



**Report Identification Number: NY-15-082**

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

**Issue Date: 4/26/2016**

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

<b>Relationships</b>		
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
<b>Contacts</b>		
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
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
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-Others	
<b>Miscellaneous</b>		
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		

## Case Information



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 10/13/2015  
**Initial Date OCFS Notified:** 10/13/2015

## Presenting Information

The SCR registered two reports that alleged that on 10/13/15, the BM was co-sleeping with the 3-month-old male infant in BM's bed. The BM and infant went to sleep at 12:00 noon. The BM awoke at 2:00 P.M. and found the infant unresponsive. He was later pronounced dead. The SCR registered a subsequent report that added the BM contacted EMS and was instructed to perform CPR; EMS responded and transported the infant to the hospital where he was pronounced dead. The report noted there were no visible signs of trauma to the infant's body and the cause of death was unknown. The report alleged that the BF was believed to have some contact with the family; both parents were named as subjects.

## Executive Summary

This male child died while co-sleeping with the BM. The BM fed the SC at 11:30 A.M., on 10/13/15. He fell asleep and at 12:00, she placed him on his back, on an adult size pillow, to the far left corner of her king size bed. She placed the two-year-old sibling in her crib to sleep while the BM slept on the other end of the bed. She awoke at 2:00 P.M. and found the SC face up and unresponsive. The BM called the BF first then she summoned 911, and she was instructed to administer CPR until EMS arrived. The SC was transported to Bronx Lebanon Hospital where he was pronounced dead at 2:46 P.M. on the same day. The allegations of the two 10/13/15 reports were DOA/ Fatality and IG of the three-month-old SC by the parents.

ACS' case documentation revealed that the attending Dr reported no signs of abuse, neglect or trauma to the SC; however, his temperature was 106 degrees when he arrived in the ER. The ME reported no evidence of rollover or suffocation and that the temperature must have been a miscommunication. The ME reported the cause and manner of death is pending. LE found no criminality and there was no arrest.

According to the BM, the SC was born with a chronic medical condition for which she had given the SC medication. The BM stated the SC showed no symptoms of illness but explained he cried when placed to sleep in the pack and play so she purchased a king size bed and it was customary for him to sleep supine. The BM stated she received safe sleep information; however, she opted to co-sleep with the SC. She explained that she enjoyed being a parent, the BM's paramour is the BF of the SC and her biggest supporter.

On 10/16/15, the SC's pediatrician reported the SC was treated for two minor medical conditions and that he had not been sick since his discharge from the hospital.

On 11/16/15, the SCR registered a report with allegations of PD/AM, IG and LS of the sibling by the BM. The report alleged the BM was under the influence of an unknown substance while providing care to the sibling. ACS learned that on 12/23/15, the BM tested positive for cocaine. On 1/20/16, the allegations of the 10/13/15 and 11/16/15 reports by the BM were substantiated. ACS cited the BM's admission that she knew of the dangers of bed sharing and she opted to co-sleep with the SC.

ACS substantiated the allegations of the 11/16/15 report citing the BM tested positive for drugs on 12/23/15 and her



admission that she relapsed. The report remained open as the BM initiated services. The 10/13/15 reported allegations against the BF were unfounded. ACS wrote that the BF did not reside in the home and based on the NYPD findings of no criminality.

On 1/24/16, the BM tested positive for drugs. On 1/25/16, the SCR registered a report that alleged XCP, IFCS, IG and PD/AM of the sibling by the BM.

On 2/29/16, the SCR registered a report with similar allegations that was later closed as a duplicate. ACS learned that the BM was arrested and charged with Endangering the Welfare of the sibling. On 3/1/16, ACS filed an Article 10 Neglect petition in Bronx County Family Court on behalf of the sibling that resulted in the surviving sibling being placed into a non-kinship foster home where she remains. The BM was released after her arrest but failed to appear in Family Court.

## 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?** No

### Explain:

**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:

On 1/20/16, the allegations of the 10/13/15 report were substantiated against the BM; however, the case remained open for services.

## Required Actions Related to the Fatality

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



# NYS Office of Children and Family Services - Child Fatality Report

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	ACS assessed the surviving sibling within 24 hours; however, the safety assessment was completed on 10/15/15 and approved on 10/19/15. It was six days late.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed.
<b>Issue:</b>	Appropriateness of allegation determination
<b>Summary:</b>	On 1/20/16, ACS substantiated the allegation DOA/Fatality of the SC by the BM although the determination narrative supports unsubstantiating the allegation.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(iii)(c)
<b>Action:</b>	The Administration for Children's Services (ACS) must submit a corrective action 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 attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 10/13/2015

**Time of Death:** 02:46 PM

**County where fatality incident occurred:**

BRONX

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

02:15 PM

**Did EMS to 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

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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver

1

**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: 1**

**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	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	34 Year(s)

**LDSS Response**

On 10/13/15, ACS responded to the report, registered by the SCR, within the required time frame. The report alleged DOA/ Fatality and IG of the three-month-old SC by the BM as she was co-sleeping with the SC. On the same day, the SCR registered a subsequent report and added the same allegations of the SC by the SC's BF who was previously known as the "paramour".

