



**Report Identification Number: NY-18-084**

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

**Issue Date: Feb 15, 2019**

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 year(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** 01/05/2018  
**Initial Date OCFS Notified:** 08/17/2018

## Presenting Information

The 5-month-old SC was born with a severe medical condition which required constant special medical monitoring, including attending routine doctor's appointments. The SC was supposed to undergo 3 surgical procedures to treat her condition. The biological parents (BPs) were aware of the severity of the SC's condition and the need for follow up with the appointments and procedures but they failed to take the SC for her appointments and did not follow through with the surgical procedures. The BPs also failed to connect the SC to medical equipment that she needed to monitor her condition. On 1/5/18, the BM awoke and found the SC unresponsive. EMS were contacted but the SC could not be revived. The SC's cause of death was heart failure due to lack of medical care and procedures for the SC. The report also alleged the BM physically disciplined her children. The children sustained bruises to their bodies. Further, the report alleged there was domestic violence in the home between the parents.

## Executive Summary

The 5-month-old SC died on 1/5/18 due to a pre-existing medical condition. The SC was born with severe medical complications and was expected to only live for 24 hours. According to the SC's death certificate, the SC died of natural causes. At the time of the SC's death, the medical team did not request an autopsy as there were no signs of abuse or maltreatment to the SC.

The BM resided in a New York City Housing Authority three-bedroom apartment with the SC and the 8, 9 and 10-year-old SS. Also, the BM had a 6-year-old special needs child. The BM and the BF had the SC in common. The 6 and 8-year-old SS' BF resided in Nassau County and was actively involved with the family. Through a family arrangement, the 6-year-old SS lived with his BF to relieve the BM. The BM had to care for the SC who suffered frequent hospitalization at the time. The SS had weekend visits with the BM. The 9-year-old SS' BF was in prison out-of-state. The whereabouts of the 10-year-old SS' BF were unknown.

On 8/17/18, ACS initiated the CPS investigation by contacting the family, medical providers and LE. The BM denied she physically disciplined her children. The SS denied physical discipline by the BM. ACS assessed the 3 SS and deemed them safe. The Nassau County Police Department also assessed the 6-year-old SS to be safe in his BF's care. The medical team who cared for the SC prior to her passing did not report the BM was negligent in her care for the SC. The BM was attentive to the SC's needs and took the SC to all medical appointments. Additionally, the children's pediatrician and school did not report any concerns. The SS were in receipt of school based services due to them having IEPs.

During the investigation, ACS held a child safety conference (CSC). The CSC determined there was no evidence that the BM neglected any of her children. The CSC recommended PPRS services to the family which the BM declined, stating she wanted no further involvement with ACS. The participants at the CSC also discussed a safety plan with the BM regarding seeking an OOP due to having DV issues with the BF. The BM declined and stated the BF had since relocated out of state and was not in contact with the family.

On 10/16/18, ACS unsubstantiated the allegations of the report. ACS based its decision on the information obtained during the investigation which indicated the BM did not neglect her children.

## 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? Yes

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:

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### 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: 01/05/2018

Time of Death: 05:11 PM

County where fatality incident occurred:	Kings
Was 911 or local emergency number called?	Yes
Time of Call:	Unknown
Did EMS respond to the scene?	Yes
At time of incident leading to death, had child used alcohol or drugs?	No
Child's activity at time of incident:	



- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

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

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

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	10 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	9 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	8 Year(s)

### LDSS Response

On 8/17/18, ACS interviewed the PGM who blamed the SC's death on the BM for not feeding the SC properly. She stated that on 8/16/18, the BM gave birth to a newborn and that the child died. She reported DV between the parents and that the BM physically disciplined her children.

On 8/18/18, the BM disclosed that she and the 9-year-old SS were out of state visiting with relatives. She did not give an address of her location. She stated the 3 SS were in Nassau County with their PGM. She also did not provide an address for the PGM. She reported being harassed by the paternal family as they called false reports on her. She said the PGM had threatened her via a text message that she was going to report to ACS that she killed the SC. She stated the ongoing CPS investigation was her third since her daughter died and the family had been traumatized by what they were going through. She denied she abused her children. She stated on 8/15/18, she went to the ER because she felt pregnant. She was medically assessed and deemed not pregnant. She agreed to return home on 8/19/18 to address the reported concerns.

