



**Report Identification Number: NY-16-042**

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

**Issue Date: 10/27/2016**

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

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

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

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

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

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

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

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



## Abbreviations

### Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

### Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

### Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

### Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Queens  
**Gender:** Female

**Date of Death:** 05/01/2016  
**Initial Date OCFS Notified:** 05/01/2016

## Presenting Information

On 5/1/16, the SCR registered a report regarding the death of this two-month-old female SC. The report alleged that sometime on the morning of 5/1/16, the SC was pronounced dead. Based on the information received, the parents were co-sleeping with the SC in the same bed when they went to sleep on the night of 4/30/16. When the parents awoke the SC was unconscious. At approximately 8:00 A.M., EMS was called on scene. The SC was taken to the hospital where hospital staff pronounced her dead. There were no visible injuries to the SC's body.

## Executive Summary

This two-month-old SC died on 5/1/16 while sleeping in a king size bed with her parents. ACS' investigation revealed that at approximately 12:00 A.M. on 5/1/16, the BF fed, burped the SC, then placed her to sleep on a pillow in the same bed with her parents. The SC slept through the night. At approximately 8:00 A.M., the parents observed the SC was unresponsive. The BF gave the SC CPR and the parents immediately called 911. When EMS arrived at the home, the SC was blue. EMS continued to attempt to resuscitate the SC while she was being transported to the hospital without success. The hospital staff continued efforts to revive the SC and at 8:45 A.M., the staff pronounced the SC dead. The autopsy report stated the SC's cause and manner of death were undetermined.

The parents had the SC in common. The SC had two surviving siblings; ages eleven and two respectively. According to ACS documentation, the BF was recently released from incarceration and was being monitored by the Department of Parole. The whereabouts of the oldest child's BF were unknown; however, the BF of the two-year-old child was very much involved in the child's life. The BM was the kinship foster mother to her two-year-old niece. SCO Family of Services was the supervising foster care agency (FCA).

ACS initiated the investigation within the mandated time frame. The ACS' Specialist obtained statements from the family and the information provided by other relevant collaterals regarding the fatality were consistent throughout the investigation. ACS held a child safety conference (CSC) to protect the surviving children. The CSC established safety plan/services for the family. As a result of the fatality, the FCA re-placed the foster child (FC) in a new kinship foster home. Additionally, ACS deemed the surviving children and the FC safe in the homes of their caretakers.

During the investigation, the two-year-old child sustained a burn on her left foot. On 6/24/16, the SCR registered a subsequent report concerning the child's injury. The BM and the parent substitute were the subjects of the report.

On 6/30/16, ACS substantiated the allegation IG of the SC by the parents. ACS determined that the parents exercised poor judgment in co-sleeping with the SC. ACS' determination narrative stated their actions and behavior placed the SC at risk by creating an unsafe sleeping environment. The parents had a pack and play for the SC but they did not use it.

ACS unsubstantiated the allegation DOA/Fatality of the SC by the parents. ACS based its decision on the autopsy report which stated the SC's cause and manner of death were undetermined. Also, LE determined there was no



criminality found regarding the SC's death.

On 8/23/16, ACS unsubstantiated the allegations of the 6/24/16 report and the case remained open for services.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? No

### Determination:

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

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:

ACS referred the family for PPRS.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Overall Completeness and Adequacy of Investigation
<b>Summary:</b>	All the safety assessments had safety decision number #3 but there was no indication the children were in immediate or impending danger of serious harm. The case circumstances changed during the investigation but the safety decisions were the same.
<b>Legal Reference:</b>	SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2
<b>Action:</b>	The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.



## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 05/01/2016

**Time of Death:** 08:55 AM

**Time of fatal incident, if different than time of death:** Unknown

**County where fatality incident occurred:**

QUEENS

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

08:01 AM

**Did EMS to respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?** N/A

**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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver

1

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

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Other	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)

### LDSS Response

On 5/1/16, the ACS Specialist initiated the investigation and contacted the LE and hospital personnel. The statements provided by the collaterals confirmed preliminary findings did not reveal any abuse/neglect.

The Specialist then visited the family's home. The BM was distraught to give an account of the incident; however, the BF's statement was consistent with the information that was already known. The surviving children were in the care of the MGGM at the time of the visit. Later that same day, the LE personnel and the Specialist visited the MGGM's home and deemed the children safe.

On 5/2/16, the foster care agency (FCA) staff stated there were no concerns for the children during home visits. The staff denied knowledge of the BF's presence in the home. Later that same day, the FCA replaced the foster child (FC) with another kinship resource.

On 5/3/16, the Specialist observed the FC in her new kinship foster home (KFH) and deemed her safe. The Specialist then visited the home of the two-year-old child's father and assessed the two surviving children to be well cared for. The father was temporarily caring for the children at the time. The older child did not provide specific details about the SC's death. She reported a good relationship with the BF and denied DV in the home. The father did not report any concerns about the care the BM gave her children.

On 5/4/16, the Specialist visited the family and the BM reported that the SC's immunizations were not current because she was trying to change clinics. She admitted to co-sleeping with all her children and that this was a normal practice in her family. She did not have any concerns about the BF caring for her children. The family's relatives, therapists and neighbors did not report any concern for the parents.

