

Report Identification Number: NY-16-078

Prepared by: New York City Regional Office

Issue Date: Mar 21, 2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships

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

Contacts

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

Allegations

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

Miscellaneous

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

Case Information



Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 07/30/2016
Initial Date OCFS Notified: 07/30/2016

Presenting Information

The SCR registered two reports regarding the death of this five-month-old female subject child (SC). According to the narrative of the reports, at approximately 7:00 A.M on 7/30/16, the SC was found unresponsive in her crib. The BF called 911 and EMS transported the SC to the hospital where she was pronounced dead at 7:53 A.M. The narrative also stated that the SC's autopsy revealed that she sustained extensive bruising of the scalp, multiple skull fractures, subdural hemorrhage and bilateral optic nerve sheath hemorrhages. It was suspected the SC died as a result of these injuries; however, it was unknown who inflicted the injuries to the SC. Therefore, all persons legally responsible in the home; the BM, the BF, the PGF, PGM and PA were named as subjects of the reports.

Executive Summary

The five-month-old female SC died on 7/30/16 while in the care of her parents. According to ACS' investigation, between 7/27/16 and 7/29/16, the SC was not feeling well and was not eating. The parents did not seek medical attention for the SC. Due to the family's religious and cultural practices, the family assumed the SC was possessed by evil spirits and sought a religious priestess to cleanse her. The priestess performed rituals on the SC by forcefully shaking and rolling her on the floor for about five minutes; cracking the SC's bones in the process. Following the ritual, the SC continued to be fuzzy and her condition did not improve. At about 10:00 P.M. on 7/29/16, the SC woke up crying and refused to eat. After a few minutes, she stopped crying and the BM placed her in the crib to asleep. At about 3:30 A.M. on 7/30/16, the SC began to cry again. The BF picked her up, rocked her and then placed her to sleep face down in her crib. At 7:00 A.M., the BF woke up and found the SC unresponsive in her crib and then called an ambulance. Although the SC was found unresponsive in her crib, the case records did not reflect ACS discussed "Safe Sleep" practices with the family.

EMS responded to the home within minutes, unsuccessfully worked on the SC and then transported her to the hospital. The hospital staff tried to revive the SC before they pronounced her dead at 7:53 A.M. According to the ME, the preliminary determination of the SC's death was homicide pending toxicology results. The SC was survived by her one-year-old male surviving sibling (SS).

On 7/30/16, ACS initiated the CPS investigation by contacting medical and LE personnel. The obtained information from these collaterals deemed the SC's death suspicious. The SC suffered excessive blunt force trauma, skull fractures, bleeding in the brain, an optic and subdural hemorrhage. Also, ACS interviewed family members regarding the fatality and their statements confirmed the family believed the SC was possessed by evil spirits.

ACS and LE assessed the SS to be safe and free from injuries. Also, the SS was medically assessed and cleared. Due to the SC's non-accidental injuries, ACS sought judicial intervention to protect the SS. Consequently, ACS filed an Article 10 Neglect Petition in Queens Family Court. The court granted a removal for the SS and he was placed in non-Kinship family foster care under the supervision of New York Foundling (NYF). ACS and NYF developed a service plan for the SS. Additionally, ACS referred the parents for services. The parents agreed to participate in services.

On 9/29/16, ACS substantiated the allegations of the report against all of the household members. The ME ruled the



SC's death a homicide.

ACS made several contacts with LE. The LE personnel reported the criminal investigation into the SC's death was pending and an arrest had not been made. The SS continued to do well in foster care placement and visitation with his parents were going well. The parents were in receipt of services. At every casework contact, ACS utilized language services to engage family members who only communicated in Spanish.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** No, sufficient information was gathered to determine some allegations only.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

ACS became aware of information that the family failed to seek medical attention for the SC. This information supported the addition of the allegation of LMC to the report; however, ACS failed to include and address the allegation in the report.

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:

ACS failed to contact the priestess who performed the ritual on the SC.

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	ACS failed to contact and obtain relevant information from the priestess who performed rituals on the SC.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	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.

Issue:	Appropriateness of allegation determination
Summary:	The family reported that between 7/27/16 and 7/29/16, the SC was ill and did not eat. The family failed to seek medical attention for the SC; however, ACS failed to include and address the allegation in the report.
Legal Reference:	FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)
Action:	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: 07/30/2016

Time of Death: 07:53 AM

Time of fatal incident, if different than time of death: 07:00 AM

County where fatality incident occurred:

QUEENS

Was 911 or local emergency number called?

