



Report Identification Number: NY-21-036

Prepared by: New York City Regional Office

Issue Date: Sep 29, 2021

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

| 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 | PS-Parent Sub |
| CH/CHN-Child/Children | OA-Other Adult | |
| 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 |
| CPS-Child Protective Services | | |
| 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-Other | |
| 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 | COS-Court Ordered Services |
| OP-Order of Protection | RAP-Risk Assessment Profile | FASP-Family Assessment Plan |
| FAR-Family Assessment Response | Hx-History | Tx-Treatment |
| CAC-Child Advocacy Center | PIP-Program Improvement Plan | yo- year(s) old |
| CPR-Cardiopulmonary Resuscitation | ASTO-Allowing Sex Abuse to Occur | |



Case Information

Report Type: Child Deceased
Age: 8 month(s)

Jurisdiction: New York
Gender: Male

Date of Death: 03/30/2021
Initial Date OCFS Notified: 03/31/2021

Presenting Information

On 3/30/2021, the SCR registered multiple reports regarding the death of the SC. The reports alleged the BM fell asleep with the SC under unsafe conditions. The BM rolled onto the SC who was wrapped up in a blanket and suffocated the SC. When the BM woke up, she found the SC in an unspecified location in the home with a blanket wrapped around the SC's neck. The BM called EMS and the SC was transported to the hospital where medical staff pronounced her deceased at 9:28 PM.

Executive Summary

On 3/30/2021, the SC died while in the care of the BM. ACS' case documentation reflected at 6:00PM, the BM put the SC down on his back with a blanket in his crib for a nap. At about 8:30PM, the BM checked the SC and found him in the crib with the blanket wrapped around his neck and not breathing. The BM called EMS. EMS responded and performed CPR on the SC at the scene and during transport to the hospital. The hospital staff continued efforts to resuscitate the SC without success and then pronounced her deceased at 9:28 PM. The ME reported the autopsy report was pending; however, initial findings did not reveal any trauma to the SC.

At the time of the fatality, the SC's five SSs were not in the BM's care. The three oldest SS were adopted by the MGA and the two youngest siblings were in foster care. The SC's BF and the SS's fathers were not involved with the family and their whereabouts were unknown.

On 3/30/2021, ACS initiated the CPS fatality investigation within the mandated timeframe. ACS reviewed the family's previous SCR reports and contacted pertinent collaterals such as the hospital staff, LE, service provider, medical provider, and agency staff. The hospital staff did not report any signs of trauma to the SC's body. LE deemed the BM's home a crime scene, but the BM was not arrested. The babysitter, the foster parents, medical, and service providers reported concerns about the BM's non-compliance with services and visitation schedules.

Throughout the investigation, ACS assessed the BM's five SSs to be doing well in their respective foster homes. The clinician did not recommend services for the SSs given their ages and not having a relationship with the SC.

ACS held an initial and follow-up child safety conferences (CSC). The BM was offered a bereavement counseling referral, but she refused. The BM did not have any other children in her care. ACS was unable to contact the BF throughout the investigation.

On 5/12/2021, ACS substantiated the allegations DOA/FATL, and IG of the SC by the BM due to credible evidence. ACS determined the BM placed the SC's physical condition in imminent danger as she failed to provide a minimum degree of care in allowing a substantial risk of harm by her continuous misuse of illicit substances and placing the SC in an unsafe sleeping environment. ACS determined there was a connection regarding the BM's poor judgment in placing the SC in an unsafe sleep environment and her inability to provide adequate supervision of the SC due to her ongoing substance use. The BM admitted to LE that she had a beer before putting the SC in the crib for the nap. Additionally, the BM had a hair follicle test which was positive for various illicit drugs. LE's investigation remained active. LE reported a review of the BM's social media platforms reflected the BM disclosed ongoing substance use while caring for the SC and hiding the substances during ACS' home visits.



The BM's Family Court proceedings against the BM for the two youngest SSs remained active. The provider agency continued to monitor the family and reported the SSs were doing well in their respective homes. There were no safety concerns regarding the foster parents caring for the SSs.

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? Yes

Determination:

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

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

The were no other children in the BM's custody or care.

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: 03/30/2021

Time of Death: 09:28 PM

Time of fatal incident, if different than time of death: 08:30 PM

County where fatality incident occurred: New York

Was 911 or local emergency number called? Yes

Time of Call: 08:38 PM

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

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

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

At time of incident was supervisor impaired? Unknown if they were impaired.