ACS obtained information from the first responders and interviewed the BM. The attending physician reported there were no suspicious marks, bruises or any visible signs of suffocation on the SC; however, his body temperature was 106 degrees. The ME reported the SC's body temperature must have been a miscommunication; however, the autopsy is pending. The NYPD detective conducted an on scene investigation and reported they found no criminality; the incident appeared accidental. The Dr reported that the BM kept all appointments and the children were doing well.

The BM reported she resides in a one bedroom apartment with her two-year-old and two-month-old children. On 10/13/15, at 11:30 A.M., she fed the two-month-old SC and 30 minutes later, she placed him to sleep on her king size bed. She placed him supine, on an adult soft pillow, on the far left corner of the bed, as usual. She laid on the far right side of the bed and the two-year-old napped in her crib. The BM explained that although she received safe sleep information, she opted to co-sleep . She purchased a king size bed because the SC fussed constantly when placed in the pack and play. At approximately 2:00 P.M., she was awakened by the sibling. The BM checked the SC and as she attempted to place his pacifier in his mouth, she observed he was cold and appeared blue. He was found supine. She made three attempts to contact the BF to no avail; she then summoned 911 for medical assistance. She was instructed by the operator to perform CPR until EMS arrived. The family was transported to Bronx Lebanon Hospital where attempts to resuscitate the SC failed.

During the interviews regarding the incident , the BM gave the same details to the Dr, detective and to ACS. She explained that she enjoyed being a parent, the paramour is the BF of the SC and her biggest supporter. She gave details of her daily routine of feeding, bathing and playing with the children. She stated she followed the daily medication regiment for herself and the SC to treat their pre-existing medical condition. The BM stated that day was normal, the SC exhibited no signs of illness. On 10/16/15, the SC's pediatrician reported the SC was treated for two minor medical conditions and that he had not been sick since his discharge from the hospital at birth.



# NYS Office of Children and Family Services - Child Fatality Report

On 11/16/15, the SCR registered a report with allegations of PD/AM, IG and LS of the sibling by the BM. The report alleged the BM was under the influence of an unknown substance while providing care to the sibling. On 12/23/15, the BM tested positive for cocaine. On 1/20/16, the allegations of the 10/13/15 and 11/16/15 reports by the BM were substantiated. ACS cited the BM admission to the fact that she knew of the dangers of bed sharing and she opted to co-sleep with the SC. ACS substantiated the allegations of the 11/16/15 report citing the BM tested positive for drugs on 12/23/15 and her admission that she relapsed. The report remained open as the BM initiated services. The allegations against the BF were unfounded as the BF did not reside in the home and based on the NYPD findings of no criminality.

On 1/24/16, the BM tested positive for drugs. On 1/25/16 and 2/29/16, the SCR registered two reports with similar allegations. The BM was arrested and charged with Endangering the Welfare of a child. The latter report was closed as a duplicate. On 3/1/16, ACS filed an Article 10 Neglect petition in Bronx County Family Court and the surviving sibling was placed into foster care; the BM, had been released but failed to appear in Family Court.

## Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** The ACS investigation adhered to previously approved protocols for joint investigation.

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

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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026521 - Deceased Child, Male, 3 Mons	026806 - Father, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
026521 - Deceased Child, Male, 3 Mons	026806 - Father, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
026521 - Deceased Child, Male, 3 Mons	026805 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
026521 - Deceased Child, Male, 3 Mons	026805 - Mother, Female, 31 Year(s)	DOA / Fatality	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

The family was referred for counseling services.

**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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# NYS Office of Children and Family Services - Child Fatality Report

<b>danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?</b>				
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**Explain:**  
 ACS visited and assessed the surviving sibling; however, the Safety Assessment (S/A) tool was not completed within the 24-hour time frame. The S/A was completed on 10/15/15 and approved on 10/19/15. The S/A information was reflected in the case documentation.

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 After the fatality investigation was determined the surviving sibling was placed by ACS into non-kinship protective custody on 3/1/16.

