



**Report Identification Number: NY-18-093**

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

**Issue Date: Feb 26, 2019**

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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 9 month(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 09/10/2018  
**Initial Date OCFS Notified:** 09/12/2018

## Presenting Information

OCFS was notified of the Subject Child’s (SC) death by preventive services (PPRS) agency Bronx Works, Family Enrichment program. Per the notification, on 9/11/18 the PPRS Case Planner (CP) received an email from ACS that stated the SC died at 8pm on 9/10/18. The BM informed the CPS Specialist that the SC and then 8-year-old surviving sibling (SS) were experiencing breathing challenges, and she took the children to Mt. Sinai hospital pediatric ER. The SC died during treatment.

## Executive Summary

This fatality report concerns the death of a 9-month-old female child that occurred on 9/10/18. The death certificate, signed on 9/17/18, indicated the child (SC) died of “natural causes”. The SC was born with a medical health condition reported by her medical provider(s) to have a life expectancy of 12 to 24 months.

At the time of the SC's death, her family had an open preventive services case with Bronx Works-Family Enrichment Program, Bronx, NY.

CPS investigated a 10/10/17 SCR report that alleged IG by the SC's BF to the then 8 and 9-year-old SS's. (The SC's BF was also Parent Substitute (PS) of the male SS's - BF/PS). On 10/16/17, CPS filed an Article X petition against the BF/PS for neglect of the two SS's and a limited order of protection (OOP) was ordered while the case was adjourned in family court; the BM was a Non-Respondent. The Court released the SS's to their BM with Court Ordered Supervision (COS) by ACS CPS. On 12/8/17, CPS determined the allegations were Sub and the investigation was IND. During the INV, CPS opened a services case (FSS) in CONNECTIONS, and provided COS monitoring of the family. On 7/3/18, CPS referred the family to Bronx Works-Family Enrichment Program preventive services program for additional support. The PPRS case was opened on 7/10/18. A Family Team Meeting/Transitional Meeting was held with the BM, CPS Family Services Unit (FSU) worker, and Bronx Works Case Planner (CP) on 7/12/18. The BM signed the application for services - DSS2921LE, on 7/12/18.

Following the PPRS case opening on 7/12/18, the CP met regularly with the BM, SS's and SC in the home. The CP documented collateral contacts with the SC's medical providers and the SS's school and mental health provider. The CP conducted ongoing assessments of the family and provided the BM and BF/PS with referrals. This included referrals for parenting training for parents with medically fragile children; and home health care services for medically fragile children.

Following the death of the SC, the CP and CPS FSU provided the following supports/services on behalf of, and to the family: school advocacy; parenting skills training for parents of children with Autism and Special Language Needs; referral to educational advocacy for parents workshop; individual/family/domestic violence counseling; monitored school attendance; assessed the SS's physical/mental state and wellbeing; assisted BM with resources for bereavement counseling and mental health/psychiatric evaluation(s); conducted home and school visits; and provided casework counseling. The CP discussed and offered the BM bereavement counseling, referrals to support group services, and funeral financial assistance; the family declined. In addition, the CP made school visits (SV) and phone calls to check in on the family's well-being after the SC's death. No emerging child safety and risk concerns for the SS's were identified or documented in the case record.

Per documentation, on 2/5/19 CPS FSU informed the BM that COS expired. The preventive services case remains open to



date.

OCFS gathered the information for this report from CONNECTIONS, ACS CPS records, the SC's death certificate, PPRS records, and interview with the PPRS CP and agency Program Director.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### Determination:

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

### Explain:

There was no SCR report or CPS investigation associated with the SC's death.