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- 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 | 8 Month(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 26 Year(s) |

LDSS Response

On 3/31/2021, ACS contacted the medical staff, and LE. The medical staff stated the SC did not have any signs of trauma, bruises, or injuries. The preliminary cause of death was cardiac arrest. LE deemed the BM's home a crime scene and barred ACS from the home. LE stated the BM was not arrested.

ACS assessed the 2, 3, 6, and 9-yo SSs in the kinship foster home of the MGA and deemed them safe. There were no health or safety hazards in the home. The 1-yo SS was also assessed as safe in the foster home in which she resided. The MGA stated she was a resource for the BM and that the three older SSs were in an open adoption. She stated the SSs were not aware of the SC's death.

Also on 3/31/2021, LE stated the BM provided an account of the incident which was consistent with the information that was already known. LE denied the BM reported any suicidal ideation.

On 3/31/2021, ACS interviewed the BM and she denied co-sleeping with the SC. She stated she put the SC to sleep in his crib with a blanket and she then took a nap. She woke up a few hours later and found the SC unresponsive with the blanket around his neck. The BM declined ACS' offer of bereavement counseling services.

On 3/31/2021, the CP reported the three older SSs had been adopted and no longer receiving further services from the foster care agency (FCA). The two younger SSs would continue to be monitored by the FCA. The CP stated the foster parents reported concerns about the BM's behavior. The BM was not compliant with visits to her children.

On 3/31/2021, the service provider reported very limited communication with the BM, and that she had refused to submit to drug screenings.

On 4/1/2021, the building staff did not report any concerns regarding the BM.



On 4/1/2021, the MGA reported concerns about the BM’s alleged prostitution and drug use.

On 4/1/2021, LE stated the ME’s initial findings did not reveal any abnormalities to the SC.

On 4/2/2021, the provider agency reported being aware of statements made by the BM about harming the SSs if she could not have them in her custody. Consequently, the agency requested an OP for the SSs and their care givers. The Family Court granted the agency’s request.

On 4/6/2021, LE reported LE’s investigation was ongoing pending the final autopsy.

On 4/8/2021, ACS held a child safety conference (CSC). The CSC recommended bereavement counseling services and continued PPRS services for the BM. The CSC modified the OP for the SSs and the foster/adoptive parents to include agency supervised family visitation.

On 4/28/2021, ACS held a follow up CSC. The CSC recommended that the BM reengage in substance abuse treatment and plan for the return of the two SSs in foster care. The BM continued to decline services.

Between 4/30/2021 and 5/10/2021, ACS made casework contacts with the BM and other collaterals. There were no new updates regarding the fatality or the autopsy. ACS tried to reengage the BM into services to no avail. The therapist reported the BM’s services had been terminated due to her non-attendance.

On 5/12/2021, ACS SUB the allegations DOA/FATL, and IG of the SC by the BM.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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 |
|---------------------------------------|-------------------------------------|-------------------------|--------------------|
| 058235 - Deceased Child, Male, 8 Mons | 058236 - Mother, Female, 26 Year(s) | DOA / Fatality | Substantiated |
| 058235 - Deceased Child, Male, 8 Mons | 058236 - Mother, Female, 26 Year(s) | Inadequate Guardianship | 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
| Was there timely entry of progress notes and other required documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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"/> |

Legal Activity Related to the Fatality

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

Family Court

Criminal Court

Order of Protection



Have any Orders of Protection been issued? Yes

From: 04/02/2021

To: Unknown

Explain:

On 4/2/2021, the provider agency reported being aware of statements made by the BM about harming the SSs if she could not have them in her custody. Consequently, the provider agency requested an OP for the SSs and their care givers. The Family Court granted a full stay away OP against the BM and the BF for the five SSs and their foster parents.

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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input 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"/> |

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? N/A

Explain:

There were no other children in the BM's care.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The BM BM declined services.



History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 03/19/2021 | Deceased Child, Male, 8 Months | Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Substantiated | No |

Report Summary:

On an ongoing basis, the BM used marijuana to the point of impairment while acting as the sole caretaker of the SC.

Report Determination: Indicated

Date of Determination: 05/12/2021

Basis for Determination:

The BM disclosed she had a relapse and was using marijuana while being the SC's primary caretaker. ACS addressed concerns with LE who reported the BM admitted that she had a beer before putting the child in the crib for a nap.

OCFS Review Results:

ACS conducted the investigation according to State mandates.

