



Report Identification Number: NY-17-021

Prepared by: New York City Regional Office

Issue Date: Jul 25, 2017

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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		
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-Cardiopulmonary 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-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	

Case Information



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

Jurisdiction: Bronx
Gender: Male

Date of Death: 02/27/2017
Initial Date OCFS Notified: 02/27/2017

Presenting Information

The 2/27/17 SCR report alleged the 5-year-old SC had a pre-existing medical condition. The report also alleged the SM and the PS put the SC to sleep during the night at an unknown time and found the SC unresponsive at 6:23 AM on 2/27/17. The SC had blood coming from his nose and rigor had set in. The SC was pronounced dead on 2/27/17 at 6:57 AM. The cause of death was unknown and there was no explanation provided. The SM and PS refused to provide any explanation or details regarding the last time the SC was seen alive. The SM and PS were expressionless and indifferent. The SM and PS were made the alleged subjects upon the completion of the investigation.

Executive Summary

This 5-year-old SC died on 2/27/17. According to the ME, the SC's cause of death was pending further studies. As of 7/24/17, NYCRO has not yet received the autopsy report.

The allegations of the 2/27/17 report were DOA/Fatality, II and IG of the SC by the SM and PS.

On 2/27/17, the ACS Specialist interviewed the SM and PS regarding the circumstances surrounding the death of the SC. According to the SM, on 2/26/17, the SC had a runny nose and the SS were sick. The SM administered an over the counter (OTC) medication as the SC had a high temperature. The SM put the children to sleep around 8:00 PM; however, the SC and SS did not fall asleep until about 10:00 PM. The SM placed a blanket over the SC and he went to sleep face down on the bed. On 2/27/17, around 6:00 AM the SM observed the SC was unresponsive. The SM called 911 at 6:23 AM and the operator provided CPR instructions. The SM performed CPR until EMS arrived at 6:27 AM. The SS remained in the home with the PS as EMS escorted the SC and SM to the hospital. The SC arrived to the St. Barnabas Hospital ER at 6:39 AM. The ER staff continued life saving measures on the SC until he was pronounced dead at 6:57 AM.

The Specialist observed the home and found there were adequate sleeping arrangements for all family members. The home was neat, clean and free of any foul odors. The family had a sufficient supply of provisions for all the children. There were no safety hazards in the home.

During the investigation, the Specialist made sufficient face-to-face contact with the SM, PS and all SS in the home as well as relevant collateral contacts with relative and service providers. The SM appropriately responded during interviews and was cooperative. On 2/28/17, ACS opened the Family Services Stage (FSS) and the SM was receptive to offered services; however, on 4/10/17, the SM declined services.

ACS successfully observed the SS in the home and at the DC on 5/10/17 and 6/22/17, respectively. The SS appeared well cared for by the SM. There were no safety concerns or hazards noted. During the visits, the Specialist observed positive interactions between the SM and SS. The SM revealed she and the children no longer had contact with the PS.

On 7/21/17, ACS unsubstantiated all allegations of the SC by the SM and PS on the basis there was no credible evidence to support the allegations as former and current providers denied concerns for the SM's care of her children. The SM had the ability to care for and meet the needs of her children. According to the medical record, the SM was compliant with visits and recommendations for the SC.

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? No

Explain:

The Specialist gathered sufficient information to make determination for all allegations including those on the intake report in the course of the investigation. ACS' decision to unsubstantiated the allegations of the report was appropriate and commensurate with case circumstances

Required Actions Related to the Fatality

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

Issue:	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	The review revealed the 24-Hour Child Fatality Summary Report and the corresponding 24-Hour safety assessment documents were not approved within the required timeframe of 24 hours of receipt of the 2/27/17 report.
Legal Reference:	CPS Program Manual, VIII, B.1, page 2
Action:	ACS must submit a performance improvement plan within 45 days that identifies the action the agency will take or took to address the citations 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:	Timeliness of completion of FASP
Summary:	According to the record, the FSS was opened on 2/28/17. The initial and comprehensive FASPs due on 3/30/17 and 5/29/17 were not launched.