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

### Incident Information

Date of Death: 09/10/2018

Time of Death: 06:17 PM

County where fatality incident occurred:	New York
Was 911 or local emergency number called?	No
Did EMS respond to the scene?	No
At time of incident leading to death, had child used alcohol or drugs?	No

**Child's activity at time of incident:**

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

**At time of incident supervisor was:** Not impaired.

**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	No Role	Female	9 Month(s)
Deceased Child's Household	Father	No Role	Male	28 Year(s)
Deceased Child's Household	Mother	No Role	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)

**LDSS Response**

Per documentation, on 9/10/18 the BM text messaged the CPS Family Services Unit (FSU) Specialist, that she was taking the SC and then 8-year-old male SS to Mt. Sinai Hospital Pediatric ER, and requested rescheduling a home visit (HV) to 9/11/18. At the 9/11/18 HV, the BM informed CPS FSU that the SC passed away at 8:00pm on 9/10/18; the SS's were at the MGM's home. Regarding the circumstances that led to the SC's death, the BM told CPS the SC had congestion and difficulty breathing. The BM said she followed the same treatment prescribed the SC at time of an 8/8/18 hospitalization for similar symptoms. When the symptoms did not seem to change, she took the SC and SS to the hospital and both children received medical treatment.

CPS FSU then conducted a hospital visit on 9/11/18, and spoke with the ER physician who said there was nothing suspicious regarding the SC's physical appearance. Doctors attempted to resuscitate her, and after 15 minutes of CPR a breathing tube was inserted, approximately one hour prior to the SC's passing. The physician surmised the cause of death to be "cardiac arrest secondary to acute hypoxic and hyper-carbic respiratory failure". The physician stated the medical examiner refused the case because there was no suspicion of foul play; the hospital performed the autopsy. Per case documentation, the mother followed medical recommendation for the SC's treatment. On same date, CPS FSU conducted HV to the MGM and MGF's home where the SS's were assessed.

On 9/11/18, CPS FSU informed Bronx Works CP of the SC's death via email.

On 9/12/18, the BM phoned the CP notifying of the SC's death; the CP expressed condolences and offered support to the family. BM requested bereavement counseling.

On 9/12/18, CPS FSU phoned the shelter case manager regarding the SC's death. CPS FSU contacted the Children's Rescue Fund, hospital child care coordinator, as well as VNS Coordinator. Confirmation of an Elevated Risk Conference



(ERC) occurred. CPS FSU also requested internal DV, mental health, medical, substance use, and education consults.

On 9/13/18, the CP conducted a HV at the MGM's, assessed the home environment, met with the BM and SS's, and offered financial assistance for the SC's funeral. The BM declined informing the MGF was paying for the funeral. The CP offered the BM and SS's counseling sessions at the agency while BM reactivated the family's health insurance; BM declined.

On 9/13/18, CPS CPM phoned the hospital and was informed a preliminary autopsy of the SC occurred on 9/11/18; there were no remarkable findings. Phone contacts were made to the Child Care services and hospital social worker as follow up.

On 9/14/18, CPS FSU confirmed the date of the SC's funeral with BM via phone. The BM confirmed homemaking services were 'in place', and said her father paid for the SC's death certificate. CPS then phoned the MGM who informed of ongoing DV between the BF/PS and BM; the MGM provided the location and date of the SC's wake.

On 9/16/18, CPS FSU and CPM attended the SC's wake as invited by the MGM. Per documentation, the BF/PS screamed vulgarities and insults and told them to leave the SC's wake; they complied.

On 9/18/18, a CSC was convened with the CP, CPS FSU, ACS Facilitator, Parent Advocate, BM, and BM's sister. The CP followed up on referrals provided to BM that included individual, family, bereavement and DV counseling; after-school and tutoring program for the SS's; a safety plan and assessing the family's compliance with the OOP in effect against the BF/PS.

On 2/1/19, BM called CP and informed she was moving upstate New York that day with the SS's and BF/PS. That, "moving upstate would provide her with better opportunities". The BM did not provide details; and the CP asked her to provide a residence address and name of the school the SS's would attend. CP informed BM the case closing process will begin.

On 2/5/19, CPS informed CP that COS had ended for the family.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

### Multidisciplinary Investigation/Review

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

**Comments:** Not applicable. There is no OCFS approved Child Fatality Review Team (CFRT) in NYC.

### 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"/>



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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

N/A

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

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



**Explain:**

N/A

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

**Explain as necessary:**

N/A. There was no SCR report or CPS investigation associated with the SC's death. There were no investigation(s) unrelated to the fatality, that required/necessitated removal of the SSs.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other, specify: Preventive Services</b>							
<b>Additional information, if necessary:</b> N/A							

**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:**  
Services provided to the family by CP and CPS FSU included follow-up with referrals made prior to, and post the SC's death. This covered: individual, family, bereavement and DV counseling; Home Base Services; Homemaking services; Heavy-duty cleaning; casework counseling; school visits; home visits; housing advocacy; IEP assistance/advocacy; monitor compliance with the OOP; and, supervised visits for the SS's with the BF/PS.

