



**Report Identification Number: NY-17-089**

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

**Issue Date: Feb 21, 2018**

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:** 4 year(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 06/08/2012  
**Initial Date OCFS Notified:** 09/10/2017

## Presenting Information

The 9/10/17 report alleged that the 4-year-old male child (SC) passed away four years ago while in the care of the SP. The SC did not have any liquids or food for a day. It was later found that the SC was severely dehydrated. The SP waited four to five hours before taking the SC to the hospital to receive medical attention. The SP was aware of the SC's condition and should have sought medical treatment sooner. As a result, the SC passed away later that day.

The report also alleged that for the past two years, the 12-year-old CH was sexually abused by the step-parent (SP) and two unrelated home members. The SP and unrelated home members had sexual intercourse with the 12-year-old CH. The SM became aware of this and continued to allow the SP and unrelated home members to care for the 12-year-old CH and have contact with her alone. As a result, the 12-year-old CH continued to be sexually abused by these adults.

## Executive Summary

The 4-year-old male child (SC) died on 6/8/12. The autopsy listed the cause of death as Complications of Gastroenteritis of Probable Viral Etiology and the manner of death as Natural.

The allegations of the 9/10/17 report were DOA/Fatality, IG, and LMC of the SC by the step-parent (SP), and IG and SA of the 12-year-old CH by the SM, SP, and two unrelated home members (UHM1 and UHM2).

ACS learned on 6/7/12, the SC ate a meal, became ill and vomited, and the SM gave him Pedialyte. The SM monitored the SC until she left the home and went to work. During the time the SM was at work, the SP provided care of the SC and two CHN, who were then 7 years old and one year old. The SM had contacted the SP and obtained progress reports that showed the SC seemed ill but he interacted with the family. The SM returned from work during the evening of 6/8/12, observed the SC was weak, called an ambulance, and she and the SC were transported to the hospital. Upon arrival at the hospital, the SC received medical treatment until he was pronounced dead.

On 10/12/17, ACS provided the SM with bereavement counseling resources, which the SM said she would keep for consideration.

On the same day, ACS held a conference during which the participants determined the SC's death did not meet the criteria for a heightened oversight process as the death occurred approximately five years ago and the ME listed the manner of death as natural.

On 11/7/17, the EMS liaison said on 6/8/12, the 911 call regarding the death of the child was made at 12:09 AM and EMS arrived at the home at 12:18 AM. The records showed a 4-year-old CH vomited, had diarrhea and was weak. EMS arrived at the hospital at 12:37 AM.

On 11/29/17, the ACS Specialist met with the mental health consultant who recommended: asking the SM whether liquids were provided to the SC in the home before the ambulance arrived, keep an open communication with the two CHN regarding the SC to prevent trauma, and remind the parents that the resources provided would be helpful for each family member.

The 24-hour safety assessment was not completed timely as it was not completed until 9/14/17. There were notes that



were not entered contemporaneously, including an event that occurred on 9/15/17, but was not entered until 11/30/17.

On 12/15/17, ACS unsubstantiated all the allegations of the 9/10/17 report on the basis of lack of credible evidence. ACS noted the family denied the allegation that stated the SC did not have liquids or food for a day. The SP said the SC passed away approximately five years ago at the hospital. He said there were no criminal factors associated with the SC's death. ACS did not include an explanation to address the allegations of DOA/Fatality and IG of the SC in the CPS Investigation Conclusion Narrative.

ACS unsubstantiated the allegation of SA of the 12-year-old CH on the basis of lack of credible evidence to support the allegation. ACS explained that the SM did not believe anyone sexually abused the CHN. SP denied the allegations regarding himself and the UHMs. The 12-year-old CH denied that anyone had ever inappropriately touched her body. The CH denied that anyone had ever asked her to touch them or their private parts. She said the SP took care of her and 6-year-old CH when the SM was at work.

