



Report Identification Number: NY-18-019

Prepared by: New York City Regional Office

Issue Date: Aug 24, 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

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



Case Information

Report Type: Child Deceased
Age: 21 day(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 02/23/2018
Initial Date OCFS Notified: 02/23/2018

Presenting Information

The narrative of the report alleged that on 2/23/18, while in the care of the SM, the SC passed away. The SM was carrying the SC in a baby carrier on her chest while she was on her way to a hair salon. While the SM was at the salon, she noticed that the SC felt warm and looked pale in color. When the SM took the SC out of the carrier, the SC had a small amount of blood on her nose and was not breathing. It was unknown what caused the SC's death which was deemed suspicious.

Executive Summary

The twenty-one-day-old female SC died on 2/23/18 while in the care of the SM. The ME ruled the SC's cause and manner of death undetermined. According to the case records, the SM was carrying the SC in her arms in a hair salon when she noticed that the SC felt warm and looked pale in color. The SC had a small amount of blood on her nose and was not breathing. The SM ran out of the salon to the urgent care clinic across the street. The SC arrived to the clinic in distress. The doctor attempted to revive the SC while EMS was contacted. EMS responded and the SM and the children were taken to the hospital via ambulance.

The SC had a two-year-old female surviving sibling (SS) who was on trial discharge to the SM at the time of the fatality.

On 2/24/18, ACS initiated the CPS investigation by contacting the SM's service provider, the LE, hospital staff, the previous FM/godmother to the SS and the SM's relatives. Based on the preliminary autopsy obtained from the ME, the LE staff ruled out any foul play regarding the SC's death and no arrests were made. The SM's relatives reported concerns about her history of a clinical health condition. She stopped taking medication for the condition when she became pregnant and failed to re-engage in medication management as a part of her treatment.

ACS assessed the SS in the FM's home and deemed her safe. The FM stated she would be a resource for the SS and provide care to the SS if she re-entered foster care.

During the investigation, ACS held a child safety conference (CSC) in response to the fatality. The participants at the CSC agreed to discontinue the SS' trial discharge and return her into care in the FM's home. Consequently, the SS re-entered foster care with the FM under the supervision of Catholic Guardian Society.

On 6/6/18, ACS substantiated the allegations IG and LS against the BM. On 2/15/18, the SS had brought the SM's prescription medication with her to day care. Also, the LE staff reported that the SM was observed on a surveillance footage, walking far ahead of the SS resulting in the SS wandering off from the SM. Additionally, the SM failed to re-engage in treatment regarding her clinical health condition.

ACS unsubstantiated the allegation of DOA/FATL of the SC against the SM. Although the preliminary cause of death was accidental, there was no evidence that indicated the SM was directly responsible for the SC's death. The LE did not pursue any criminal charges against the BM.

The SS was adjusting well to placement and had been consistently attending day care services. The SM had also enrolled in services. Also, the SM was visiting with the SS and there had not been any reported concerns.



PIP Requirement

A PIP is required for this fatality report. ACS did not complete a 30 Day Safety Assessment.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

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

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

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

Explain:

The case was opened for service.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 30-Day Safety Assessment
Summary:	ACS did not complete a 30 Day Safety Assessment.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 02/23/2018

Time of Death: Unknown

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

06:45 PM

County where fatality incident occurred:

New York

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

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: In SM's arms

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	Female	
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

LDSS Response

On 2/24/18, ACS visited the case address. The SM and the SS were not present; however, the LE was present and had declared the home a crime scene. The shelter staff stated that the BM had a clinical health condition and she stopped taking medication when she became pregnant. The staff stated the SS returned to the SM's care in December of 2017. The SS was medically evaluated and cleared of any medical concerns.

Also on 2/24/18, the FCA reported that the SS was on trial discharge to the care of the BM. The FCA did not report any safety concerns during recent casework visits to the SM.

Later that same date, the LE staff stated the SM did not provide any information about the incident due to the advice of her attorney. The ME's preliminary autopsy findings ruled out any foul play regarding the SC's death and no arrest was made.

ACS then visited the former FM's home and assessed the SS to be safe. The SM had dropped the SS at the home following



the incident. The FM stated she would be a resource for the SS. She stated the SM was a good mother. ACS contacted the SM over the phone and she stated the SS would reside with the FM until she was ready to resume care of the SS. She denied knowledge of the BF's whereabouts.

On 2/25/18, ACS assessed the SS at the FM's home and did not document any concerns for her safety in the home.

On 2/26/18, ACS visited the SS' DC. The DC provider reported the SS' attendance had been irregular since the SM gave birth to the SC. The provider stated on 2/15/18, the SS' teacher found a red pill on the SS. ACS assessed the SS to be clean and well-groomed at the time of the visit.

Also on 2/26/18, the staff at the salon where the incident occurred reported the SM sought immediate medical assistance when she found the SC not breathing. The SM was directed to the urgent care clinic across the street. The staff denied any strange behavior from the BM prior to the incident.

The staff at the clinic stated the SC arrived to the clinic in distress. The doctor attempted to revive the SC while EMS was contacted. EMS responded and the SM and the children were taken to the hospital via ambulance.