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

**Explain:**  
Ongoing services included referrals for individual, family, bereavement/DV counseling; Home Base Services; casework counseling; school visits; home visits, housing advocacy; homemaking services-referral; IEP assistance/advocacy; monitor compliance with the OOP; supervised visits for SSs with the PS; Credentialed Alcoholism and Substance Abuse Counselor (CASAC) referral- BM. The BM declined offer for bereavement counseling. Batterer's Accountability & Friends to Father's Program referral- BF/PS.

## 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?** 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?** Yes

### 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 fetal alcohol effects or syndrome With neither of the issues listed noted in case record**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)
01/31/2018	Sibling, Male, 9 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 9 Years	Mother, Female, 26 Years	Lack of Medical Care	Unsubstantiated	

**Report Summary:**

The SCR report alleged IG and LMED by the BM and BF/PS against the then 8-year-old male SS. The report alleged that for multiple years the SS acted out violently and aggressively, placing himself and others at risk of harm. The SS would throw objects such as garbage cans and chairs, kick walls and doors, run around violently and out of control, swear and yell obscenities, hit people with objects, and threatened to kill himself and everyone around him. On multiple occasions referrals were provided to the BM and BF/PS to have the SS obtain a comprehensive neurological and psychological evaluation but they failed to do so. As a result, the SS's behaviors continued.

**Report Determination:** Unfounded**Date of Determination:** 03/28/2018**Basis for Determination:**

CPS determined the BF/PS was no longer living in the home, and the BF/PS was not the SS's caretaker. The BM did not fail to meet a reasonable minimum standard of care for the SS in that she followed through with the recommendations to have the SS evaluated, prior to CPS' investigation. The BM provided supporting documentation to CPS that included scheduling of a mental health evaluation appointment, the completed mental health evaluation, as well as the next scheduled mental health appointment for the SS.

**OCFS Review Results:**

CPS appropriately interviewed the subjects of the report, collaterals and family members. This included contact with the SS's school and obtaining ACS-internal MH and DV consults. CPS provided the BM with resources and referrals; conducted home visits for child risk and safety assessments; CPS obtained documentation from the BM regarding psychiatric evaluation, diagnosis and therapy services for the SS. In addition, CPS contacted the medical staff regarding the medically fragile SC's treatment, re-submitted referral for PPRS services, and discussed safety planning with the BM for herself and the SS's. BM was given a referral for DV counseling and CASAC appointment.

**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)
10/10/2017	Sibling, Male, 10 Years	Stepfather, Male, 28 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 9 Years	Stepfather, Male, 28 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The SCR report alleged IG by the BM and BF/PS against the then 8 and 9-years-old male SS's. The report alleged there was a history of the BF/PS being physically abusive to the BM. The SS's were present and witnessed the BF/PS hitting the BM in the past. The BM had an unknown role. It was unknown if the BF/PS was ever arrested as a result of the domestic violence. That the BF/PS assaulted the BM on 10/6/17; the SS's were not present for that incident. The BF/PS left the home after the incident on 10/6/17 but was now back in the home. The BF/PS was not authorized by shelter staff to reside in the home.



**Report Determination:** Indicated **Date of Determination:** 12/08/2017

**Basis for Determination:**  
 CPS investigated the allegations of IG against the BF/PS. The source and collaterals provided credible evidence that supported the BF/PS hitting the pregnant BM in the presence of the SS's. The SS's provided several accounts of witnessing same to CPS. The BM reported the altercation with the BF/PS started because she refused to give him the then 8-year-old SS's SSI check; that led to an argument and escalated to a physical altercation. CPS found credible evidence to prove/support the allegation of IG and concluded it was Sub against the BF/PS.