Legal Reference:	18 NYCRR428.3(f)
Action:	ACS must submit a performance improvement plan within 45 days that identifies the action the agency will take or took to address the citations 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: 02/27/2017

Time of Death: 06:57 AM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

06:23 AM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Mother -	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Mother's Partner -	Alleged Perpetrator	Male	44 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Other Household 1	Father	No Role	Male	40 Year(s)

LDSS Response

On 2/27/17, LE stated the home was observed as appropriate. The three SS were observed and appeared well. The SS remained in the home with the PS as the ambulance escorted the SC and SM to the St. Barnabas Hospital. There appeared to be no foul play and there were no arrests made.

The MGM denied there were concerns about the SM's ability to care for the children. The MGM said the SM provided adequate care to meet the children's needs.

The Specialist assessed the SS in the family home. The SS appeared to be comfortable in the home, had positive interaction and were affectionate towards the SM and PS. The SSs appeared well cared for as they were observed to be appropriately dressed and free of marks and bruises. The Specialist noted the female twin had developmental needs as she was unable to communicate more than two words at a time. The SS were not aware of the SC's death and did not appear to understand the SC had died.

According to the BF, he was aware of the SC's medical conditions and disabilities. The BF reported he visited his children at least two to three times per week; however, he admitted he had not consistently visited his children within the last year.

On 2/28/17, the ME reported that the autopsy was negative and no injuries were observed on the SC's body.

According to collateral contacts, the children were heard playing throughout the day. The collateral contacts denied knowledge of drug use by the SM or observations of a high volume of traffic in and out of the home. The collateral contacts denied having concerns regarding the care the SM provided to the children.

On 2/28/17, the SM denied the SC was prescribed medication for the preexisting medical condition. The SM explained that the SC was prescribed medication where it was taken on an as needed basis in the event the SC had an episode longer than 5-minutes. The SM denied a need to administer the medication to the SC as the SC's episodes generally lasted less than a minute. The PS's description of events supported the SM's statement.

On 3/1/17, the children's Dr. denied knowledge of safety concerns for the children. The Dr. said the SM was compliant with all appointments and referrals to a medical specialist. The Dr. denied having observed any marks or bruises on any of the children, negative interactions between SM and the children or the SM under the influence of drugs or alcohol. The Dr. said the SC and the twins had been diagnosed with disabilities and were actively engaged in EI services.

On 3/1/17, the BF attended the Initial Child Safety Conference (ICSC). The BF had no safety concerns regarding the care the SM provided to the children. ACS offered the BF services; however, the BF refused.

On 3/2/17, the SM attended a separate ICSC at the LDSS office. The strengths and resources of the family were discussed and services were offered. The SM was cooperative and receptive of offered services.

On 4/10/17, the SM participated in the Family Team Meeting (FTM) held at the LDSS office. There were no safety concerns and there was no court intervention. ACS offered services and referral to the SM; however, she refused all offered services.

On 5/10/17, the Specialist assessed the SS who appeared well cared for and the home was free of hazards. The SM stated the BF continued to visit the children and the visits were satisfactory. The SM denied further contact with the PS.

On 7/21/17, the FSS stage was closed as the SM had declined services as the SS were enrolled in Early Intervention and DC services.



Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

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 previously approved protocols for joint investigation.