Yes

Time of Call:

07:00 AM

Did EMS to respond to the scene?

Yes

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

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

2

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	Aunt/Uncle	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	59 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	64 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	73 Year(s)

LDSS Response

On 7/30/16, the ACS Specialist initiated the investigation and contacted the hospital staff and the assigned detective. The hospital staff stated that the physical examination of the SC did not reveal any injury or sign of external trauma. The detective reported that based on preliminary findings, there was no evidence of criminality regarding the SC's death. The detective stated the SS was seen and assessed to be safe and free from injuries.

Later that same day, the Specialist interviewed the family at the case address. The statements provided by family members regarding the fatality confirmed the family believed the SC was possessed by evil spirits. They did not seek medical attention for the SC when she fell ill. The Specialist then visited the MU's home to assess the SS. The parents had arranged for the MU to temporarily care for the SS in lieu of their ongoing circumstance. The Specialist deemed the SS safe at the time of the visit. The MU stated he was willing to be a resource for the SS. ACS cleared the MU and his family in CONNECTION and a DIR clearance was completed.

On 7/31/16, the detective reported the SC's death had been classified as a homicide due to the non-accidental multiple skull fractures and subdural hemorrhage that the SC sustained. Due to the SC's injuries, the detective advised against the release of the SS to any relatives. Also on 7/31/16, the SS was medically assessed and cleared. Following the SS' medical clearance, he was temporarily placed at the children's center pending a permanent placement.

On 8/1/16, ACS held a child safety conference (CSC) and the CSC recommended judicial intervention to protect the SS. ACS then filed an Article 10 petition in Queens Family Court (QFC) against the parents. The QFC granted a removal of the SS and he was placed in non-Kinship care under the auspices of New York Foundling (NYF). Also, the QFC granted full stay away OOP for the SS against the parents.

Also on 8/1/16, the Specialist visited the family and they did not provide any new information about the incident. The relatives believed that the SC was possessed with evil spirit because of their cultural belief. The BM stated the SS did not have any medical or developmental issues.

On 8/3/16, the ME reported that the preliminary determination of the SC's death was homicide. According to the ME, toxicology results were pending.

On 8/4/16, the Specialist visited the SS at the foster home. The SS appeared to be adjusting to his new home and was deemed safe in the care of his foster mother (FM).

On 8/9/16, ACS held a transitional meeting with the parents at NYF. The parents agreed to participate in services. They



also agreed on visitation schedule for the SS.

On 8/22/16, the detective reported the BF had retained an attorney and had not been speaking to LE. The detective stated there had not been any arrest and that the criminal investigation remained open.

On 8/24/16, the children's Dr. reported that the children's medicals were current and that there were no concerns for the children.

Between 8/5/16 and on 9/14/16, ACS made several contacts with LE. The LE personnel reported that the criminal investigation into the SC's death was pending and an arrest had not been made.

On 8/25/16 and 9/15/16, the QFC held hearings regarding the Article 10 Petition against the family. The QFC recommended that the SS remained in non-Kinship care until the criminal investigation was completed. The QFC was concerned that potential relatives who might be a resource for the SS might have the same cultural belief. The NYF staff reported the SS was assessed to be safe in the care of the FM. He had adjusted to the family and was doing well in the home.

On 9/29/16, ACS added all of the family members who were in the home and substantiated the allegations of DOA/Fatality , L/B/W, II, FX and IG against the parents and IG against all of the adult household members.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external 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 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
034861 - Deceased Child, Female, 5 Mons	034864 - Father, Male, 36 Year(s)	Internal Injuries	Substantiated
034861 - Deceased Child, Female, 5 Mons	034866 - Grandparent, Male, 64 Year(s)	Inadequate Guardianship	Substantiated
034861 - Deceased Child, Female, 5 Mons	034865 - Aunt/Uncle, Female, 22 Year(s)	Internal Injuries	Unsubstantiated
034861 - Deceased Child, Female, 5 Mons	034865 - Aunt/Uncle, Female, 22	Fractures	Unsubstantiated



