

Report Identification Number: NY-16-106

Prepared by: New York City Regional Office

Issue Date: May 31, 2017

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 Deceased
Age: 3 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 10/18/2016
Initial Date OCFS Notified: 10/18/2016

Presenting Information

On 10/18/16 at 6:00 AM, the three-month-old-child was found on the bed, unresponsive and not breathing, while in the care of the parents. Emergency Medical Services (EMS) was summoned and the child was unable to be resuscitated. There was no explanation for the SC's death. The SC was an otherwise healthy child with no known medical concerns. The parents were named as subjects of the report. The allegations of the report were DOA/Fatality and IG of the SC by the BM and DOA/Fatality of the SC by the BF.

Executive Summary

This fatality report concerns the death of a 3-month-old male child who was found unresponsive in the bed as he was co-sleeping with his parents. He was transported to Montefiore Hospital where he was pronounced dead at 6:51 AM on 10/18/16. The Dr reportedly found no bruises or marks that indicated maltreatment or abuse. There was a 3-year-old male sibling asleep in another bed.

The Bronx Field Office initiated the investigation and gathered information from the parents, LE, the attending physician (Dr), and the ME. ACS documented that LE and the Dr reported the BF smelled of alcohol and both parents admitted to habitual alcohol and marijuana use that night. LE made no arrest. ACS immediately removed and placed the SS in a non-kinship foster home under the auspices of Leake and Watts. The allegations against the parents were DOA/Fatality, IG and PD/AM of the SC and IG and PD/AM of the SS.

The BM told LE and the Specialist that she and the children arrived at the shelter apartment after midnight on 10/18/16. At approximately 2:30 AM the BM fed the SC and placed him in the adult, full size bed instead of the crib. She opted to do this in spite of watching a video on safe sleep 10 days prior, in addition to a safe sleep sign that was located over the crib. The BM explained that she chose to co-sleep to protect the SC from rodents. She stated she placed the SC on his back with no pillows or blankets. She later adjusted their sleep positions when the BF arrived because she wanted him close to her; she placed the SC at the lower end of the mattress while she and the BF slept at the top. The BM's phone alarmed at 6:00 AM for her to feed the SC; she discovered him unresponsive. The BM screamed and they both contacted EMS who instructed the BF to initiate CPR; the shelter staff responded to the commotion and assisted with CPR until the ambulance arrived.

The Department of Homeless Shelter reported the BF was not authorized to be in the shelter apartment. Both parents admitted to not following the rules. Based on the location of the apartment, the BF gained entrance thru a door out of the purview of the shelter staff. The BM had a pattern of non-compliance with shelter regulations resulting in dislodgment from 15 shelters within a 6-month period. The parents declined all services in the past and denied mental illness.

The BM reported the SC was born full term and had no medical conditions. She stated the SC's immunizations were up to date and he was able to partially lift his head and partially roll over in addition to having two teeth. According to the BM, she gave birth to a baby girl in 2011 and the baby died when she was 6 days old. The death occurred while the BM was co-sleeping with the infant; however, there was no report registered. The BM had been residing in another state at the time the death occurred and she had no other children. ACS viewed the death certificate and it



reflected the cause of death of that infant was SIDS. The deceased children had different fathers.

The Specialist received information from the SC's pediatrician and confirmed the information reported by the BM. The Dr reported the SC's last visit was on 9/29/16 and the SC was in good health. The 3-year-old SS adapted to the foster mother and was reportedly doing well. The Specialist assessed the SC's older sibling from the BF's previous relationship. He was safe and doing well.

The BM reported she and the BF had an active limited OOP against each other following their arrests earlier in the year. The parents admitted they had multiple incidences of domestic violence in the presence of the children including the night prior to the incident. The BF refused to engage in court ordered services and failed to submit to drug screening. The BM is compliant with services and visits; however, she tested both positive and negative for drug screenings.

The ME final autopsy report is pending. On 12/30/16, ACS substantiated all allegations against both parents.

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

Explain:

The level of casework reflected the case circumstances.