The FM provided an account of the incident as reported to her by the SM, which was consistent with the information that was already known. She also stated the SS' discharge from foster care was premature as the SM appeared overwhelmed and not mentally ready to adjust to caring for the children after the SC's birth. She stated the SM stopped taking medication for her clinical health condition when she was pregnant. The FM was willing to be a resource for the SS should she have to re-enter foster care.

On 2/27/18, ACS held a child safety conference (CSC). The participants at the CSC agreed to fail the SS' trial discharge and return her into care in the FM's home.

On 2/28/18, the SS was replaced with the FM under the auspices of Catholic Guardian Society.

Also on 2/28/18, the LE staff reported that the SM's attorney had advised her not to speak to the LE about the incident. The staff disclosed that minutes prior to the incident, the SS was observed on camera walking behind the BM and wandering off from her SM.

On 3/24/18, the LE reported the criminal investigation was closed. The SC's preliminary cause of death was accidental pending the final autopsy.

On 6/6/18, ACS substantiated the allegations IG and LS against the SM.

ACS unsubstantiated the allegation of DOA/FATL of the SC against the SM.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: Undetermined if injury or 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)? Yes

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 in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
044561 - Deceased Child, Female,	044562 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
044561 - Deceased Child, Female,	044562 - Mother, Female, 30 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

The SM declined to be interviewed by ACS based on her attorney's advice.

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



Child Fatality Report

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"/>
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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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Explain:
The case records did not reflect ACS conducted a 30 Day Safety Assessment.

Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
On 2/28/18, the SS was replaced with the FM under the auspices of Catholic Guardian Society.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:** Drug exposed With fetal alcohol effects or syndrome With neither of the issues listed noted in case record**CPS - Investigative History Three Years Prior to the Fatality**

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/02/2018	Deceased Child, Female, 1 Days	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 2 Years	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	

Report Summary:

On 2/2/18, the SM gave birth to the now deceased SC. The SM had her one-year-old child in foster care due to abuse and/or neglect. The child was on trial discharge at the time of the SC's birth.

On 2/23/18, the SCR registered a report that alleged DOA/FATL and IG of the SM's 3-week-old female subject child (SC). The SC passed away on 2/23/18, while in the care of the BM. ACS merged and investigated the 2/2/18 with this fatality report.

Report Determination: Indicated**Date of Determination:** 06/06/2018**Basis for Determination:**

On 2/15/18, the child brought the SM's prescription medication with her to day care. Also, an LE staff observed the SM on a surveillance footage walking far ahead of the child which led to the child wandering off. Additionally, on 2/23/18, the SM left the child when she sought help for the deceased SC.

During the investigation, the SM stated she failed to re-engage in medication management as part of her clinical health treatment plan. The SM's actions and inactions demonstrated her failure to ensure her children's basic needs were consistently met, thus placing the children at risk of harm.

OCFS Review Results:

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

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)
01/27/2017	Sibling, Female, 1 Years	Mother, Female, 29 Years	Burns / Scalding	Unsubstantiated	No
	Sibling, Female, 1 Years	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 29 Years	Lack of Medical Care	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 29 Years	Lack of Supervision	Substantiated	

Report Summary:

On an unknown date, the one-year-old child sustained burns to from the stomach area to the genital area and the right leg. The burned areas were blistered. The SM did not provide any reasonable explanation for the child's injuries.

Report Determination: Indicated**Date of Determination:** 02/27/2017

**Basis for Determination:**

On 1/19/17, the child sustained the burn to her stomach, vagina and foot while being bathed by the SM. The SM admitted she did not take the child for medical care until 1/25/17.

On 2/2/17, the child was found alone in her crib by a shelter staff. When the staff reviewed the surveillance camera, it revealed the SM had left the child alone for about 6 hours.

The SM showed poor judgment by not providing proper medical care for the child when she was burned by hot water during the shower nor when she left the child alone unsupervised for almost 6 hours.

The allegation B/S was unsubstantiated against the SM. ACS determined the child's injuries were accidental.

OCFS Review Results:

ACS conducted the investigation appropriately.

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

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

There is no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

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

Foster Care Placement History

On 2/3/17, ACS filed an Article 10 Petition in Family Court due to the one-year-old child sustaining 2nd Degree burns to her stomach, inner thigh and genital area. Also on 2/2/17, the child was found alone in the shelter unit for about 6hours. The NYPD arrested the BM and removed the child from the home.

On 2/8/17, the child was placed in the kinship foster home of the MA under the auspices of Catholic Guardian Services.

Legal History Within Three Years Prior to the Fatality**Was there any legal activity within three years prior to the fatality investigation?**

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
02/03/2017	Adjudicated Abused	Return to Parent
Respondent:	044562 Mother Female 30 Year(s)	
Comments:	ACS sought a remand for the one-year-old child due to the child sustaining 2nd Degree burns to her stomach, inner thigh and genital area. Also on 2/2/17, the child was found alone in the shelter unit for about 6hours. The NYPD arrested the BM and removed the child from the home. On 2/8/17, the child was placed in the kinship foster home of the MA under the auspices of Catholic Guardian Services.	



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
02/06/2018	Adjudicated Neglected	Return to Parent
Respondent:	044562 Mother Female 30 Year(s)	
Comments:	On 2/2/18, the BM gave birth to the SC. On 2/6/18, ACS filed an Article 10 Petition against the BM in Bronx Family Court. The Family Court released the SC to the BM's care with ACS Supervision .	

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