



Report Identification Number: NY-17-047

Prepared by: New York City Regional Office

Issue Date: Nov 28, 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	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		



Case Information

Report Type: Child Deceased
Age: 3 year(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 05/07/2017
Initial Date OCFS Notified: 05/09/2017

Presenting Information

On 5/1/17, the SCR registered three reports alleging II, IG, LS, PD/AM, and SA of the subject child (SC), and IG of the five-year and six-month-old surviving siblings (SS). The BM, the MGM and the stepfather (SF) were the subjects of the report. On 5/2/17, the subsequent and duplicate reports were consolidated into the initial report.

The reports alleged at 4:30 A.M. on 5/1/17, the BM found the SC unresponsive. She called 911 and the MGM's paramour gave the SC CPR until EMS' arrival. EMS came to the home, continued CPR on the SC, and then transported her to the hospital. On 5/5/17, the SC was declared brain dead. Rectal damage and possible sex abuse were also found to the SC. On 5/7/17, the hospital staff pronounced the SC deceased. On 5/9/17, the SCR registered a subsequent report alleging DOA/FATL, II, and IG of the SC. The MGM, the BM and the SF were the subjects of the report. The SC did not have any preexisting medical conditions.

Executive Summary

On 5/1/17, the SC, who was an otherwise healthy child, ingested opiate substances while in the care of her BM, MGM and stepfather (SF). Per the case notes, at approximately 4:30 A.M., the BM found the SC unresponsive in the home covered in her vomit. The SC had a torn rectum which indicated a possible sex abuse. The BM called 911. EMS responded and found the home overcrowded and in deplorable conditions. There were empty bags of marijuana and bottles of pills in the parents' bedroom. EMS initially transported the SC to a nearby hospital and later transferred her to a specialized children's hospital for a higher level of care. On 5/5/17, the SC was evaluated and deemed brain dead but there was no trauma to her body. Upon further testing, a child abuse Dr. ruled out sexual abuse to the SC; however, she had methadone intoxication which induced her vomiting, caused her to stop breathing, and caused her brain damage. At an unspecified time on 5/7/17, the hospital staff pronounced the SC officially deceased. The preliminary cause of death was anoxic brain injuries leading to death. The ME's final autopsy report was pending. The SC was survived by her five-year and six-month-old brothers.

ACS initiated the CPS investigation within the mandated timeframe and the Specialist contacted the family and relevant collaterals. The information obtained from the family and the collaterals did not reveal any explanation about the SC's cause of death. ACS removed and medically assessed all the children in the home. The two SS had a skin condition and were given prescribed medication. There were no concerns for the MGM's three children. ACS also held a child safety conference (CSC) to protect the children. The attendees at the CSC agreed at the safety decision to file an Article 10 Petition in Bronx Family Court (BxFC) and request a remand for the children. Consequently, ACS filed an Article 10 Petition in BxFC. The BM, the SF and the MGM were the respondents in the petition. The BxFC remanded the children in the care of the ACS commissioner. The MGM's children were placed in kinship foster care under the auspices of Grand Windham and the SS were placed in non-kinship foster care under the supervision of Jewish Child Care Association.

On 7/31/17, ACS substantiated the allegations DOA/FATL, II, IG, LS, and PD/AM against the SC's caretakers. ACS based its decision on the information obtained from relevant collaterals during the investigation which reflected the SC ingested opiate substances while in the care of her BM, MGM and SF. The substances caused the SC to have anoxic brain injuries which lead to her death.

ACS unsubstantiated the allegation SA against the caretakers. The child abuse Dr. ruled out the SC was sexually abused. Per the Dr., the SC was given medication which caused her anal cavity to dilate. Due to the dilation of the SC's anus, it appeared that she was sexually assaulted.



At the time of completing this report, the family’s children remained in foster care and were doing well. The caretakers were actively engaged in services. The family was attending their scheduled supervised visits at the agency and there were no reported concerns. The final autopsy report was pending. The LE had not made any arrest regarding the SC’s death but the criminal investigation and family court case remained active.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

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 family was receiving services at the time of the fatality and continued to receive PPRS services at Jewish Child Care Association.