Was the decision to close the case appropriate? Yes

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:

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Required Actions Related to the Fatality

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



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/18/2016

Time of Death: 06:21 AM

Time of fatal incident, if different than time of death: 06:00 AM

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

Yes

Time of Call:

06:03 AM

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

How long before incident was the child last seen by caretaker? 4 Hours

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: 0

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	Father	Alleged Perpetrator	Male	41 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)

LDSS Response

Three reports were made on 10/18/16, regarding the death of the 3-month-old, with the same allegations. ACS' Bronx Field Office initiated the investigation by contacting the staff at Montefiore Hospital and confirmed the reports. The Dr reported the SC was pronounced DOA at 6:51 AM, on 10/18/16. The Specialist contacted and received information from the ME, LE, EMS, BM and the shelter staff.

The BM stated that on the eve of the incident, the children were alright and behaved normal. She explained that they were out shopping and hanging out with friends. She reported she met the BF on the way to the shelter and they arrived after midnight; however, the BF did not enter the apartment, he went out with friends. The BM fed the SC at approximately 2:00 AM and they went to sleep. The BF arrived later and she repositioned the infant to the bottom of the adult bed and she and the BF slept at the top. At 6:00 AM, she was awakened by the phone alarm as it was time to feed the SC. She then discovered him unresponsive. She and the BF contacted 911 and EMS attempts to resuscitate the SC failed.

The ACS investigation revealed that the SC had no medical condition and was found without marks or bruises that would indicate maltreatment or abuse. LE and the Dr reported the BF smelled of alcohol when he arrived at the hospital. The BM told LE that she and the BF smoked marijuana and drank alcohol before going to bed after 2:00 AM that morning; and that they often do so in the presence of the children. She also reported that she and the BF co-slept with the SC while the SS slept in another bed. She added that she gave birth to a baby in 2011 and that baby died six days later. She stated she was also co-sleeping with that baby when the infant died. The BM explained that they were residing in another state at the time and ACS found that there was no report registered. The ME listed the cause and manner of death of that infant as Sudden Infant Death Syndrome. None of the children shared the same father.

This investigation also revealed that the parents had an active, limited OOP against each other, due to many DV incidences and one resulting in both parents arrest. Also, the BF was asleep in the bed at the time of the discovery, although he unauthorized to be at the shelter. ACS case documentation revealed that the BM did not go back to the previous shelter to retrieve the SS prescribed medical equipment although he showed signs of the condition.

ACS immediately removed the SS and filed an Article Ten Petition of Abuse and Neglect in the Bronx Family Court on behalf of the SS, against the BM and the BF. The SS was placed in a non-kinship foster home where he was reportedly doing well. ACS obtained a copy of the death certificate of the BM's first baby. During an interview with the Specialist, the MGM disclosed that the family suspected the BM had rolled over on the baby; however, there was no mention of drug or alcohol use at that time. The MGM stated that the parents mistreat and cursed the SS. The MGM reported she was ineligible to be the resource for the SS because she has criminal history and unstable housing.

According to the staff at the shelter, the BF gained entrance to the BM's room thru a locked door that lead to a back stairway. The BM had been dislodged from 17 shelters within the past 6 months due to non-compliance with shelter regulations. ACS' investigation also revealed noises from the parent's room that sounded like they were fighting just before they reported they went to sleep. The Specialist noted that during interview, the BM was overly concerned about an appointment she had to place the BF on the household composition. The parents participated in weekly individual substance abuse treatment. The BM maintained successful visits with the SS; the goal is to return to parent. The final autopsy report is pending.

On 12/30/16, ACS appropriately substantiated all allegations on behalf of the children against the parents.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown



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: There is no approved OCFS Child Fatality Review in the New York City region. 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: New York City does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
035521 - Deceased Child, Male, 3 Mons	035522 - Mother, Female, 26 Year(s)	DOA / Fatality	Substantiated
035521 - Deceased Child, Male, 3 Mons	035523 - Father, Male, 41 Year(s)	Inadequate Guardianship	Substantiated
035521 - Deceased Child, Male, 3 Mons	035522 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
035521 - Deceased Child, Male, 3 Mons	035523 - Father, Male, 41 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
035521 - Deceased Child, Male, 3 Mons	035523 - Father, Male, 41 Year(s)	DOA / Fatality	Substantiated
035521 - Deceased Child, Male, 3 Mons	035522 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
035524 - Sibling, Male, 3 Year(s)	035522 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
035524 - Sibling, Male, 3 Year(s)	035523 - Father, Male, 41 Year(s)	Inadequate Guardianship	Substantiated
035524 - Sibling, Male, 3 Year(s)	035522 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
035524 - Sibling, Male, 3 Year(s)	035523 - Father, Male, 41 Year(s)	Parents Drug / Alcohol Misuse	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:

Two progress notes were entered two months after the event dates.

