



**Report Identification Number: NY-16-029**

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

**Issue Date: 10/26/2016**

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

### 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	

### 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
CPR-Cardio-pulmonary Resuscitation		

### 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-Others	

### 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	



## Case Information

**Report Type:** Child Not Found  
**Age:** Unknown

**Jurisdiction:** Queens  
**Gender:** Unknown

**Date of Death:** Unknown  
**Initial Date OCFS Notified:** 04/01/2016

## Presenting Information

The 4/1/16 SCR report alleged that on 3/24/2016 the mother gave birth to a female child, name unknown at 4 1/2 months of pregnancy. The report also alleged the mother flushed the child down the toilet in the home. The remains of the child were not located. The role of the uncle, name unknown, was unknown.

## Executive Summary

On 4/1/16, the SCR registered a report regarding the death of a newborn female child the BM had spontaneously delivered at the case address. The date of death was listed as 3/24/16. The ACS investigation showed the BM delivered a fetus and not a live newborn infant. There was no body found to perform an autopsy; therefore, the ME was not notified.

The allegations of the 4/1/16 report were DOA/Fatality and IG of the newborn by the mother.

At the time the SCR registered the report, the family had an open Family Services case. The BM had three surviving children who were 5-years-old, 8-years-old and 11-years-old. The 5-year-old male and 8-year-old female children were in the care and custody of the Commissioner of ACS, and they had been residing in kinship foster care homes with the PGM and MGA, respectively. The 11-year-old child resided with the MGA. The Family Court had granted legal guardianship of the 11-year-old child to the MGA on 2/11/16. There were no children in the BM's care and no children residing at the case address.

The ACS findings showed that the BM was in a family relative home when she became ill on 3/24/16. The BM went to the Bronx Lebanon Hospital, completed medical tests and found she was 4 1/2 months pregnant. The hospital staff suggested admission; however, the BM left the hospital without receiving medical treatment and she did not schedule future appointments. The BM's health condition did not improve, and on 3/28/16 she contacted the hospital and scheduled a medical appointment for 3/29/16. The uncle had allowed the BM to stay at his apartment so he could accompany her to the hospital appointment. The BM said she did not attend the 3/29/16 appointment due to her physical weakness. The BM remained ill, she had no appetite and she observed substance that resembled extremities flowed from her body into the toilet.

According to the BM, she was in out of consciousness; which prompted the uncle to call 911 at approximately 1:43 AM on 4/1/16. EMS responded to the case address and transported the BM to St. Barnabas Hospital where the hospital Dr. assessed and evaluated the mother's condition. The Dr. determined the mother required a medical procedure and monitoring. According to the hospital staff the mother left the hospital on 4/2/16, against medical advisement. BM was consistent with the account of events.

ACS staff observed and engaged the mother, three surviving children and other family members prior to completing the 4/1/16 investigation. The family received foster care and Court Ordered Supervision services. The New York Foundling (NYF) agency was assigned case planning responsibility. The NYF staff completed the required quantity



of casework contact. The NYF case record showed that the BM had been attending some of the scheduled supervised agency visits and she made efforts to engage the surviving children. The father of the 5-year-old child did not comply with the supervised visitation schedule.

On 4/29/16, ACS unsubstantiated the allegations of DOA/Fatality and IG on the basis that the Dr. verified the mother had a miscarriage. In the Investigation Conclusion Narrative, ACS did not included address the allegation of DOA/Fatality separately.

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? No

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

Explain:

N/A

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:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Household Composition at time of Fatality



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Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	40 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	0 Minute(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Other Household 1	Sibling	No Role	Male	11 Year(s)
Other Household 1	Sibling	No Role	Female	8 Year(s)
Other Household 2	Sibling	No Role	Male	5 Year(s)

## LDSS Response

According to EMS, the uncle called 911 and stated that the mother became ill after she delivered a child. The mother said she gave birth to a child on the bed in her room. She was the only person who saw the child and flushed she said she flushed the child down the toilet. EMS observed empty alcohol bottles in the mother's room. The mother stated due to the loss of the child she drank heavily for four days. The mother was taken to the hospital.