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) |
|--------------------|------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 07/10/2020 | Deceased Child, Male, 1 Days | Father, Male, 27 Years | Inadequate Guardianship | Substantiated | No |
| | Deceased Child, Male, 1 Days | Mother, Female, 25 Years | Inadequate Guardianship | Substantiated | |

**Report Summary:**

In the past, the BM had five children removed from her care and placed in foster care due to unspecified maltreatment or abuse. On 7/10/2020, the BM gave birth to the now deceased SC.

Report Determination: Indicated**Date of Determination:** 08/24/2020**Basis for Determination:**

According to Family Court records, the BM was previously adjudicated neglectful on behalf of her five older children who were in foster care. The dispositional order placed the children in foster care and ordered the BM to cooperate with ACS' supervision, engage in and complete all recommended services. The SC was derivatively neglected due to the BM's failure to engage in and complete the court-ordered services on her prior Article 10 cases. The BM used drugs but was not engaged in a drug treatment program and failed to appear during the trial.

OCFS Review Results:

Based on the case documentation, ACS conducted the investigation appropriately. ACS obtained information from pertinent collaterals who deemed the BM neglectful of her children.

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) |
|--------------------|-------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 09/10/2019 | Sibling, Female, 1 Days | Mother, Female, 25 Years | Inadequate Guardianship | Substantiated | No |

Report Summary:

On 9/9/19, the BM gave birth to her fifth child. The BM stated her children were with an aunt. She could not provide a name, address, or a phone number for the aunt. The BM did not have any prenatal care. It was suspected, the BM's children were in foster care. This baby was at risk in the BM's care.

Report Determination: Indicated**Date of Determination:** 10/28/2019**Basis for Determination:**

The BM had not been compliant with court ordered services and the child was born with a positive toxicology screening for marijuana. The BM had her other children already in foster care. The concern was that the BM was unable to adequately care/provide for her children, including the newborn.

OCFS Review Results:

Based on the information obtained through interviews and assessments of the family and collateral information obtained, NYCRO agrees with the determination.

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) |
|--------------------|--------------------------|---|-------------------------|--------------------|---------------------|
| 05/16/2019 | Sibling, Female, 7 Years | Other - Parent Substitute, Male, 26 Years | Inadequate Guardianship | Substantiated | No |
| | Sibling, Female, 7 Years | Mother, Female, 24 Years | Inadequate Guardianship | Substantiated | |
| | Sibling, Female, 7 Years | Other - Parent Substitute, Male, 26 Years | Sexual Abuse | Substantiated | |
| | Sibling, Female, 7 Years | Mother, Female, 24 Years | Sexual Abuse | Unsubstantiated | |

Report Summary:

The parent substitute (PS) touched the seven-yr child in a sexual manner. The BM was aware that the PS had a history of



sexually abusing people yet she allowed him to have access to the child. The child was in foster care at the time of the investigation.

Report Determination: Indicated

Date of Determination: 07/15/2019

Basis for Determination:

ACS SUB the allegation IG of the child by the PS and the BM. While at the Child Advocacy Center, the child disclosed that in 2015, the PS touched her on her vaginal area when she lived with the PS. Despite the BM being aware that the PS previously sexually abused a minor relative of his and he was arrested for it, the BM still left the child in the PS' care and he touched the child on her vaginal area which was not justified.

ACS SUB the allegation SXAB of the child by the PS.

ACS UNSUB the allegation SxAB of the child by the BM. The child did not disclose the BM was present when the incident occurred and there were no indicators to suggest otherwise.

OCFS Review Results:

The child had supervised contacts with the BM and no contact with the PS since about a year prior. The foster care worker initiated appropriate services for the child based on her disclosure.

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) |
|--------------------|-----------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 08/18/2018 | Sibling, Male, 1 Days | Mother, Female, 25 Years | Inadequate Guardianship | Substantiated | No |
| | Sibling, Male, 1 Days | Mother, Female, 25 Years | Parents Drug / Alcohol Misuse | Substantiated | |

Report Summary:

On 08/18/18, the BM gave birth to a baby boy. The BM's toxicology was positive for marijuana at the time of delivery.

Report Determination: Indicated

Date of Determination: 10/17/2018

Basis for Determination:

The BM admitted she used drugs while pregnant and she tested positive for marijuana use upon giving birth to the baby. The BM had a long history of substance abuse and her three older children were placed in kinship foster care due to drug abuse. The BM's action placed the child at imminent danger as such the child was removed and placed in foster care.