## 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:

NA

## Required Actions Related to the Fatality

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

|               |                                    |
|---------------|------------------------------------|
| <b>Issue:</b> | Timely/Adequate 24 Hour Assessment |
|---------------|------------------------------------|



|                         |  |
|-------------------------|--|
| <b>Summary:</b>         | For the 9/10/17 report, ACS did not complete the 24-hour safety assessment within the required timeframe. ACS approved the 24-hour safety assessment on 9/14/17.   |
| <b>Legal Reference:</b> | SSL 424(6);18 NYCRR 432.2(b)(3)(i)   |
| <b>Action:</b>          | ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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. |
| <b>Issue:</b>           | Pre-Determination/Supervisor Review  |
| <b>Summary:</b>         | The Investigation Conclusion Narrative did not reflect that ACS addressed the allegations of DOA/Fatality and IG of the SC.  |
| <b>Legal Reference:</b> | 18 NYCRR 432.2(b)(3)(v)  |
| <b>Action:</b>          | ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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. |
| <b>Issue:</b>           | Timely/Adequate Case Recording/Progress Notes  |
| <b>Summary:</b>         | There were notes that were not entered contemporaneously. An event occurred on 9/15/17, but was not entered until 11/30/17.  |
| <b>Legal Reference:</b> | 18 NYCRR 428.5(a) and (c)  |
| <b>Action:</b>          | ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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:** 06/08/2012

**Time of Death:** 01:59 AM

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

Unknown

**County where fatality incident occurred:**

Bronx

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

Yes

**Time of Call:**

12:09 AM

**Did EMS 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 2

**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   | 4 Year(s)  |
| Deceased Child's Household | Mother                | Alleged Perpetrator | Female | 29 Year(s) |
| Deceased Child's Household | Sibling               | No Role             | Female | 6 Year(s)  |
| Deceased Child's Household | Sibling               | Alleged Victim      | Female | 12 Year(s) |
| Deceased Child's Household | Stepfather            | Alleged Perpetrator | Male   | 31 Year(s) |
| Other Household 1          | Unrelated Home Member | Alleged Perpetrator | Male   | 25 Year(s) |
| Other Household 1          | Unrelated Home Member | Alleged Perpetrator | Male   | 30 Year(s) |

### LDSS Response

On 9/10/17, the SM said that on 6/7/12, she gave the SC food that was purchased from a restaurant. The SC ate the food, became ill and vomited. She gave him Pedialyte. She went to work on 6/8/12 and when she returned home at about 5:00 PM, she observed the SC seemed weak and was still vomiting. She and the SP called 911 for medical assistance.

On 9/11/17, the SP informed ACS that the SC passed away approximately five years ago. He said he was unable to provide a detailed timeline of events for the last 24-hours of the SC's life. The SP declined to speak with ACS about information surrounding the SC's death. The SP denied he had sexual interaction with the 12-year-old CH. He said he would not permit anyone to abuse the CH. The SP identified the two UHMs as his brothers. He said they did not visit his home and he explained that UHMs lived with the PGM. The 12-year-old CH had visited the home of the PGM where she observed the UHMs. The SP said the 12-year-old CH did not disclose to him that the UHM's had made sexual advances toward her or made her feel uncomfortable. ACS engaged the 12-year-old CH who denied being touched in a sexual manner or made to feel uncomfortable by the SP or UHMs. She said the UHM1 did not speak with her or anyone in the family. The CH denied the 6-year-old CH told her that someone made her feel uncomfortable or touched her in an inappropriate manner.

Later, the SM, SP, PGM and CHN were interviewed at the Bronx CAC. The SM provided details of the incident surrounding the SC's death. She said prior to the time she left the home to go to work, the SC experienced vomiting and diarrhea. She worked overnight while SP was in the home with the 12-year-old and 6-year-old CHN. While at work she contacted the SP who provided updates regarding SC's condition. The SP had stated that the SC continued to vomit and had diarrhea. She returned home on 6/8/12, observed the SC was ill and called EMS. EMS arrived and transported the SC to the hospital. The SM said she did not believe her CHN were sexually abused by anyone. She said the 12-year-old and 6-year-old CHN had not informed her of any incident of sexual contact. The SM said she would not permit her CHN to visit the PGM's home if the UHM1 or his paramour were in the PGM's home.

The SP denied the allegations regarding himself and UHMs. The SP agreed with the SM's plan on keeping the two CHN



away from the UHM1. The two CHN were forensically interviewed and neither CH made a disclosure of being sexually abused by anyone. The 6-year-old CH said the UHM1 pulled her hair one day and she told her the PGM who told him to leave her alone.

On 11/8/17, ACS received and reviewed the medical records for the 12-year-old and 6-year-old CHN.

On 11/16/17, UHM2 refused to answer questions and on 11/27/17, the UHM1 denied the allegation of SA of the CH. He said he would never sexually abuse the SC or any other CH. He informed ACS that he no longer resided with the PGM. Later, UHM1's paramour said the SP and UHMs respected all the CH in the family and the SM provided adequate supervision of her CHN.

On 11/28/17, LE said the UHM1 was interviewed and he denied the allegations. He said he was never alone with the 12-year-old CH.