According to the hospital physician, the mother gave birth on 3/26/16 and she flushed the child down the toilet. The mother was admitted for medical care. The fetus at 14 or 15 week gestation would not be viable outside the womb.

According to the mother, after she became ill on 3/24/16, she went to the hospital where a medical tests revealed she was 4 and 1/2 months pregnant. The mother said she had not scheduled follow up medical appointment.

LE stated there were no remains of the fetus found and the police investigation was not initiated.

On 4/27/16, CPS made visits to the MGA home to assess the well being of the children. The 11-year-old and 8-year-old children were observed and appeared to have been well cared for by the MGA. There were no safety concerns regarding the children.

On 5/6/16, the 8-year-old was final discharged from kinship placement to the care of MGA.

As of 9/9/16, the FSS stage remained opened with case planning agency NYF. The 5-year-old remained in the kinship foster care placement home of the PGM and the RM continued weekly supervised agency visits. On 8/8/16, the CP successfully assessed the child in the foster home. No safety concerns were noted.

## Multidisciplinary Investigation/Review

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

**Comments:** The 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.



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## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
027702 - Deceased Child, Female, 0 Minute(s)	027682 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
027702 - Deceased Child, Female, 0 Minute(s)	027682 - Mother, Female, 33 Year(s)	DOA / Fatality	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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 three surviving children did not reside with the mother. These children were observed in their respective homes. The uncle was not identified by mother and he did not make himself available for ACS contact.

## 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"/>



<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Fatality Risk Assessment / Risk Assessment Profile**

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

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**Explain as necessary:**

The three surviving children were removed from the home, prior to the fatality report, due to neglect and they remained with the substitute caregiver or foster parent. They had been removed from the home for reasons unrelated to the fatality.

**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	Needed but 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input 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"/>
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"/>

Additional information, if necessary:





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The family received Family Court services to access KinGap for the surviving children.

**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?** No

**Explain:**

There were no other children in the home. There were three surviving half-siblings; two were in kinship foster care placement since 7/30/13 and PPRS for an 11-year-old half-sibling who resided with a MGA since the age of four.

## 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)
07/29/2013	10743 - Sibling, Male, 2 Years	8793 - Father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	10743 - Sibling, Male, 2 Years	8793 - Father, Male, 27 Years	Inadequate Guardianship	Indicated	
	10744 - Sibling, Female, 5 Years	8793 - Father, Male, 27 Years	Inadequate Guardianship	Indicated	
	10744 - Sibling, Female, 5 Years	10751 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	10744 - Sibling, Female, 5 Years	8793 - Father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Indicated	
	10743 - Sibling, Male, 2 Years	10751 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	10744 - Sibling, Female, 5 Years	10751 - Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Indicated	
	10743 - Sibling, Male, 2 Years	10751 - Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Indicated	
	10743 - Sibling, Male, 2 Years	10751 - Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	10744 - Sibling, Female, 5 Years	10751 - Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	10752 - Sibling, Male, 9 Years	10751 - Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	10744 - Sibling, Female, 5 Years	10751 - Mother, Female, 31 Years	Lack of Medical Care	Indicated	

**Report Summary:**

The 7/29/13 report alleged that on 7/28/13 the SF beat the BM in front of the 5-year-old and 2-year-old children. The report also alleged the BM was highly intoxicated while caring for the children before the assault and was in no condition to care for the children. The SF beat the children for unknown reasons on a regular basis. The children had old injuries. It was unknown whether the injuries were caused by the father. The home was in poor condition and there were empty



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alcohol bottles throughout the home. There was no food in the home and the children were hungry.

**Determination:** Indicated **Date of Determination:** 09/13/2013

**Basis for Determination:**  
On 9/13/13 ACS Sub the allegations of IG and IF/C/S of 2-year-old and 5-year-old children by the SF and IG of the three children, LMC of the 5-year-old and PD/AM of the 2-year-old and 5-year old by the SM. ACS noted that SM was heavily intoxicated at the time of the incident and the SM was escorted to the hospital with the children. The 2-year-old child was found with a feces filled diaper and the 5-year-old child had numerous oral cavities. The 5-year-old stated she was hit by the SF, saw him hit the SM and she was fearful of the parents. The hospital Dr. diagnosed both children with child neglect. The home was in a deplorable condition and there was insufficient food in the home.

