being under the influence of any substance.

**OCFS Review Results:**

NYCRO agrees with the case determination of UNF the allegations of ExCP, IG and PD/AM against the BM due to lack of credible evidence. During the investigation, ACS' Office of Special Investigations contacted multiple collaterals who reported that the BM provided the children with appropriate level of care required. The BM complied with random screening and the results were negative for all substances.

**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)
09/21/2018	Sibling, Female, 1 Days	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	No

**Report Summary:**

On 9/20/18, the BM gave birth to a baby girl. The BM had other children currently placed in foster care.

**Report Determination:** Indicated

**Date of Determination:** 11/21/2018

**Basis for Determination:**

The BM had 8 children that were not in her care. There was 1 child in foster care, 5 were adopted, and 2 were in the custody of family outside of New York State. The BM did not comply with services in order to have her other children returned to her care.

**OCFS Review Results:**

Based on the information obtained by ACS during the investigation, NYCRO agrees with the determination to SUB the allegation IG of the newborn by the BM.

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

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

The BM had CPS history in New York State dating back to 2011 due to her untreated clinical health condition, alcohol dependency, inability to provide for her children's basic needs, and unstable housing. The BM also had a pattern of her children being removed from her care due to abuse/neglect. Seven of the BM's children were removed from her care and her parental rights to four of her children were terminated.

### Known CPS History Outside of NYS

The BM had CPS involvement in the State of Vermont due to unstable housing, and non-compliant with services which led to her parental rights to her now 4 adult children and the children were adopted. The BM was in the 3rd trimester when she relocated to New York City. The State of Vermont DSS began court proceeding to have the unborn child removed from the BM's care, and contacted the New York State SCR with concerns for the unborn child. On 1/03/11, the BM gave birth to a baby girl. The child was removed from the BM's care due the existing Vermont DSS involvement.

### 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: 01/03/2022

### 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 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"/>

### Preventive Services History

Between 2020 and October 2021, the BM received service clinical health services and substance abuse counseling. The CM’s counselor did not report any concerns for her.

### Foster Care Placement History

On 2/08/12, the BM gave birth to a baby girl. The child and her 1-yo sibling were placed in foster care and subsequently adopted in 2016.

On 1/02/13, the BM gave birth to another child in which she surrendered her parental rights.

On 3/3/17, the BM gave birth to the now 4-yo SS. On 3/10/17, ACS added the SS to the existing Article 10 Petition against the BM. The SS was placed with a kinship resource. The BM was allowed supervised visits only with the SS. There was no identified biological father for the newborn at the time.

On 9/20/18, the BM gave birth to the now 3-yo SS. ACS filed file for a remand of the SS in Family Court. The court released the SS to her bio father and the PGM with ACS supervision. During a 1027 hearing, the court allowed the BM to have unsupervised contact with the SS for up to 3 hours.

On 10/4/2019, the now 4-yo SS was trial discharged to the BM. The BM enrolled in services and was committed to her recovery. She was awarded a housing voucher and diligently worked to obtain stable housing. Based on the service provider’s assessment, the trial discharge was going well and there were no concerns. On 8/4/2020, the two SSs were final discharged to the BM's care.

### 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