



## Report Identification Number: NY-21-051

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

**Issue Date: Nov 05, 2021**

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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-Other	
<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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 year(s)

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

**Date of Death:** 05/06/2021  
**Initial Date OCFS Notified:** 05/06/2021

## Presenting Information

On 5/6/21, the SC became stiff and stopped breathing for unknown reasons. EMS was called and the SC was taken to the hospital but died at an unknown time. The parents did not have any explanation for why their otherwise healthy child died. The additional child in the home did not have any role.

## Executive Summary

On 5/6/2021, the SC became unresponsive while being transported in a car by the parents for medical attention. The parents called EMS from the car which LE later identified as stolen. EMS and NYPD responded on the scene within minutes and transported the SC in ambulance to the hospital where medical staff pronounced him deceased at 6:32PM. The autopsy report was pending; however, the ME's preliminary findings did not reveal any physical abuse to the SC.

The SC was survived by his parents, the 3-month, and the 14-year-old SSs. The parents had the SC and the 3-month-old SS in common. The 14-year-old SS' father resided at a different address but was involved with his son.

On 5/6/2021, ACS initiated the CPS investigation in a timely manner. ACS obtained information from the family and relevant collaterals such as the hospital staff, the ME, and LE. The parents reported the SC complained of stomach pain for a few days before his death, but denied he had any preexisting medical condition. The hospital staff and the ME ruled out abuse to the SC. LE deemed the SC's death non-criminal and did not make any arrest.

LE initially removed the SSs from the parents' care and placed them with the maternal family as both parents were arrested and charged with operating an unauthorized vehicle. The SSs were subsequently returned to the parents as there was no indication that they were negligent in the SC's death. Throughout the investigation, ACS assessed the SSs to be safe and well cared for. There were no concerns reported regarding the BM's ability to adequately care for her children.

ACS held a child safety conference, and the decision was to explore PPRS/community-based services for the family; however, the parents declined. The BM reported she signed up herself and the older SS for bereavement counseling services. Nonetheless, ACS provided the BM with community-based organization referral for bereavement counseling services. ACS submitted a request for burial funds and the BM reported being approved. ACS also requested a twin-size bed for the older SS.

On 7/5/2021, ACS UNSUB the allegations of the report against the parents due to lack of credible evidence. ACS based its decision on the preliminary autopsy report which stated the SC died of a medical condition and that the parents were non-negligent in the SC's death. According to the case documentation, the SC had a heart condition, which led him to going into cardiac arrest and later passed away. The parents denied any knowledge of the SC having any heart issues and they regularly took him for his medical appointments. LE did not charge the parents with any crime pertaining to the SC's death and closed their investigation. ACS determined the 14-yo SS was capable of being home alone for two hours while the parents brought the SC to the hospital.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? N/A

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

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

**Explain:**  
ACS did not contact EMS to obtain information regarding the time the 911 call was received and the SC's condition when EMS responded on the scene.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	ACS did not complete a 30-Day Safety Assessment document.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	ACS did not contact EMS to obtain information regarding the time the 911 call was received and the SC's condition when EMS responded on the scene.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.



## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 05/06/2021

Time of Death: 06:32 PM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

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

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: 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	Male	3 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Month(s)

### LDSS Response

On 5/6/2021, the responding LE stated both parents were arrested and charged with unauthorized use of a vehicle which was unrelated to the SC's death.

On 5/6/2021, the ME reported that preliminary findings ruled out physical abuse to the SC.

On 5/6/2021, the hospital staff stated the SC arrived at the hospital already in cardiac arrest. The medical staff attempted to revive the SC prior to pronouncing him deceased at 6:32PM.

On 5/6/2021, NYPD reported the older SS was found in the home alone and was escorted to the local police precinct.

On 5/7/2021, LE reported that based on the initial findings, the parents would not be charged with the SC's death; however, they were in police custody and charged with an unrelated vehicular crime. LE identified the car the parents were driving at the time of the incident as a stolen car.

On 5/7/2021, ACS visited the local NYPD to assess the older SS and interview the MA and the MGF. The SS did not make any disclosure of abuse by the parents. ACS assessed the SS to be well without any concerns.

Following the visit to the precinct, ACS transported the SSs to the hospital where they were medically assessed and deemed well. They were discharged to the maternal family.

Later that same day, ACS visited the maternal family to complete an expedited home study for the family. ACS assessed the family's home to be appropriate for the SSs. ACS discussed Safe Sleep with the family regarding the younger SS. The family agreed to practice Safe Sleep for the SS. The maternal family did not report any concerns for the BM's care of her children. They described the BM as a great mother.

ACS then completed an SCR clearance on the maternal family. The family did not have prior indicated SCR cases or criminal history. The SSs were placed with the maternal family.

On 5/7/2021, the 14-yo SS' father reported he could be a resource for his son. The SS preferred to live with the maternal family.

On 5/8/2021, ACS visited the MA's home to deliver supplies for the younger SS. There were no visible safety concerns in the home and no injury to the SSs.