**OCFS Review Results:**  
 CPS' investigation included interviews with the source, SSs, subject, collaterals and family members. The BM appropriately reported the DV incident to shelter staff, removed the BF/PS from the household, received a safety transfer and called the police. CPS referred the family to community based services and created a safety plan with the BM. CPS' investigation concluded and the case was internally transferred to the Family Services Unit (FSU) CPS for COS monitoring.

**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)
07/18/2016	Sibling, Male, 10 Years	Stepfather, Male, 28 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Sibling, Male, 10 Years	Stepfather, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 10 Years	Stepfather, Male, 28 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 9 Years	Stepfather, Male, 28 Years	Excessive Corporal Punishment	Unsubstantiated	
	Sibling, Male, 9 Years	Stepfather, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 9 Years	Stepfather, Male, 28 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 10 Years	Mother, Female, 26 Years	Excessive Corporal Punishment	Unsubstantiated	
	Sibling, Male, 10 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 10 Years	Mother, Female, 26 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 9 Years	Mother, Female, 26 Years	Excessive Corporal Punishment	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 9 Years	Mother, Female, 26 Years	Lack of Supervision	Substantiated	

**Report Summary:**  
 The SCR report alleged XCP, IG and LSUP by the BM and BF/PS against the then 8 and 9-year-old SS's. The SS's ran away from home while the BM and BF/PS slept, and traveled on the train over one hour to the MGM's home arriving there at 7:30AM. The report also alleged that the BF/PS disciplined the SS's by forcing them to lie face down on the floor with a suitcase of heavy books on their backs; or the BF/PS would force the SS's to hold heavy books in their hands to



their exhaustion. The BM was aware but failed to intervene. CPS determined allegations of IG and LSUP were Sub against BM and BF/PS. The Investigation Conclusion was Indicated - Closed, referred to community based services.

**Report Determination:** Indicated

**Date of Determination:** 09/08/2016

**Basis for Determination:**

CPS investigated the allegations of XCP, IG and LSUP against the BM and BF/PS and found credible evidence to support the allegations of IG and LSUP that were Sub. The SS's provided several accounts of witnessing the BF/PS hitting the BM. CPS found that the BM and BF/PS failed to meet reasonable minimum standard of care for the SS's within commonly accepted societal norms; and that resulted in the SS's being in imminent danger of harm. The BM and BF/PS noticed the SS's were missing when they woke around 9AM and demonstrated an intent to forego parental responsibility and obligation although able to so, by not responding to notification of the SS's whereabouts for 3 hours.

**OCFS Review Results:**

CPS' investigation included interviews with the subjects of the report, collaterals and family members. CPS also collaborated with the Family Shelter caseworker and supervisor regarding services. CPS held a Family Team Meeting (FTM) with the family and shelter staff, provided referrals for counseling, anger management, day care/after-school, summer camp, parenting, employment services, and Fatherhood Program @ STRIVE. CPS documented that the BM and BF/PS moved the SS's to the bedroom furthest from the exit door. CPS concluded the investigation and referred family to community based services only.

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

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

An SCR report of 6/29/12 alleged IG and L/B/W by the BM, MGM, and BF (BF of the male SS's then 6 and 7-years-old). That the BM and MGM were physically and verbally aggressive towards the SSs, the BM hit the then 6-year-old SS across the face with a belt, and the BM and BF had physical altercations in the presence of the SS's. CPS determined the allegations against the BM, MGM and BF were UnSub; CPS' investigation conclusion was, "closed, referred to community-based services" on 8/28/12.

An SCR report of 4/9/13 alleged IG by the SC's BF (BF/PS) against a then 2-year-old female step-sibling due to DV that occurred in the step-siblings' presence. The step-siblings' BM had no role. The family lived outside of NY City. The county of residence DSS investigated and determined the allegations were Sub against the BF/PS. However, the BM refused to press charges against the BF/PS. The DSS' investigation conclusion was "closed, services refused; unable to take legal action" on 10/2/13.

### Known CPS History Outside of NYS

The family has no known CPS history outside of NYS.