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

Comments: There is no OCFS approved Child Fatality Review Team in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
039381 - Deceased Child, Male, 5 Year(s)	037801 - Mother, Female, 34 Year(s)	Internal Injuries	Unsubstantiated
039381 - Deceased Child, Male, 5 Year(s)	037801 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
039381 - Deceased Child, Male, 5 Year(s)	037802 - Mother's Partner, Male, 44 Year(s)	DOA / Fatality	Unsubstantiated
039381 - Deceased Child, Male, 5 Year(s)	037802 - Mother's Partner, Male, 44 Year(s)	Inadequate Guardianship	Unsubstantiated
039381 - Deceased Child, Male, 5 Year(s)	037802 - Mother's Partner, Male, 44 Year(s)	Internal Injuries	Unsubstantiated
039381 - Deceased Child, Male, 5 Year(s)	037801 - Mother, Female, 34 Year(s)	DOA / Fatality	Unsubstantiated

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

ACS offered bereavement and burial services to the SM as well as Homemaking, play therapy and EI referrals. The SM accepted the burial assistance; however, she refused bereavement and Homemaking services. The SS were receiving EI and other supportive service in DC.

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?

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? Yes

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)
04/05/2016	Sibling, Female, 2 Years	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	Yes
	Sibling, Male, 2 Months	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 2 Months	Mother's Partner, Male, 25 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 4 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 2 Years	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 2 Months	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Deceased Child, Male, 4 Years	Mother's Partner, Male, 25 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 2 Years	Mother's Partner, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 2 Years	Mother's Partner, Male, 25 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 4 Years	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 2 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 2	Mother, Female, 33	Inadequate Guardianship	Unfounded	



	Years	Years			
	Deceased Child, Male, 4 Years	Mother's Partner, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 2 Years	Mother's Partner, Male, 25 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 2 Years	Mother's Partner, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 2 Months	Mother's Partner, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

The 4/5/16 SCR report alleged on an ongoing daily basis, the SM was using marijuana to the point of impairment while the sole caretaker of the SC, twins and 2-month-old infant. The SM became impaired and she was unable to adequately care for the children or tend to their needs. The SM also purchased marijuana in the immediate presence of the children.

Determination: Indicated

Date of Determination: 05/26/2016

Basis for Determination:

ACS unsubstantiated the allegations of IG and PD/AM of the SC, twins and 2-month-old infant by the SM and PS on the basis the SM was able to provide adequate care and provisions to the children. The PS was not legally responsible for the children. The SM refused to submit to a drug screen. ACS had not observed drug paraphernalia or trafficking in or around the home. The SM was not observed under the influence of any drug or alcohol.

OCFS Review Results:

The results of this review showed ACS entered timely progress notes and assessments, made relevant collateral contacts with PPRS CP, schools, medical Dr. and made face-to-face casework contacts with the SM and children in the home. The family was receiving therapeutic services, Homemaking, Early Intervention (EI) and DC services.

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

Issue:

Failure to provide notice of report

Summary:

The ACS case record did not reflect whether the agency provided a Notice of Existence of a report to the SM, PS or the BF of the children.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

ACS must submit a performance improvement plan within 45 days that identifies the action the agency will take or took to address the citations 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.

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

The family was known to the SCR and ACS in a report dated 12/5/13. The allegation of the report was IG of the surviving children by the SM. On 1/31/14, ACS unsubstantiated the allegation on the basis that there no credible evidence to support the allegation of IG. The ACS staff had observed the basic needs of the children were being met and the children



did not have marks/bruises. The medical providers had informed ACS that the SM followed up with medical appointments for the children. The family had been receiving Homemaking and other services.

Known CPS History Outside of NYS

There was no 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

The FSS was opened on 11/23/13 prior to the 12/5/13 investigation. The SM acknowledged she was overwhelmed while she was pregnant with the twins and caring for the then 19-month-old SC. The SM had concerns regarding the difficulty of getting the children to school without support services. The SM was referred for Visiting Nurse and Homemaking services through the Catholic Guardian Society agency PPRS program.

The FSS was closed on 6/9/16 by the Good Shepherd Services agency after the family's Homemaking services were discontinued. The SC was attending school and the twins were enrolled in DC. The PPRS CW did not have any concerns regarding the children's safety.

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