### 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:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** The investigation adhered to previously approved protocols for joint investigations.

**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 NYC region.

### SCR Fatality Report Summary

| Alleged Victim(s)                    | Alleged Perpetrator(s)                           | Allegation(s)           | Allegation Outcome |
|--------------------------------------|--|-------------------------|--------------------|
| 043661 - Deceased Child, Male, 4 Yrs | 043922 - Stepfather, Male, 31 Year(s)            | DOA / Fatality          | Unsubstantiated    |
| 043661 - Deceased Child, Male, 4 Yrs | 043922 - Stepfather, Male, 31 Year(s)            | Lack of Medical Care    | Unsubstantiated    |
| 043661 - Deceased Child, Male, 4 Yrs | 043922 - Stepfather, Male, 31 Year(s)            | Inadequate Guardianship | Unsubstantiated    |
| 043923 - Sibling, Female, 12 Year(s) | 043922 - Stepfather, Male, 31 Year(s)            | Sexual Abuse            | Unsubstantiated    |
| 043923 - Sibling, Female, 12 Year(s) | 043925 - Unrelated Home Member, Male, 30 Year(s) | Sexual Abuse            | Unsubstantiated    |
| 043923 - Sibling, Female, 12 Year(s) | 043926 - Unrelated Home Member, Male, 25 Year(s) | Sexual Abuse            | Unsubstantiated    |
| 043923 - Sibling, Female, 12 Year(s) | 043925 - Unrelated Home Member, Male, 30 Year(s) | Inadequate Guardianship | Unsubstantiated    |
| 043923 - Sibling, Female, 12 Year(s) | 043921 - Mother, Female, 29 Year(s)              | Inadequate Guardianship | Unsubstantiated    |



|                                      |  |                         |                 |
|--------------------------------------|--|-------------------------|-----------------|
| 043923 - Sibling, Female, 12 Year(s) | 043926 - Unrelated Home Member, Male, 25 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 043923 - Sibling, Female, 12 Year(s) | 043921 - Mother, Female, 29 Year(s)              | Sexual Abuse            | Unsubstantiated |
| 043923 - Sibling, Female, 12 Year(s) | 043922 - Stepfather, Male, 31 Year(s)            | Inadequate Guardianship | 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contact with source?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Emergency Room Personnel  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was a death-scene investigation performed?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Coordination of investigation with law enforcement?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Did the investigation adhere to established protocols for a joint investigation?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## Additional information:

The source was anonymous. ACS did not enter progress notes contemporaneously. An event occurred on 9/15/17, but was not entered until 11/30/17.

## 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"/> |



# Child Fatality Report

|  |                          |                                     |                          |                          |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

### 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 |
|----------|----------------------|----------------------|--------------------------|-------------|------------------------|-----|----------------------|
|          |                      |                      |                          |             |                        |     |                      |



|   |                          |                                     |                                     |                          |                          |                                     |                          |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Bereavement counseling</b>               | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Economic support</b>                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Funeral arrangements</b>                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Housing assistance</b>                   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Mental health services</b>               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Foster care</b>                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Health care</b>                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Legal services</b>                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family planning</b>                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Homemaking Services</b>                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Parenting Skills</b>                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Domestic Violence Services</b>           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Early Intervention</b>                   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Alcohol/Substance abuse</b>              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Child Care</b>                           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Intensive case management</b>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family or others as safety resources</b> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                | <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 provided the SM with bereavement counseling resources.

**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 documentation reflected that the family was offered services and declined. The family was provided with community resources.

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

**Explain:**  
 The documentation reflected that the family was offered services and declined. The family was provided with community resources.

## History Prior to the Fatality

## Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No



Were there any siblings ever placed outside of the home prior to this child's death?

No

Was the child acutely ill during the two weeks before death?