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: 05/07/2017

Time of Death: Unknown



Date of fatal incident, if different than date of death: 05/01/2017
Time of fatal incident, if different than time of death: 04:30 AM
County where fatality incident occurred: Bronx
Was 911 or local emergency number called? Yes
Time of Call: 04:30 AM
Did EMS respond to the scene? Yes
At time of incident leading to death, had child used alcohol or drugs? Yes
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:
 Drug Impaired Absent
 Alcohol Impaired Asleep
 Distracted Impaired by illness
 Impaired by disability Other:

Total number of deaths at incident event:
Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	49 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Other Child - MGM's child	No Role	Female	15 Year(s)
Deceased Child's Household	Other Child - MGM's child	No Role	Female	13 Year(s)
Deceased Child's Household	Other Child - MGM's child	No Role	Male	12 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Month(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Stepfather	Alleged Perpetrator	Male	23 Year(s)
Other Household 1	Father	No Role	Male	19 Year(s)

LDSS Response

On 5/1/17, the Specialist and the LE staff interviewed the family and they did not provide any explanation regarding the SC's condition and stated they did not notice anything unusual about the SC prior to the incident. The BM stated she was



bed-sharing with the SC when she found her unresponsive. The BM and the SF admitted to daily marijuana use but denied having any opiates in the home. They also disclosed having untreated clinical health conditions.

The SC's BF and paternal relatives reported not being involved with the SC due to verbal disputes with the maternal family.

On the same date, the LE and EMS staff stated that the family's home was filthy and "full of people" when they arrived at the home. The LE staff searched the home and found empty bags of marijuana and five different prescription medications. LE vouchered the medications and took them away for testing. The results were pending. The SF stated the bags of marijuana lying around in the room were from his prior use of marijuana. EMS told the Specialist the SC did not have any physical injuries or trauma but described her feet and hands as "dirty." The Specialist then visited the SC at the hospital. The SC was unconscious and placed on life support. The hospital staff stated the SC was brain dead but the cause of injuries were unknown.

ACS removed and medically assessed all the children from the MGM's home. The two SS had a skin condition and were given prescribed medication. There were no concerns for the MGM's children. ACS documented the five-year-old SS was diagnosed with autism and received school based services.

Later that same day, the family's PPRS worker reported concerns about the home being overcrowded. The PPRS agency, the Jewish Child Care Association (JCCA) involved with the family, provided in-home case management services.

On 5/3/17, ACS held a child safety conference (CSC) for the family. The attendees at the CSC agreed at the safety decision to file an Article 10 Neglect Petition in Bronx Family Court (BxFC) and requested a remand for all the SS in the home.

Following the CSC, ACS held a multidisciplinary team (MDT) conference at the Child Advocacy Center. The MDT ruled out sexual abuse and trauma to the SC.

On 5/8/17, the five-year-old SS' school staff did not report any concerns for the SS.

On 5/9/17, the SCR registered a subsequent report alleging DOA/FATL, II, and IG of the SC. The MGM, the BM and the SF were the subjects of the report. The investigation did not reveal which family member or other person was responsible for opiates being in the home as all of the family members denied opiate use. LE was also unable to establish who was responsible for the opiates the SC ingested.

Between 5/10/17 and 6/6/17, ACS made casework contacts with the family. The family did not provide any new information about the incident that led to the SC's death. During the period, the family had engaged in and complied with services.

On 6/8/17, the MGM's children's godmother no longer wanted to care for the girls due to their disrespectful behavior. ACS identified and cleared a new kinship resource for the children. On 6/15/17, the children were replaced into the new foster care home.

On 7/3/17, the LE staff reported that the results of the autopsy were still pending and there was no new information about the criminal investigation.

On 7/31/17, ACS substantiated the allegations DOA/FATL, II, IG, LS, and PD/AM against the SC's caretakers. ACS unsubstantiated the allegation SA against the caretakers.