### Legal Activity Related to the Fatality

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



# NYS Office of Children and Family Services - Child Fatality Report

## Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Additional information, if necessary:

During the investigation, the Specialist learned the surviving sibling had completed an Early Intervention Evaluation that resulted in needed services; however, the BM refused and the case was closed on 12/28/15. The BM admitted that due to the death of the SC, she relapsed, in spite of being engaged in the drug treatment program.

**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:

In November of 2015, the surviving sibling began to receive Early Intervention Speech Therapy. In January of 2016, the sibling entered into Respite Care while the BM continued to engage in services. However, the BM refused services identified by the Early Intervention Evaluation for the sibling and the case was closed on 12/28/15. On 3/1/16, the sibling was placed into non-kinship foster home under the auspices of the Graham Windham Agency.



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

**Explain:**

The BM engaged in services at the NY Psychotherapy; however, due to a positive drug test, she transferred to a community based agency, under the auspices of the Association to Benefit Children. The agency addressed her drug use, mental health and pre-existing medical condition. The BM's attendance became sporadic and at risk of having her services terminated.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? 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
- 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 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)	Status/Outcome	Compliance Issue(s)
03/17/2014	8504 - Sibling, Female, 7 Months	8501 - Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	No

**Report Summary:**

The 3/17/14 report registered by the SCR alleged IG of the BM's then seven-month-old infant. The report cited concerns for the seven-month-old child due to the BM's past. It stated the BM had her paternal rights terminated for her children due to her extensive history of drug misuse, neglect of children and abandonment of one child. The report added that the



# NYS Office of Children and Family Services - Child Fatality Report

BM's paramour had an unknown role.

**Determination:** Unfounded

**Date of Determination:** 04/30/2014

**Basis for Determination:**

ACS documented the BM had made all provisions for the child. The BM and child were residing in a three bedroom apartment with the BF. On 4/24/14, ACS unsubstantiated the allegation of IG based on their findings. The BM had been engaged in "The Mother and ME Interactive Program," Parenting Skills training and ongoing monitoring services from Long Island Jewish Hospital. With help from the hospital's Supportive Services, the BM had been attending all medical appointments for her and the child. ACS visited the case address and documented that the child was well cared for and healthy. ACS investigated and unfounded the allegations of the report on 4/30/14.

**OCFS Review Results:**

ACS' case investigation was completely 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)	Status/Outcome	Compliance Issue(s)
06/20/2014	8512 - Sibling, Female, 10 Months	8511 - Mother, Female, 30 Years	Inadequate Guardianship	Indicated	No
	8512 - Sibling, Female, 10 Months	8511 - Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Indicated	
	8512 - Sibling, Female, 10 Months	8513 - Mother's Partner, Male, 33 Years	Lacerations / Bruises / Welts	Indicated	
	8512 - Sibling, Female, 10 Months	8513 - Mother's Partner, Male, 33 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

The 6/20/14 report had allegations of IG and LBW of the then 10-month-old child by the BM and her paramour. The report alleged the paramour grabbed the child by the face and pushed her backwards with force that resulted in bruising to her face and forehead. The report also alleged the paramour punched and kicked the BM while in the presence of the child. A duplicate report added the BM left the hospital before she and the child were treated.

ACS learned that the child was observed with redness on the cheeks and forehead. The BM and child were granted an OOP. They stayed at the MGM's home and on 6/26, they moved into a DV shelter. Later, ACS added IG and PD/AM to the case.

**Determination:** Indicated

**Date of Determination:** 08/12/2014

**Basis for Determination:**

The IG and LBW allegations were substantiated against the paramour as he was a PLR of the child and he placed her in danger when he assaulted the BM as she held the child.

The IG and PD/AM against the BM were also substantiated. ACS determined the BM placed the child at risk of harm when she relapsed and used cocaine and marijuana; she tested positive three times. The BM refused to engage in treatment and never completed any substance abuse programs.

The case remained open for services and monitoring on 9/24/14 with the Family Services Unit (FSU). On 6/20/15, the FSU closed its case as the BM had completed parenting skills and substance treatment, and was participating in DV counselin

**OCFS Review Results:**



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On 8/5/14, ACS filed a neglect petition on behalf of the child, against the BM and the paramour (PLR). The child remained with the BM under ACS supervision with participation in a substance abuse program. ACS took appropriate action when they filed this petition.

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 ran away from her foster home when she was a teen. For years, she lived on the streets and became addicted to crack/cocaine. She was diagnosed with a chronic illness and a mental health condition. As an adult, she became known to the SCR and ACS in four cases dated 8/8/03, 3/1/05, 1/17/07, and 5/11/11; all prior to the fatality on 10/13/15. The allegations of the latter three cases were LS, IG and PD/AM and all of the three cases were substantiated and the cases indicated.