Also on 8/18/18, Nassau County Police Department (NCPD) assessed the 8 and 6-year-old SS and deemed them safe. NCPD was unable to assess the oldest SS. He was reportedly with his PGM in Brooklyn.

On 8/19/18, ACS visited the BM at the case address. The BM repeated her previous statements about the circumstances that led to the SC's death. She said the hospital did not contact ACS because there was no sign of abuse to the SC. Also, the ME and the ER Dr. determined an autopsy to the SC's death was not required. She continued to deny she abused her children. ACS assessed the 9 and 10-year-old SS to be safe at the time of the visit. The BM did not allow ACS to interview the 2 SS. She said they did not have anything to do with the lies that were reported.

On 8/20/18, the family's previous worker did not report any concerns for the family. The worker said the children were happy and well behaved,



ACS then visited the family. The BM stated she did not receive prenatal care when she was pregnant because she was not sure if she wanted to keep the baby. The BM declined ACS' offer of grief therapy. ACS documented the family's home did not pose any safety or health hazards.

Later that same day, the PGM denied the BM hurt her children.

On 8/21/18, the PA blamed the BM for not seeking medical assistance for the SC in a timely manner. She stated the BM had a miscarriage by not seeking prenatal care. She stated she had observed the BM beat the 9-year-old SS very severely and kept her home from school. She reported being concerned about the safety of the BM's children.

On 8/21/18, the BM provided ACS copies of the SC's medical records and death certificate. ACS addressed the new concerns that the BM severely beat the 9-year-old SS and kept her out of school. She stated she could no longer take the harassment from the paternal relatives. She said ACS had previously investigated the concern and the SS denied the allegation.

Between 8/21/18 and 10/11/18, ACS made casework contacts with the family, school medical providers. Based on information obtained, there was no evidence that the BM hurt any of her children or abused/maltreated the SS. ACS assessed all the SS and deemed them safe. The BM declined services and further ACS intervention. She also declined to obtain an OOP against the BF. She stated the BF had since relocated out of state was no longer in contact with the family.

On 10/16/18, ACS unsubstantiated the allegations of the report.

### Official Manner and Cause of Death

**Official Manner:** Natural

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

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

### Multidisciplinary Investigation/Review

**Was the fatality 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
049101 - Deceased Child, Female, 1 Yrs	049103 - Father, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated
049101 - Deceased Child, Female, 1 Yrs	049102 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
049101 - Deceased Child, Female, 1 Yrs	049103 - Father, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
049101 - Deceased Child, Female, 1 Yrs	049103 - Father, Male, 26 Year(s)	Lack of Medical Care	Unsubstantiated



# Child Fatality Report

049101 - Deceased Child, Female, 1 Yrs	049102 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
049101 - Deceased Child, Female, 1 Yrs	049102 - Mother, Female, 27 Year(s)	Lack of Medical Care	Unsubstantiated
049104 - Sibling, Male, 10 Year(s)	049102 - Mother, Female, 27 Year(s)	Excessive Corporal Punishment	Unsubstantiated
049104 - Sibling, Male, 10 Year(s)	049102 - Mother, Female, 27 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
049104 - Sibling, Male, 10 Year(s)	049102 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
049105 - Sibling, Female, 8 Year(s)	049102 - Mother, Female, 27 Year(s)	Excessive Corporal Punishment	Unsubstantiated
049105 - Sibling, Female, 8 Year(s)	049102 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
049105 - Sibling, Female, 8 Year(s)	049102 - Mother, Female, 27 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
049106 - Sibling, Female, 9 Year(s)	049102 - Mother, Female, 27 Year(s)	Excessive Corporal Punishment	Unsubstantiated
049106 - Sibling, Female, 9 Year(s)	049102 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
049106 - Sibling, Female, 9 Year(s)	049102 - Mother, Female, 27 Year(s)	Lacerations / Bruises / Welts	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 checked="" type="checkbox"/>	<input 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"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<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 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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? 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	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"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input 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"/>