Official Manner and Cause of Death



Official Manner: Accident

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)? Yes

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
041221 - Deceased Child, Female, 3 Yrs	041283 - Stepfather, Male, 23 Year(s)	Internal Injuries	Substantiated
041221 - Deceased Child, Female, 3 Yrs	041283 - Stepfather, Male, 23 Year(s)	DOA / Fatality	Substantiated
041221 - Deceased Child, Female, 3 Yrs	041281 - Mother, Female, 22 Year(s)	DOA / Fatality	Substantiated
041221 - Deceased Child, Female, 3 Yrs	041283 - Stepfather, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
041221 - Deceased Child, Female, 3 Yrs	041281 - Mother, Female, 22 Year(s)	Internal Injuries	Substantiated
041221 - Deceased Child, Female, 3 Yrs	041281 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
041221 - Deceased Child, Female, 3 Yrs	041463 - Grandparent, Female, 49 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities

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



Child Fatality Report

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 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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 5/4/17, ACS filed an Article 10 Petition in Bronx Family Court (BxFC). The BM, the SF and the MGM were the respondents in the petition. The BxFC granted a remand for all the children.				

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:
05/04/2017	Adjudicated Abused	There was not a disposition
Respondent:	041281 Mother Female 22 Year(s)	
Comments:	ACS filed an Article 10 Petition in Bronx Family Court (BxFC). The caretakers were the respondents in the petition. The BxFC granted a remand for all the children in the home. The caretakers were granted supervised visit with the children. The BxFC also directed the respondents to submit to drug tests. The Petition remained active in BxFC.	

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 checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input checked="" 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? Yes

Explain:

Services were provided to the SS and other children in the household. The children were removed into non-kinship foster care.

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

Explain:

The parents engaged in clinical services and bereavement services.

History Prior to the Fatality

Child Information

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

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)
05/01/2017	Deceased Child, Female, 3 Years	Other - MGM's Paramour, Male, 71 Years	Inadequate Guardianship	Unfounded	No
	Other - MGM's Grandson, Male, 5 Years	Mother, Female, 22 Years	Inadequate Guardianship	Indicated	



Deceased Child, Female, 3 Years	Mother, Female, 22 Years	Internal Injuries	Indicated
Deceased Child, Female, 3 Years	Grandparent, Female, 49 Years	Inadequate Guardianship	Indicated
Deceased Child, Female, 3 Years	Mother's Partner, Male, 23 Years	Inadequate Guardianship	Indicated
Other - MGM's Grandson, Male, 5 Years	Mother's Partner, Male, 23 Years	Inadequate Guardianship	Indicated
Sibling, Male, 6 Months	Grandparent, Female, 49 Years	Inadequate Guardianship	Indicated
Deceased Child, Female, 3 Years	Other - MGM's Paramour, Male, 71 Years	Lack of Supervision	Unfounded
Deceased Child, Female, 3 Years	Mother's Partner, Male, 23 Years	Parents Drug / Alcohol Misuse	Indicated
Deceased Child, Female, 3 Years	Grandparent, Female, 49 Years	Internal Injuries	Indicated
Deceased Child, Female, 3 Years	Mother's Partner, Male, 23 Years	Internal Injuries	Indicated
Deceased Child, Female, 3 Years	Other - MGM's Paramour, Male, 71 Years	Inadequate Guardianship	Indicated
Deceased Child, Female, 3 Years	Grandparent, Female, 49 Years	Lack of Supervision	Indicated
Deceased Child, Female, 3 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Indicated
Deceased Child, Female, 3 Years	Grandparent, Female, 49 Years	Sexual Abuse	Unfounded
Deceased Child, Female, 3 Years	Other - MGM's Paramour, Male, 71 Years	Sexual Abuse	Unfounded

Report Summary:

On 5/1/17, EMS found the SC in her vomit with dirty hands, feet and neck. She was also found to have suffered severe brain injury and anoxic injuries. A testing of the SC's urine showed she ingested opiate substances which subsequently lead to her being declared brain dead on 5/5/17. The SC's caretakers were unable to explain how the SC had access to methadone.

The family's six-month-old SS was medically examined and found to have severe diaper rash and scabies. The five-year-old SS also had scabies. The family could not explain how the two SS obtained the scabies and such a severe diaper rash. The family resided in the MGM's home at the time.