**OCFS Review Results:**  
ACS staff observed the BM and two younger children and interviewed hospital staff in the Emergency Room. ACS found the children had old scars on their arms and legs. ACS verified the BM received medical treatment in the hospital. The ER staff found the BM was unable to supervise the children. The hospital staff placed the children on social hold until ACS developed a safety plan and initiated intervention services for the family. ACS appropriately completed the required safety and risk assessments. ACS sought Family Court involvement, the youngest child was placed in kinship foster care with the his paternal relatives and the two older children resided with the MGA.

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

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

The family was known to the SCR and ACS in three reports dated 5/2/12, 8/11/12, and 3/17/13. The 5/2/12 report included the allegation of IG of two children (of the SM's three surviving children) who were then 4-years-old and 1-year-old, by the SM. The 8/11/12 report included the allegations of IG and IF/C/S of the three surviving children by the SM. The SM was listed as having "No Role" in the 03/17/13 report.

During the 5/2/12 investigation, ACS staff interviewed the mother, MGM and MU in the home and addressed the allegation of the report. According to the ACS case record, the mother tested negative for substances. There was no safety factor that placed the children in immediate danger. The children did not have visible marks or bruises and they appeared to have received adequate care. Regarding the 8/11/12 investigation, ACS noted that the family relocated to reside in a shelter and the children received adequate care. ACS unsubstantiated the allegations of the two reports on the basis of lack of credible evidence.

The allegations of the 3/17/13 report were IG and PD/AM of two of the three surviving children by the parent. ACS substantiated the allegations of the report on the basis that the parent misused alcohol and engaged in a fight with the SM in the presence of the children. ACS indicated the report and referred the family to Community Based Services.

## Known CPS History Outside of NYS

There was no known 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:**



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## Required Action(s)

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

Yes  No

## Preventive Services History

As a result of the 7/29/13 investigation, ACS found the two younger children observed DV incidents that occurred in the home. ACS also found that the SM misused alcohol and was unable to supervise the children. At the time the DV incidents occurred, the oldest child was in the care of the maternal great aunt (MGA). ACS filed an Article Ten Neglect petition in the Queens County Family Court (QCFC) on 7/30/13 on behalf of the three children, naming the mother and the father of the youngest child as the respondents. The court released the oldest child to the direct care and custody of the MGA as the child had resided in the MGA's home since the age of four. The family received Court Ordered Supervision and the New York Foundling (NYF) agency was assigned case planning responsibility. The QCFS issued guardianship of the child, now 11 years old to the MGA on 2/11/16.

## 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:
Unknown	Adjudicated Neglected	Article 10 Remand
<b>Respondent:</b>	027682 Mother Female 33 Year(s)	
<b>Comments:</b>		

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

Date Filed:	Fact Finding Description:	Disposition Description:
Unknown	Adjudicated Neglected	Not LDSS Custody
<b>Respondent:</b>	027682 Mother Female 33 Year(s)	
<b>Comments:</b>		

### Criminal Charge: Assault Degree: NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
07/29/2013	Father	08/02/2013	Bail
<b>Comments:</b>	On 7/29/13, the father of the youngest surviving child was re-arrested for assaulting the BM on		



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7/28/13.

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

**From:** 07/29/2013 **To:** 01/28/2014

**Explain:**  
The order stipulated the BF must refrain from assaulting, threatening, abusing, harassing, following, interfering or stalking the BM or the children. The BF was ordered to stay away from the residence, property, school or place of employment of the protected person.

**From:** 07/24/2013 **To:** 07/23/2014

**Explain:**  
The order stipulated the BF was to refrain from assaulting, threatening, abusing, harassing, following, interfering or stalking the BM or the child.

**Additional Local District Comments**

N/A

**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