OCFS Review Results:

ACS appropriately added the new born to the Article 10 petition and remanded to ACS. The child was placed in the kinship care of the MA, the same home where the older children had been placed.

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

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

The BM was known to the SCR as a parent in a 4/4/2012 report. The report alleged on 3/30/12 the BM left the now 9-yo SS unsupervised for an unknown amount of time. On 6/1/12, ACS UNSUB the allegations IG, and LS due to lack of credible evidence. In 2012, the BM aged out of the foster care system, but continued to receive PPRS services at the time.

As an adult, the BM had 3 indicated reports dated 1/22/2015, 9/28/2017, and 11/02/2017. The themes and concerns of the reports were drug use, DV and prostitution. Additionally, the BM attempted suicide in the presence of the now 9 and 6-yo SSs. As a result, ACS filed an Article 10 Petition, and the children were removed and placed in non-kinship care.

During the investigations of the 3 reports, ACS tried to get the BM to engage in her service plan to no avail. The BM was also non compliant with the visitation schedules with the 5 SSs.



Known CPS History Outside of NYS

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

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: 02/02/2015

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

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the service provider(s) comply with the timeliness and content requirements for progress notes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the services provided meet the service needs as outlined in the case record? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did all service providers comply with mandated reporter requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

Casework Contacts

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Services Provided

| | Yes | No | N/A | Unable to Determine |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were services provided to parents as necessary to achieve safety, permanency, and well-being? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Family Assessment and Service Plan (FASP)

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the most recent FASP approved on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Child Fatality Report

| | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the FASP consistent with the case circumstances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Closing

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

Preventive Services History

While being pregnant with the one-year-old SS, the BM tested positive for Marijuana. She entered and completed rehabilitation in August 2019. On 10/1/19, the BM enrolled in services and completed anger management, parenting skills training, and chemical dependence treatment. The service provider reported the BM did not test positive for illicit drugs since enrolling on 10/1/19. She was discharged from services on 6/10/20. In August 2020, the BM began after care services which included weekly therapy sessions and DV counseling. On 2/12/2021, the BM reported that she had relapsed in her marijuana use. At the time of the fatality, the BM was in the intake process to re-engage in services because of her relapse.

Foster Care Placement History

Between 1/22/2015 and 11/02/2017, the BM had 3 indicated reports. The allegations of the reports were IG, IFCS, PD/AM, and LS. Additionally, the BM attempted suicide in the presence of her now 9 and 6-yo children and tested positive for various drugs. As a result, ACS filed an Article 10 Petition, and the children were removed and placed in kinship foster care.

The BM continued to have substance use and DV concerns. The 3-yo had a positive toxicology for marijuana at birth, and the BM reported ongoing marijuana use during the pregnancy of the 2-yo SS. Consequently, the 3 and 2-yo SSs were removed from the BM's care and placed in foster care.

The BM continued to be non-compliant with court ordered services. On 9/9/2019, the 1-yo SS had a positive toxicology for marijuana at birth and was removed from the BM's care and placed in foster care.

On 1/28/2020, the BM signed a conditional surrender for the 9, 6, and 3-yo SSs. On 3/24/2021, the three SSs were adopted by the MGA. The 2 and 1-yo SSs remained in foster care and were doing well. Sibling visits occurred monthly, and there were no reported concerns.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?
 Family Court Criminal Court Order of Protection

| | | |
|---|----------------------------------|---------------------------------|
| Family Court Petition Type: FCA Article 10 - CPS | | |
| Date Filed: | Fact Finding Description: | Disposition Description: |



| | | |
|--------------------|--|-----------------------------|
| 08/21/2018 | There was not a fact finding | There was not a disposition |
| Respondent: | 058236 Mother Female 26 Year(s) | |
| Comments: | On 08/18/18, the BM gave birth to a baby boy. The BM's toxicology was positive for marijuana use at the time of delivery. The BM had a long history of substance abuse and her three older children were in kinship foster care due to drug abuse. The BM's action placed the child at imminent danger. Consequently, on 8/21/18, ACS filed a neglect petition in Family Court. The court granted ACS' request and remanded the child. The child was placed in the kinship care of the MA, the same home where the older children had been placed. | |

| | | |
|--|--------------------|--|
| Have any Orders of Protection been issued? Yes | | |
| From: 08/19/2020 | To: Unknown | |
| Explain: On 8/19/20, the BM reported a DV incident with the BF. The BF was arrested and an active OP on behalf of the BM against the BF. | | |

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