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality?** Yes

**Date the preventive services case was opened:** 10/17/2017

**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:** 10/17/2017

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

	Yes	No	N/A	Unable to Determine
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Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The Reassessment FASP due date 11/15/18, was submitted for approval on 11/19/18, and approved on 11/27/18.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 During CPS' investigation of an 10/10/17 SCR report, a CPS services case was opened on 10/17/17. CPS filed an Article X petition in Family Court against the SC's BF on 10/16/17; the children were paroled to their BM, and COS was granted. Preventive services referral was made and agency, Bronx Works, was assigned CP role on 7/6/18.

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Eligibility for Preventive Services
<b>Summary:</b>	There was no identified Program Choice for the 8 & 10-year-old male SSs in the 11/15/18 Reassessment FASP. The CP must coordinate documentation of all work in the FASP, review all work, and either accept it as contributed or revise it accordingly.
<b>Legal Reference:</b>	18 NYCRR 423.3 and 430.9
<b>Action:</b>	ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. ACS must include its policies regarding establishing Program Choice for each services-recipient child. ACS must ensure Bronx Works meet with staff to address this issue, and inform OCFS of the date of the meeting, who attended, what was discussed and the action plan.



<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	The Reassessment FASP due date 11/15/18, was submitted for approval on 11/19/18, and approved on 11/27/18. All FASP must be approved on or by the due date.
<b>Legal Reference:</b>	18 NYCRR428.3(f)
<b>Action:</b>	ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. ACS must include its policies regarding FASP timeliness for its' contracted service providers. ACS must ensure Bronx Works meet with staff to address this issue, and inform OCFS of the date of the meeting, who attended, what was discussed and the action plan

## Preventive Services History

CPS referred family for preventive services (PPRS) with Bronx Works Family Enrichment Program (FEP) General Preventive program on 7/3/18. Recommended services included individual/family/domestic violence (DV) counseling, clinical services, DV advocacy, parenting skills training, and case management for the family. Per case documentation, the BM signed the application for services on 7/12/18.

The PPRS agency provided the following supports/services on behalf of, and to the family: school advocacy; referrals to day care; parenting skills training for parents with medically fragile children; home health care services for medically fragile children; individual/family/domestic violence counseling; monitored school attendance; assessed children's physical/mental state of wellbeing; assisted BM with resources for bereavement counseling and mental health/psychiatric evaluation; conducted home and school visits; and provided casework counseling. The family receives ongoing PPRS from Bronx Works FEP program to date.

## 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

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
10/17/2017	Other, Specify	Adjourned in Contemplation of Dismissal (ACD)
<b>Respondent:</b>	048803 Father Male 28 Year(s)	
<b>Comments:</b>	A 3/5/18 Fact Finding hearing was adjourned to 4/11/18. On 4/11/18 a full Order of Protection (OOP) was issued against the BF/PS. Adjourn date, 5/17/18. The OOP expiring 1/10/19, required the BF/PS to stay away from the SC, both SS's, BM, their home, daycare, babysitter, after-school programs and school, or communicate with the family except for court ordered visitation. 6/19/18 documentation stated the BF/PS was granted an ACD with 9 months court ordered supervision by CPS, and a full OOP for 9 months, expiring 1/10/19. No disposition date nor hearing details were recorded nor was there copy of the disposition order in the case record.	

**Family Court Petition Type:** Other Family Court (Including Article 6 Custody/Guardianship)



<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	None	
<b>Comments:</b>	The BF of the then 5 and 6-year-old SSs filed a visitation petition in family court during an ongoing custody case. The Court ordered ACS/CPS to conduct a Court Ordered Investigation (COI) on or about 6/29/15; The BM was listed as Respondent. CPS conducted an investigation and forwarded a statutory report to The Court on 7/14/15. Per case documentation, the BM received full custody of both children on 3/2/15 and during a 7/15/15 contact, reported to CPS the hearing was adjourned to 10/1/15. No further information regarding outcome was documented and CPS closed out the COI on 7/22/15.	

<b>Have any Orders of Protection been issued? Yes</b>	
<b>From:</b> 10/17/2017	<b>To:</b> 01/10/2019
<b>Explain:</b> A full stay-away OOP was issued against the BF/PS for the SS's, SC and BM except in the event of a supervised visit.	

**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