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) |
|--------------------------|--|---|--------------------------------------|----------------|---------------------|
| 08/17/2017               | Sibling, Female, 12 Years                  | Unrelated Home Member, Male, 30 Years                             | Inadequate Guardianship              | Unfounded      | Yes                 |
|                          | Sibling, Female, 12 Years                  | Grandparent, Female, 51 Years                                     | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                          | Other Child - CH of Other, Female, 3 Years | Unrelated Home Member, Male, 30 Years                             | Inadequate Guardianship              | Unfounded      |                     |
|                          | Sibling, Female, 12 Years                  | Stepfather, Male, 31 Years  | Inadequate Guardianship              | Unfounded      |                     |
|                          | Sibling, Female, 12 Years                  | Mother, Female, 29 Years  | Inadequate Guardianship              | Unfounded      |                     |
|                          | Sibling, Female, 6 Years                   | Unrelated Home Member, Male, 30 Years                             | Inadequate Guardianship              | Unfounded      |                     |
|                          | Other Child - CH of Other, Male, 1 Years   | Unrelated Home Member, Male, 30 Years                             | Inadequate Guardianship              | Unfounded      |                     |
|                          | Sibling, Female, 6 Years                   | Unrelated Home Member, Male, 30 Years                             | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                          | Other Child - CH of Other, Male, 1 Years   | Grandparent, Female, 51 Years                                     | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                          | Other Child - CH of Other, Female, 3 Years | Grandparent, Female, 51 Years                                     | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                          | Sibling, Female, 6 Years                   | Other - mother of 3-year-old and 1-year-old CHN, Female, 29 Years | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                          | Other Child - CH of Other, Male, 1 Years   | Other - mother of 3-year-old and 1-year-old CHN, Female, 29 Years | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                          | Sibling, Female, 12 Years                  | Unrelated Home Member, Male, 30 Years                             | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                          | Other Child - CH of Other, Female, 3 Years | Other - mother of 3-year-old and 1-year-old CHN, Female, 29 Years | Inadequate Guardianship              | Unfounded      |                     |
|                          | Sibling, Female, 12 Years                  | Grandparent, Female, 51 Years                                     | Inadequate Guardianship              | Unfounded      |                     |
|                          | Sibling, Female, 6 Years                   | Grandparent, Female, 51 Years                                     | Inadequate Guardianship              | Unfounded      |                     |
| Sibling, Female, 6 Years | Mother, Female, 29 Years                   | Inadequate Guardianship   | Unfounded                            |                |                     |



|  |   |                                      |           |
|--|---|--------------------------------------|-----------|
| Sibling, Female, 12 Years                  | Other - mother of 3-year-old and 1-year-old CHN, Female, 29 Years | Inadequate Guardianship              | Unfounded |
| Other Child - CH of Other, Male, 1 Years   | Other - mother of 3-year-old and 1-year-old CHN, Female, 29 Years | Inadequate Guardianship              | Unfounded |
| Sibling, Female, 6 Years                   | Grandparent, Female, 51 Years                                     | Inadequate Food / Clothing / Shelter | Unfounded |
| Other Child - CH of Other, Female, 3 Years | Unrelated Home Member, Male, 30 Years                             | Inadequate Food / Clothing / Shelter | Unfounded |
| Other Child - CH of Other, Female, 3 Years | Grandparent, Female, 51 Years                                     | Inadequate Guardianship              | Unfounded |
| Sibling, Female, 6 Years                   | Stepfather, Male, 31 Years  | Inadequate Guardianship              | Unfounded |
| Sibling, Female, 6 Years                   | Grandparent, Female, 51 Years                                     | Lack of Medical Care                 | Unfounded |
| Sibling, Female, 12 Years                  | Other - mother of 3-year-old and 1-year-old CHN, Female, 29 Years | Inadequate Food / Clothing / Shelter | Unfounded |
| Other Child - CH of Other, Female, 3 Years | Other - mother of 3-year-old and 1-year-old CHN, Female, 29 Years | Inadequate Food / Clothing / Shelter | Unfounded |
| Other Child - CH of Other, Male, 1 Years   | Grandparent, Female, 51 Years                                     | Inadequate Guardianship              | Unfounded |
| Other Child - CH of Other, Male, 1 Years   | Unrelated Home Member, Male, 30 Years                             | Inadequate Food / Clothing / Shelter | Unfounded |
| Sibling, Female, 6 Years                   | Other - mother of 3-year-old and 1-year-old CHN, Female, 29 Years | Inadequate Guardianship              | Unfounded |

**Report Summary:**

The 8/17/17 SCR report alleged that the conditions of the home presented a health and safety hazard to the CHN ages: 12 years, 6 years, 3 years and 1 year. The home was infested with roaches due to the deplorable conditions. There was old food in the refrigerator and the microwave. The refrigerator did not work properly and caused the food to spoil. There was rust and water leaking in the deep freezer contaminating the food. The bathtub was filthy and rusty to the point where the CHN had broken out in rashes. There were several cats and dogs in the home and the litter containers were changed. The 6-year-old CH had rotten teeth which the PGM failed to address.