**Additional information, if necessary:**  
The SM declined all offers for services from ACS.

**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? No**

**Explain:**  
The BM declined services for the family.

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

**Explain:**  
The BM declined services for the family.



## History Prior to the Fatality

### Child Information

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/08/2018	Sibling, Male, 10 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 10 Years	Mother, Female, 27 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

**Report Summary:**

There was a concern that the BM's 10-year-old child had circular swelling to his forehead that was painful to the touch. The child's injury appeared to be inflicted and was sustained in the home.

**Report Determination:** Unfounded

**Date of Determination:** 07/09/2018

**Basis for Determination:**

All the children in the home denied that the 10-year-old child sustained an injury. They also denied the BM used corporal punishment to discipline them. ACS assessed the child and the child did not present with any marks or bruises old or healing.

**OCFS Review Results:**

Based on the information documented the determination was appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/27/2018	Sibling, Male, 5 Years	Mother's Partner, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 5 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The report alleged the 5-year-old child lived with his bio-father (BF) out of New York City and he also visited his BM's home. There was DV in the BM's home which had occurred in the presence of the child. The child had witnessed the BM and her boyfriend hitting each other. On another occasion, the child witnessed the BM's boyfriend hitting the BM in the back of her leg. The child also saw the BM's boyfriend push the BM down a flight of stairs. The child was scared and



cried during the DV incidents. The BM's boyfriend was also hitting the child in the face and flicking the child on his hands.

**Report Determination:** Unfounded

**Date of Determination:** 03/21/2018

**Basis for Determination:**

The family and the other children in the home denied the allegations. They also denied any history of DV in the home. They stated the 5-year-old child had not been at the home in several months. The family reported the child had a history of making false allegations to school staff. During follow up home visits by ACS, the family continued to deny the allegations and the child had not been to the BM's home. ACS assessed all the other children in the home and deemed them safe.

**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)	Allegation Outcome	Compliance Issue(s)
01/18/2017	Deceased Child, Female, 5 Months	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 5 Months	Mother, Female, 26 Years	Lack of Medical Care	Unsubstantiated	

**Report Summary:**

The report alleged the 5-month-old now deceased SC had been diagnosed with having a medical condition. The BM was not following the medical recommendations for the SC's condition. The SC had had surgery once for her condition and needed at least two more surgeries. If the SC did not get these surgeries she was going to die.

**Report Determination:** Unfounded

**Date of Determination:** 03/17/2017

**Basis for Determination:**

ACS contacted various collaterals including the medical providers and the specialist. They denied the BM missed appointments for the SC. During the investigation, the took the SC to 2 follow up appointments. ACS observed all the children for marks and bruises at all visits to the home, and there were no concerns noted.

**OCFS Review Results:**

ACS conducted the investigation appropriately. ACS made adequate casework contacts with relevant collaterals during the investigation. The allegations of the reports were appropriately unsubstantiated.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/31/2016	Sibling, Male, 8 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	



# Child Fatality Report

Sibling, Male, 8 Years	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 5 Years	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 4 Years	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 6 Years	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Unsubstantiated

**Report Summary:**

The report alleged the BM's boyfriend was regularly found in the home and stayed overnight. The 6-year-old child had come in a room and saw them having sex. The BM's boyfriend became angry with the child and pulled her on the ear and her ear was red. The BM's boyfriend had driven the children to school and had flicked them on their head and hit them. When the BM was with the children, she had either been sleeping or on the phone, not caring for them. There had been lack of food in the home at times and the children had been hungry.