Determination: Indicated

Date of Determination: 07/31/2017

Basis for Determination:

The parents reported they were under the influence of illegal substances while caring for their children including the night the SC became unresponsive. The SP tested positive for marijuana and reported he had several baggies of marijuana lying around in the room. These were within the SC's reach. Five bottles of pills were found in the parents' room, which were left within the SC's reach. The home was in deplorable conditions. Due to the caretakers' inability to appropriately supervise the SC, she was able to ingest methadone. The MGM was aware the parents were under the influence while caring for their children but was unable to protect the SC from the maltreatment of her parents.

OCFS Review Results:

ACS conducted the investigation appropriately.



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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/03/2016	Other Child - MGM's Child, Female, 13 Years	Other - MGM's Paramour, Male, 70 Years	Educational Neglect	Unfounded	No
	Other Child - MGM's Child, Female, 13 Years	Grandparent, Female, 49 Years	Educational Neglect	Indicated	

Report Summary:
 There was a concern that the MGM's then thirteen-year-old daughter's excessive absences and lateness to school placed the child at risk of failure. The parents were aware and were non-responsive to this concern.

Determination: Indicated **Date of Determination:** 07/01/2016

Basis for Determination:
 The child reported that the MGM did not always wake her up for school on time. The MGM reported that the child told her school started at 8:15 A.M. when it started at 7:55 A.M. The MGM should have inquired from the school directly what the school start time was.

The ED/NG allegation was not substantiated against the child's BF because he resided out of the home and was unable to wake up child in the morning to ensure she attended school daily and on time.

OCFS Review Results:
 ACS conducted the investigation appropriately.

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

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

Between 4/15/99 and 6/20/12, the MGM was the subject in thirteen indicated cases with the allegations; ED/NG, IG, IFCS, LMC and LS. The MGM was listed as having no role for a case indicated against her ex-husband in 2014 for the allegation SA of her now sixteen-year-old daughter. The case records indicated the MGM obtained an OOP against her ex-husband on the child's behalf and he was arrested in October 2014.

On 5/21/12, the BM was known as a non-confirmed subject in a companion case to the MGM with the allegation OTH/COI. The PGM of the BM's then two-month-old son had petitioned the Family Court seeking custody of her grandson. She reported concerns regarding the parent's ability to care for the infant. Brooklyn Family Court ordered a COI regarding the PGM's petition. During the investigation, ACS added and indicated the allegation of IG against the child's BF due to his history of DV. ACS unsubstantiated the allegation of IG against the BM. ACS determined the BM was a victim of DV and she was not aware of the OOP that she had against the BF. The BM enforced the OOP and put the BF out of the home once she became aware.

ACS held a child safety conference and a detailed service plan was developed for the family. The family agreed to engage in services and the MGM was willing to enforce the OOP. Also, the BM agreed to obtain a clinical health evaluation and was referred for parenting and vocational services.

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 preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 08/12/2016

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: 08/12/2016

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"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If not, how many days was it overdue?**

The approval of the most recent FASP was more than three months overdue. The FASP was completed on 7/27/17. At the time of writing this report, the FASP had not been approved.

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"/>

Provider

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

Additional information, if necessary:

There was a concern that the MGM's then thirteen-year-old daughter's excessive absences and lateness to school placed the child at risk of failure. On 8/12/16, the family signed up for PPRS services with Jewish Child Care Association to address this concern.

Preventive Services History

Between 7/24/12 and 7/25/13, the family received DV, clinical health/emotional stability, parenting skills, employment/vocational skills, early intervention, educational services, and decision making/problem solving skills services at Dominican Sisters Family Life Program (DSFLP). Per the case records, the family cooperated with the service plan. The family appeared stable and there had been some behavioral improvements within the family. On 7/25/13, the DSFLP ended services to the family and closed the case.

At the time of the fatality, the MGM was in receipt of general preventive services with Jewish Child Care Association since 8/12/16, due to the MGM's then thirteen-year-old daughter not attending school. Also, there were concerns for over crowdedness in the home. During several home visits, the case planner observed the BM in the home which prompted concerns about her residing with the MGM. Per the case records, the family was compliant with services and there were no safety concerns for the children in the home. The MGM reported that the BM, her paramour, and the now SC no longer lived with her and that the home was no longer overcrowded.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Foster Care Placement History

There is no record of foster care placement 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