Mons	Year(s)		
034861 - Deceased Child, Female, 5 Mons	034862 - Mother, Female, 38 Year(s)	DOA / Fatality	Substantiated
034861 - Deceased Child, Female, 5 Mons	034867 - Grandparent, Female, 59 Year(s)	Fractures	Unsubstantiated
034861 - Deceased Child, Female, 5 Mons	034864 - Father, Male, 36 Year(s)	Lacerations / Bruises / Welts	Substantiated
034861 - Deceased Child, Female, 5 Mons	034865 - Aunt/Uncle, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated
034861 - Deceased Child, Female, 5 Mons	034866 - Grandparent, Male, 64 Year(s)	DOA / Fatality	Unsubstantiated
034861 - Deceased Child, Female, 5 Mons	034867 - Grandparent, Female, 59 Year(s)	DOA / Fatality	Unsubstantiated
034861 - Deceased Child, Female, 5 Mons	034865 - Aunt/Uncle, Female, 22 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
034861 - Deceased Child, Female, 5 Mons	034867 - Grandparent, Female, 59 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
034861 - Deceased Child, Female, 5 Mons	034901 - Grandparent, Female, 73 Year(s)	Inadequate Guardianship	Substantiated
034861 - Deceased Child, Female, 5 Mons	034866 - Grandparent, Male, 64 Year(s)	Fractures	Unsubstantiated
034861 - Deceased Child, Female, 5 Mons	034864 - Father, Male, 36 Year(s)	Fractures	Substantiated
034861 - Deceased Child, Female, 5 Mons	034866 - Grandparent, Male, 64 Year(s)	Internal Injuries	Unsubstantiated
034861 - Deceased Child, Female, 5 Mons	034867 - Grandparent, Female, 59 Year(s)	Internal Injuries	Unsubstantiated
034861 - Deceased Child, Female, 5 Mons	034865 - Aunt/Uncle, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
034861 - Deceased Child, Female, 5 Mons	034862 - Mother, Female, 38 Year(s)	Fractures	Substantiated
034861 - Deceased Child, Female, 5 Mons	034862 - Mother, Female, 38 Year(s)	Lacerations / Bruises / Welts	Substantiated
034861 - Deceased Child, Female, 5 Mons	034867 - Grandparent, Female, 59 Year(s)	Inadequate Guardianship	Substantiated
034861 - Deceased Child, Female, 5 Mons	034866 - Grandparent, Male, 64 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
034861 - Deceased Child, Female, 5 Mons	034864 - Father, Male, 36 Year(s)	DOA / Fatality	Substantiated
034861 - Deceased Child, Female, 5 Mons	034862 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
034861 - Deceased Child, Female, 5 Mons	034862 - Mother, Female, 38 Year(s)	Internal Injuries	Substantiated
034861 - Deceased Child, Female, 5 Mons	034864 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated



034868 - Sibling, Male, 1 Year(s)	034862 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
034868 - Sibling, Male, 1 Year(s)	034864 - Father, Male, 36 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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"/>
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"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
 On 8/1/16, ACS held a child safety conference (CSC) and the CSC recommended Family Court intervention to protect the SS. Following the CSC, ACS filed an Article 10 Neglect petition in Queens Family Court (QFC) against the parents. The QFC granted a remand of the SS and he was placed in non-relative foster care under the auspices of New York Foundling. Also, the QFC granted an OOP for the SS against the parents.

Legal Activity Related to the Fatality

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

- Family Court Criminal Court Order of Protection



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
08/01/2016	Adjudicated Abused	Care/Custody to Local Social Services District
Respondent:	034862 Mother Female 38 Year(s)	
Comments:		

Have any Orders of Protection been issued? Yes	
From: 08/01/2016	To: 03/02/2017
Explain: On 8/1/16, ACS filed an Article 10 Petition in Queens Family Court (QFC) to protect the surviving sibling. The QFC granted a removal of the SS to the ACS' Commissioner and a full stay away order of protection was issued against the parents.	

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 checked="" type="checkbox"/>	<input 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> 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)
08/27/2015	14025 - Sibling, Male, 6 Months	14021 - Mother, Female, 37 Years	Other	Unfounded	No
	14025 - Sibling, Male, 6 Months	14024 - Father, Male, 35 Years	Other	Unfounded	

Report Summary:

On 8/26/15, Queens Family Court (QFC) ordered ACS to conduct a Court Ordered Investigation to address DV incidents between the parents in the presence of their then six-month-old child. The parents had cross-filed for the custody of the child.

Determination: Unfounded **Date of Determination:** 10/26/2015

Basis for Determination:

ACS conducted the COI and submitted a report to QFC. ACS did not find any credible evidence to substantiate the allegation of "Other" for the child against the parents. During the COI, the BM reported verbal arguments between her and the BF; however, the arguments did not escalate to a physical altercation. The couple had one DIR which reflected



they were arguing and there was no arrest.

On 10/26/15, ACS closed the investigation and referred the family to Community Based Only Services.

OCFS Review Results:

ACS conducted the COI 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 family did not have any CPS history more than three years prior to the fatality.

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