The 8/8/03 report alleged drug usage by the BM in the presence of her then one-month-old son. The PD/AM was unfounded and the case was closed.

The 3/1/05 report alleged IG and LS of the then 18-month-old son, as he was found alone in the home, by the BM. The following day ACS filed a neglect petition against the parents; however, a year later the court released the child to the father's care which later became final. The case remained open for services; however, the BM did not complete services.

On 1/17/07 and 5/11/11, the SCR registered two reports that alleged IG and PD/AM of the BM's newborn babies that tested positive for cocaine. On 1/22/07 and 12/20/11, ACS filed neglect petitions on behalf of the newborn babies, against the BM. The newborn babies were remanded and placed in foster care. The BM's rights were terminated on 4/23/08 and 2/11/13 for those children. Both children were later adopted by their foster parents.

## Known CPS History Outside of NYS

There is 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: 11/05/2015

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

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



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## 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"/>

## Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

## Preventive Services History

The BM refused or never completed services from 2005 thru 2011. As the result of an open investigation from 6/20/14 to 08/14/14, the family services unit monitored the services as the BM was placed in a DV shelter apartment. At the time, the surviving sibling was seven-month-old. The BM completed four months of a parenting group and outpatient substance abuse treatment program through the NY Connect Program via Mt. Sinai St. Luke's Hospital that ended on 1/29/15 and 1/30/15, respectively.

As a result of the fatality, the now two-year-old was referred to Early Intervention that began on 10/21/15. The evaluation identified the need for speech and occupational therapy; however, the BM declined services. On 11/16/15, the BM tested positive for cocaine and declined all services.

## Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

## Foster Care Placement History

In 2005, a finding of neglect was entered against the BM, based on abandonment, and the child was placed with his father. The release became final one year later. In 2007, the BM's second child was remanded and placed in non-kinship foster



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care due to a positive toxicology at birth. The BM's rights were terminated and the child's father could not be identified. In 2009, the child was adopted. In 2011, the BM's third child was remanded, again, due to positive toxicology at birth. In 2013 the BM's rights again were terminated and this child was also adopted.

## 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:
08/05/2014	Adjudicated Neglected	Return to Parent
<b>Respondent:</b>	026805 Mother Female 31 Year(s)	
<b>Comments:</b>	<p>ACS filed a neglect petition in the Bronx Family Court on 8/5/14. The petition alleged that the BM admitted to smoking marijuana and that she relapsed. The BM tested positive for cocaine on 6/24/14; and positive for marijuana on 7/10 and 7/14/14. The BM refused to enroll in a drug treatment program. The BM also admitted that she suffered from mental illness and was not on medication. ACS wrote that this impaired her ability to care for and provide adequate supervision to the then 11-month-old child. ACS cited the BM's history that she had her parental rights terminated for two of her older children; therefore, this child is in danger of becoming neglected.</p> <p>The court released the 11-month-old child to the BM with stipulations: submit to a drug program, that includes testing and she must test negative. The BM must submit to a mental health evaluation and comply with any recommendations. The BM must comply with ACS' supervision and monitoring.</p> <p>The judgment of neglect against the BM was suspended for one year under the condition that she continue to comply with the previous conditions. The OOP against the BF was vacated.</p> <p>On 6/19/15, the vacated the finding of neglect against the BM and ending the supervision as of the following day.</p>	

### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
08/05/2014	Adjudicated Abused	Return to Parent
<b>Respondent:</b>	026806 Father Male 34 Year(s)	
<b>Comments:</b>	<p>On 8/5/15, the BF did not appear in court. The ACS petition read that the BF engaged in physical violence with the BM in the presence of the child resulting in injuries. The court issued an order of protection on behalf of the BM and the child until 10/16. The BF's whereabouts was unknown. On 9/10/14, the BF appeared in court and requested visitation with the child stating that he considered himself her father, as he was present after birth. The court allowed the BF supervised visitation with the child if it could be arranged, since he was incarcerated on an unrelated offense.</p> <p>On 11/18/15, the BF did not appear in court; however, his counsel informed the court that he</p>	





supported the release of the child to her mother. On 2/4/15, the BF appeared in court and a finding of neglect was entered against him. On 3/20/15, the BF did not appear at the court hearing; however, was allowed supervised visitation; he was ordered to complete a batterer's intervention program and to comply with ACS' supervision and reasonable referrals.

On 4/21/15, the BF did not appear at the court hearing, or at those that followed; however, the court offered a compromise of early termination of supervision, ending the next day.

**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