**Determination:** Unfounded**Date of Determination:** 10/16/2017**Basis for Determination:**

Although the allegations stated the CHN were often unkempt, had poor hygiene, and the CHN had broken out in rashes, the family denied the allegations of the report. ACS visited the family and observed the CHN wore clean and fitted clothing/pajamas. The PGM said she did not work and she was a secondary caretaker for the 1-year-old CH while his mother worked. The 12-year-old and 6-year-old CHN resided with the SM and SP at their home address. ACS visited the four CHN in different locations and the CHN always seemed clean and they kept good personal hygiene. ACS observed sufficient food in each CH's home.

**OCFS Review Results:**

The PGM resided in a 4-bedroom apartment. The apartment was unkempt. There were dirty dishes in the sink and dimming lights in the home. ACS observed the family had a supply of food in the cabinet and refrigerator. The BM of the 1-year-old and 3-year-old CHN, who resided in the home, said she planned to relocate. She said there was no superintendent assigned to the building, but the landlord provided roach spray. The SM, SP and the 12-year-old and 6-



year-old CHN did not reside with the PGM. They lived in a 2-bedroom apartment and the physical condition of the home was safe and free of hazards.

On 9/10/17, the SCR registered a report regarding the SC's death .

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

**Issue:**  
Face-to-Face Interview (Subject/Family)

**Summary:**  
During the interview with the 6-year-old CH and the SM and SP on 8/22/17, ACS did not address the allegation concerning the PGM's failure to address the 6-year-old CH's tooth decay. ACS engaged the PGM on 8/17/17 but did not address the CH's dental needs.

**Legal Reference:**  
18 NYCRR 432.2(b)(3)(ii)(a)

**Action:**  
ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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:**  
Timely/Adequate Case Recording/Progress Notes

**Summary:**  
There were notes that were not entered contemporaneously. An event occurred on 8/28/17, but was not entered until 10/16/17.

**Legal Reference:**  
18 NYCRR 428.5(a) and (c)

**Action:**  
ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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.

| Date of SCR Report | Alleged Victim(s)        | Alleged Perpetrator(s)     | Allegation(s)                 | Status/Outcome | Compliance Issue(s) |
|--------------------|--------------------------|----------------------------|-------------------------------|----------------|---------------------|
| 02/10/2014         | Sibling, Female, 8 Years | Stepfather, Male, 27 Years | Inadequate Guardianship       | Unfounded      | Yes                 |
|                    | Sibling, Female, 8 Years | Stepfather, Male, 27 Years | Parents Drug / Alcohol Misuse | Unfounded      |                     |

**Report Summary:**  
The 2/10/14 SCR report alleged that there were drug sales at a location. The male sold crack cocaine and marijuana from the apartment. There was a mother and CH living in the apartment. There were concerns the CH was exposed to the drug activity.

**Determination:** Unfounded **Date of Determination:** 04/10/2014

**Basis for Determination:**  
The SP denied using or selling drugs, and refused to submit to any drug screen. ACS was not able to determine his drug use. ACS did not observe drug paraphernalia in the home. The SP did not reside in the home but was very supportive of the family. The SM tested positive for marijuana once and a second test result was negative. She denied she used drugs in the presence of the CHN and she declined to participate in a drug treatment program. During home visits, the SM seemed



lucid and coherent. The basic needs of the 8-year-old CH were met and the SP assisted the SM in caring for the CH and sometimes took the CH to school.

**OCFS Review Results:**

The SM denied she used marijuana in the home or allowed anyone to use drugs in the home. During the investigation, the SM submitted to two drug tests. The initial drug test was positive for marijuana; the subsequent test was negative. ACS addressed her drug use as the initial drug test was positive. She acknowledged she used marijuana about a month prior to February 2014. The SM declined a drug treatment program. The SP, who did not live in the home, denied drug use and he declined a drug test. The 8-year-old CH said she never saw anyone using drugs in her home. The SM told ACS she had a 4-year-old CH who died in 2012.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

ACS did not enter Investigation Progress Notes contemporaneously as there was an event that occurred on 2/20/14 but was not entered until 4/9/14.

**Legal Reference:**

18 NYCRR 428.5(a) and (c)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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:**

Timely/Adequate Seven Day Assessment

**Summary:**

In the 2/15/14 safety assessment ACS stated the parent/caretakers use of illicit drugs or misuse of prescription medication had a negative impact on their ability to supervise, protect and/or care for the CHN; however, ACS did not include evidence to justify the parents/caretakers misused drugs/alcohol.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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 SM, SP, and two unrelated home members were not named as a subject in a SCR report more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There was no known history outside of NYS.



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

### 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