On 5/11/2021, ACS visited the family. The parents reported the SC complained of stomach pain for a few days before his death. They stated they were taking the SC to his medical provider at the time of the incident. They called 911 when they found the SC unresponsive. The 911 worker tried to teach the parents how to perform CPR on the SC over the phone, but the BF was panicking and did not know what to do. EMS responded minutes later, took over CPR and then transported the SC to the hospital. The parents denied the SC had a preexisting medical condition. The BF denied he stole the car the family was driving at the time of the incident.

On 5/13/2021, LE stated according to the ME, the SC's death was non-criminal. LE no longer deemed the case address a crime scene and no criminal charges would be filed against the parents.

On 5/21/2021, ACS held a child safety conference, and the decision was not to explore PPRS services for the family and offer them community-based services for DV, and bereavement counseling.

On 6/17/2021, ACS visited the family. ACS did not document any concerns for the family during the visit. The BM reported the younger SS received updated immunization a few days prior. She stated she had signed up for bereavement counseling services and was awaiting an intake appointment. She did not provide the information for the service providers. The BM signed HIPPA forms for medical providers to be contacted.

On 6/25/2021, ACS provided the BM with community-based service referrals for bereavement counseling services.



On 7/3/2021, ACS requested a twin sized bed for the older SS. The delivery date was pending.

On 7/5/2021, ACS UNSUB the allegations of the report against the parents due to lack of credible evidence.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

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

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**Yes

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057181 - Deceased Child, Male, 3 Yrs	057182 - Mother, Female, 34 Year(s)	DOA / Fatality	Unsubstantiated
057181 - Deceased Child, Male, 3 Yrs	057182 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
057181 - Deceased Child, Male, 3 Yrs	057183 - Father, Male, 33 Year(s)	DOA / Fatality	Unsubstantiated
057181 - Deceased Child, Male, 3 Yrs	057183 - Father, Male, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
057185 - Sibling, Male, 14 Year(s)	057182 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

The case documentation did not reflect ACS contacted EMS to obtain information regarding the time the 911 call was received and the SC's condition when EMS responded on the scene.

### 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 type="checkbox"/>	<input checked="" 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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

**Explain:**  
ACS did not complete a 30-Day Safety Assessment document.

### 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"/>



# Child Fatality Report

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



# Child Fatality Report

Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was the child ever placed outside of the home prior to the death?	No
Were there any siblings ever placed outside of the home prior to this child's death?	No
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)
06/26/2018	Deceased Child, Male, 4 Months	Father, Female, 30 Years	Inadequate Guardianship	Substantiated	No

### Report Summary:

On 6/25/18, the BF physically assaulted the BM in the presence of the 4-month-old SC. The SC did not sustain any injuries as a result of the incident.

**Report Determination:** Indicated

**Date of Determination:** 08/24/2018

### Basis for Determination:

The SC was present in the home when the BF physically assaulted the BM. The BM sustained scratches to her face, neck, and hand. The BF was arrested and charged with child endangerment. The BF was issued a criminal court OP to stay away from the BM and the SC.

The BM refused to accept services; however, ACS continued to safety plan with the BM about the possibility of moving into a DV shelter. The BM refused. ACS explained the terms of the OP to the BM.

### OCFS Review Results:

Based on the case documentation, ACS conducted the investigation 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)
07/21/2017	Sibling, Male, 4 Years	Mother, Female, 30 Years	Lack of Supervision	Substantiated	No

### Report Summary:

On 7/21/17, the BM left her 4-year-old son in the home alone without supervision for approximately five hours.

**Report Determination:** Indicated

**Date of Determination:** 09/19/2017

### Basis for Determination:

ACS found credible evidence to SUB the allegation LS of the SC by the BM. The BM left the SC home alone without a



plan for his care for an undetermined amount of time. A shelter staff found the SC during apartment repairs. Although the BM denied she left the SC alone in the home; the SC reported that his BM left him in the apartment to run errands. The SC could not determine how long the BM was gone. There was no one in the apartment with the SC during the time the BM was out of the home.

**OCFS Review Results:**

NYCRO CPS agrees with the determination to SUB the allegation of the report. The date of birth was erroneously entered. The SC was actually 10-years old.

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

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

Between 12/30/12 and 4/27/17, the BM had 3 indicated reports. The allegations of the reports were IG, and ED/NG of the now 14-yo by the BM.

According to the case documentation, the child had unexcused absences from school, excessive lateness and was failing as a result. The BM failed to address this concern. The BM also picked up the child late from the after-school program. The child was removed from the afterschool program as a result. Additionally, the BM was arrested for shoplifting in the presence of the child. The BM had used the child to steal items from the store. The BM wore two stolen coats and put one under the child's clothing. The child confirmed taking the items with the BM's approval.

**Known CPS History Outside of NYS**

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

**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

Have any Orders of Protection been issued? Yes

From: 06/25/2018

To: Unknown

**Explain:**

On 6/25/18, the BF physically assaulted the BM in the presence of the 4-month-old SC. The BM sustained scratches to her face, neck, and hand. The BF was arrested and charged with child endangerment. The BF was issued a criminal court OOP to stay away from the BM and the SC.

**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