On 5/9/16, ACS held a child safety conference (CSC) and a safety plan was agreed with the family. On 5/16/16, ACS held a follow-up CSC with the BF. He disclosed that he was in receipt of mandated services through the Department of Parole. He denied he rolled over on the SC.

On 5/17/16, 6/6/16 and 6/21/16, the Specialist visited the family and did not document any concerns for the surviving children. The parents denied alcohol/drug use prior to co-sleeping with the SC.

On 6/10/16, the Specialist visited the FC and documented the FC was adjusting well to her new home.

On 6/20/16, the children's Dr. did not report any concerns for the surviving children or the BM. Also on 6/20/16, the staff at the older child's school reported a behavioral change in the child. The staff recommended services for the child.

On 6/23/16, the Specialist visited the family and observed the two-year-old child with a healing burn mark on her left foot. The BM stated the burn was caused by a flat iron and that she sought immediate medical care for the child. She signed the HIPPA forms to obtain information about the child's discharge from the ER and follow up care.

On 6/24/16, the SCR registered a subsequent report concerning the two-year-old child's burn on her left foot. The BM and the BF were the subjects of the report. Also on 6/24/16, the assigned detective stated that the criminal investigation into the fatality was closed.

On 6/28/16, the Specialist visited the FC and deemed her safe in her KFH. On that same day, the BF's parole officer (PO) reported that the BF completed the intake process for his mandated parole services.

Also on 6/28/16, ACS received the autopsy report which stated the SC's cause and manner of death were undetermined.

On 6/30/16, ACS substantiated the allegation IG of the SC by the parents. ACS unsubstantiated the allegation



# NYS Office of Children and Family Services - Child Fatality Report

DOA/Fatality of the SC by the parents.

On 8/23/16, ACS unsubstantiated the allegations of the 6/24/16 report and kept the case open for services.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

**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:** The investigation adhered to 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
030621 - Deceased Child, Female, 2 Mons	030623 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated
030621 - Deceased Child, Female, 2 Mons	030622 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
030621 - Deceased Child, Female, 2 Mons	030623 - Father, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated
030621 - Deceased Child, Female, 2 Mons	030622 - Mother, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# NYS Office of Children and Family Services - Child Fatality Report

All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 All of the Safety Assessments contain a safety decision of #3 when there was nothing documented the children were in immediate or impending of serious harm.

**Fatality Risk Assessment / Risk Assessment Profile**





# NYS Office of Children and Family Services - Child Fatality Report

	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"/>

## 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"/>
<b>Explain as necessary:</b> On 5/2/16, the foster care agency replaced the foster child with another kinship resource.				

## Legal Activity Related to the Fatality

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

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



Table with 8 columns and 15 rows listing services such as Housing assistance, Mental health services, Foster care, Health care, Legal services, Family planning, Homemaking Services, Parenting Skills, Domestic Violence Services, Early Intervention, Alcohol/Substance abuse, Child Care, Intensive case management, Family or others as safety resources, and Other.

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:



# NYS Office of Children and Family Services - Child Fatality Report

- 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)	Status/Outcome	Compliance Issue(s)
07/12/2014	10522 - Sibling, Female, 9 Months	10521 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	No
	10522 - Sibling, Female, 9 Months	10521 - Mother, Female, 27 Years	Lack of Supervision	Unfounded	
	10522 - Sibling, Female, 9 Months	10521 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10523 - Sibling, Female, 10 Years	10521 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	10523 - Sibling, Female, 10 Years	10521 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10523 - Sibling, Female, 10 Years	10521 - Mother, Female, 27 Years	Lack of Supervision	Unfounded	

### Report Summary:

The report alleged IG, LS and PD/AM of then ten year and nine-month-old children by the BM. The report stated for the past several months, the BM drank alcohol and smoked marijuana to impairment in the presence of her children on a daily basis. When intoxicated, the BM would leave the children unattended for long hours at a time.

**Determination:** Unfounded

**Date of Determination:** 08/13/2014

### Basis for Determination:

ACS' Office of Special Investigations Specialist made unannounced visits to the home and deemed the children safe. The ten-year-old child denied the BM left her or her siblings home alone. She also denied child care responsibilities for her siblings. All collateral contacts reported that the children were safe in the care of the BM. On 7/17/14, the BM submitted to a drug test and the result was negative.

### OCFS Review Results:

The investigation was conducted appropriately.

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

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

The BF had one prior indicated report for IG dated 6/25/09. The report involved the BF's other biological child and the child's BM from a previous relationship. ACS' investigation revealed that the BF assaulted the BM in the presence of the child. He also pulled a knife on the BM and threatened to kill her. In addition, the BF attempted to have sexual intercourse with the BM against her consent. On 7/16/09, ACS filed an Article 10 petition in Queens County Family Court against the BF and the child was released to the BM with ACS supervision. The family court petition was withdrawn without prejudice due to the BF's incarceration out of state until April 2016.

The BM was listed as "NO Role" in one unfounded report dated 1/22/13. The allegations of the report were IG and SA of



the BM's then five-year-old sibling by the parent substitute. The subject child (SC) resided out of state at the time. ACS collaborated with the Local Department of Social Services (LDSS) where the SC resided to investigate the report. During the investigation, the LDSS did not find any credible evidence to support the allegations of IG and SA. On 2/13/13, ACS unsubstantiated the allegations of the report and closed the case.

### Known CPS History Outside of NYS

The family did not have any known CPS 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

### 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