**Report Determination:** Unfounded

**Date of Determination:** 05/30/2016

**Basis for Determination:**

ACS did not find any credible evidence to substantiate the allegations of the report against the BM and her boyfriend. The BM provided a reasonable minimum care for her children. During the investigation and on all ACS' visits to the family, the children's needs were met. They were not in any imminent danger of harm. The children and other family members denied the allegations in the report. ACS observed that the BM provided good overall quality of care for the children. The BM's boyfriend did not live in the home and did not provide childcare responsibilities for the children. The BM's boyfriend used to visit the family years prior but he no longer visited.

**OCFS Review Results:**

Based on the information documented the determination was appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/11/2015	Sibling, Male, 7 Years	Mother, Female, 25 Years	Sexual Abuse	Unsubstantiated	No
	Sibling, Male, 7 Years	Mother's Partner, Male, 42 Years	Sexual Abuse	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 7 Years	Mother's Partner, Male, 42 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 25 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 7 Years	Mother's Partner, Male, 42 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 25 Years	Sexual Abuse	Unsubstantiated	
	Sibling, Female, 6 Years	Mother's Partner, Male, 42 Years	Sexual Abuse	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 25 Years	Lack of Supervision	Unsubstantiated	



# Child Fatality Report

Sibling, Female, 6 Years	Mother's Partner, Male, 42 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 6 Years	Mother's Partner, Male, 42 Years	Inadequate Guardianship	Substantiated

**Report Summary:**

The report alleged the 7-year-old male SC exhibited sexual behaviors. He was making his 6-year-old sister perform oral sex on him. The bio-parents (BPs) were made aware of the situation; however, they left the children home alone and unattended. As a result, the sexual abuse continued. The 6-year-old child was diagnosed with developmental delays that required services. The BM and the 6-year-old child's biological father (BF) were the subjects of the report.

**Report Determination:** Indicated **Date of Determination:** 11/10/2015

**Basis for Determination:**

ACS substantiated the allegation IG of the 6-year-old SC by the BM. The SC had an IEP and received school-based services. She was interviewed at the CAC and was recommended to be examined by an outside service provider due to her disclosing that she had been hit by the BM. The BM declined to provide the child with additional services to address the child's concerning behavior.

ACS did not find credible evidence to substantiate the allegations IG, LS, and SxAB of the 2 children by the BF. The BF was not involved with the family and did not reside in the home. ACS unsubstantiated the allegation IG of the 7-year-old child and LS, and SxAB of the 6-year-old SC by the BM.

**OCFS Review Results:**

ASC' determination was appropriate given the information obtained during the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/18/2015	Sibling, Female, 4 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 4 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

There was a concern that there was no food in the home and the BM's 7, 6 and 4-year-old children were missing meals as a result. The 3 children had lost weight over the past six months and appeared thin. The BM was unable to provide the children with adequate food to eat. Additionally, the 3 children often appeared dirty. The BM failed to bathe the children regularly and failed to wash their clothing.

**Report Determination:** Unfounded **Date of Determination:** 08/15/2015

**Basis for Determination:**

During the investigation, the BM reported she provided more than enough food and appropriate services for her children. ACS visited the home and observed an adequate supply of food in the home on all visits. ACS observed the children to



be clean and well-nourished. The children were properly attended to and always with the BM. The 7-year-old child stated he and his siblings were fed regularly. The child was receiving school-based services and his siblings were enrolled in EI services. The medical provider did not have concerns for the children's well-being. ACS closed the case and referred the family to Community Based Organization services.

**OCFS Review Results:**

Based on the documentation, the decision to unsubstantiate the allegation of the report was appropriate. The BM provided more than enough food and appropriate services for her children. She had enrolled with Personal Touch Early Intervention for the 6 and 4-year-old children where she was referred for Medical Services Coordination and Home Care. Also, the 7-year-old child was in receipt of school-based services.

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

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

Between 5/1/08 and 3/11/11, the BM was known as a subject in 7 SCR reports which included 4 indicated cases, 2 unfounded cases, and 1 suspended case. The allegations of these reports were IG, LS and ExCP. Also, there were concerns of DV between the BM and the fathers of her children.

**Known CPS History Outside of NYS**

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

**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