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

Explain as necessary:

On 10/18/16, ACS removed the 3-year-old SS from the BM's and on 10/19/16 ACS file an Article Ten Petition of Abuse and Neglect in the Bronx Family Court, on behalf of the SS. The judge remanded the SS and he was placed in a non-kinship foster home under the auspices of Leake and Watts.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
10/19/2016	There was not a fact finding	There was not a disposition
Respondent:	035524 Sibling Male 3 Year(s)	
Comments:	On 10/18/2016, ACS completed an emergency removal the of the SS. ACS filed an Article Ten Petition of Abuse and Neglect in the Bronx Family Court based on the parent's drug and alcohol use and their inability to provide stable housing. The BM and children were housed in a domestic housing shelter and the parents had an active OOPs against each other; however, the BF was co-sleeping with the BM and the SC when the SC was found unresponsive. The SS was placed in non-kinship foster care under the	



auspices of Leake and Watts agency.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The parents engaged in services and the SS was given an Early Intervention assessment.

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:

On 10/18/16, ACS removed the 3-year-old SS from the BM's and on 10/19/16 ACS file an Article Ten Petition of Abuse and Neglect in the Bronx Family Court, on behalf of the SS. The judge remanded the SS to the custody of the Commissioner of the department of Social Services; he was placed in a non-kinship foster home under the auspices of Leake and Watts.

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



fatality? No

Explain:

The service plan for the parents included a mental health assessment, DV counseling, drug and alcohol treatment, batterer's accountability training, anger management counseling, bereavement counseling and parenting education.

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? No
- 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)
07/28/2014	14339 - Sibling, Male, 3 Years	14340 - Father's Partner, Female, 39 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	14339 - Sibling, Male, 3 Years	14338 - Father, Male, 39 Years	Inadequate Guardianship	Indicated	
	14339 - Sibling, Male, 3 Years	14340 - Father's Partner, Female, 39 Years	Inadequate Guardianship	Unfounded	
	14339 - Sibling, Male, 3 Years	14338 - Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

The BF physically assaults the mother (not the BM of the deceased) in the presence of their then 3-year-old son. The BF



kicks, punches and hits the mother. The DV is ongoing. On a daily basis and throughout the day and night, the parents abuse alcohol, marijuana, cocaine and crack cocaine to the point they are impaired and unable to care for the child. The allegations were PD/ AM and IG of the child by the parents.

Determination: Indicated

Date of Determination: 08/29/2014

Basis for Determination:

The BF tested positive for drug marijuana/ alcohol. The BF had criminal summons regarding consumption of alcohol in public twice in 2014. The BF admitted to bringing a paintball gun in the home without the mother's knowledge; however, he denied threatening the relatives. A history of DV involving the BF was confirmed.

OCFS Review Results:

The determination was appropriate.

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)
05/29/2013	14336 - Sibling, Male, 20 Months	14337 - Father's Partner, Female, 38 Years	Inadequate Guardianship	Unfounded	No
	14336 - Sibling, Male, 20 Months	14337 - Father's Partner, Female, 38 Years	Parents Drug / Alcohol Misuse	Unfounded	
	14336 - Sibling, Male, 20 Months	14334 - Father, Male, 38 Years	Inadequate Guardianship	Unfounded	
	14336 - Sibling, Male, 20 Months	14334 - Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

The BF and his then one-year-old son (different mother) were passengers in his friend's vehicle; while driving, the friend was arrested and charged with DWI and Endangering the Welfare of a child as the child was not wearing a seatbelt. It was reported that the parents were also inebriated at the time of the incident. The family was cleared at the hospital and the child was released to the parents. The allegations were PD/AM and IG against both parents.

Determination: Unfounded

Date of Determination: 07/26/2013

Basis for Determination:

ACS wrote that their investigation revealed that the parents unknowingly got into a vehicle with a person who was under the influence of alcohol; the parents were seen at the hospital and did not appear to be under the influence of drug/ alcohol. ACS found that the child was being cared for adequately and supervised properly in the home.

OCFS Review Results:

The determination was appropriate.

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

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

There was no known CPS history more than three years prior to the fatality for either parent.

Known CPS History Outside of NYS

There was no known history outside of NYS.



Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Additional Local District Comments

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