



**Report Identification Number: NY-19-022**

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

**Issue Date: Aug 28, 2019**

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 7 year(s)

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

**Date of Death:** 02/26/2019  
**Initial Date OCFS Notified:** 02/26/2019

## Presenting Information

On 2/26/19, the SCR registered a report alleging at 5:30 P.M., the mother found the 7-year-old SC unresponsive in an unknown location in their house. The report alleged the mother noticed the SC's Continuous Positive Airway Pressure (CPAP) machine was not picking up signal for oxygen and attempted to call the respiratory therapist, but got no response. The report stated that after more than an hour of delaying the SC's medical care, the mother called Emergency Medical Services (EMS) and the SC was transported to the hospital where he was pronounced dead at 7:31 P.M. The report stated the SC had preexisting medical conditions; however, it was unknown whether this contributed to his death.

## Executive Summary

The SC was 7 years old when he died on 2/26/19. Due to the SC's fragile medical conditions, the ME conducted an external examination and listed the cause of death as CHARGE (coloboma, heart defects, atresia choanae, growth retardation, genital abnormalities, and ear abnormalities) Syndrome and the manner of death as natural. The ME reported the SC did not have a long-life expectancy.

The SC was born at 31 weeks and was diagnosed with CHARGE Syndrome. The mother and the SC resided in a three-bedroom apartment in a private three family home which was owned by the mother. The other two floors were occupied by other relatives which consisted of the MGM, MA, 2 adult siblings and a nephew. The mother adopted the SC on 12/3/15. The mother received support from her family to care for the SC.

On 2/26/19, the SCR registered a report with allegations of DOA/FATL, LMC and IG of the SC by the mother.

According to the mother, on 2/26/19 the SC's CPAC machine was malfunctioning and she called the respiratory therapist, but did not get a response. The mother said she waited about an hour before she called EMS at 6:37 P.M. Once EMS arrived, they administered CPR and transported the SC to the hospital where he was pronounced dead at 7:31 P.M.

ACS interviewed medical and school staff, service providers, and family members and there were no concerns about the mother's ability to care for the SC. Neither the NYPD nor the ME had suspicions regarding the circumstances leading to the SC's death.

ACS initiated and completed a timely investigation. The investigation was thorough and included relevant collaterals as well as clear and concise documentation.

On 4/25/19, ACS unsubstantiated the allegations of the report against the mother based on the information provided by the medical collaterals that confirmed the SC's life expectancy was short. Medical collaterals, including the ME also reported the mother provided "amazing care" for the SC and did everything she could for him.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:

- Safety assessment due at the time of determination? N/A

**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:**

N/A

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities**

**Incident Information**

Date of Death: 02/26/2019

Time of Death: 07:31 PM

County where fatality incident occurred: Bronx

Was 911 or local emergency number called? Yes

Time of Call: 06:37 PM

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

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	Adult Sibling	No Role	Female	24 Year(s)
Deceased Child's Household	Adult Sibling	No Role	Female	25 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	49 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	7 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	75 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	52 Year(s)
Deceased Child's Household	Other - nephew	No Role	Male	6 Year(s)

### LDSS Response

ACS contacted the medical staff from Bronx Lebanon Hospital and was informed the SC arrived at the ER with EMS at 7:06 P.M. and efforts to resuscitate him were to no avail. The medical staff stated the SC could have died of any one of his medical conditions and could not say with certainty that the mother's delay in calling 911 contributed to the SC's death. The medical staff stated the mother was sober and coherent, and her demeanor was appropriate given the circumstances. The medical staff stated there were no signs of abuse or maltreatment on the SC's body.

The case manager (CM) from Mercy Drive Inc. who provided services under New York State Office for People with Developmental Disabilities (OPWDD) made an initial visit to the case address on 2/26/19 at 11:00 A.M. The CM observed the SC was lying down in a wheelchair; he had a normal heart rate and was breathing comfortably on his ventilator. The mother informed the CM the SC's ventilator was not charging and showed him how there was a yellow bolt on the machine even while plugged in. The CM observed there was a person in the home from PromptCare who replaced the machine.

ACS interviewed the mother who reported that although she and the SC occupied the 3rd floor, after he was discharged from the hospital, he began to stay on the 1st floor because it became difficult for her to get him up and down the stairs on a daily basis. ACS visited the home and observed all medical equipment and medications prescribed for the SC.

The mother reported that on 2/26/19 at about 5:28 P.M. the SC was on his oximeter and feeding tube when she noticed the alarm on the oximeter began beeping. The mother stated she changed the toe she was using for the machine to get a read, but was unsuccessful. At about 5:45 P.M., she noticed the SC was not breathing and later called 911. The mother said she did not perform CPR because the SC was still alive and had a slight pulse. The mother stated that while she waited for EMS she was massaging SC's feet because they were cold. When EMS arrived, the SC was not breathing but still had a pulse. EMS started compressions and rushed the SC to the hospital where he was pronounced dead.

The mother stated she believed the machine was malfunctioning. The mother said she called Prompt Care to request a new oximeter and they told her they would send someone out in a couple of days.

When ACS contacted the school nurse, they were informed they had the required 504 form which allowed the nurse to administer medication and connect the SC's feeding tube. The nurse noted the mother was very cooperative.

The ME reported the SC's cause of death was CHARGE Syndrome and the manner of death was natural. The ME



explained the syndrome was a multiple genetic issue and it was surprising the SC lived as long as he had. The ME reported that a skeletal survey and full body X-ray were done and there were no concerns of abuse. The ME said that given he was wheelchair bound and had multiple medical issues, there was no trauma to his body. The ME also stated the mother took “beautiful” care of the SC.

According to the information gathered by ACS from the mother and providers, the SC had been hospitalized at Blythdale Hospital from 12/11/18 through 2/21/19. The staff at Blythdale Hospital indicated the mother was attentive with the SC, cooperative with referrals/recommendations, and visited the SC frequently. It was also reported by the hospital staff that the SC was discharged from the hospital with the premise that he would most likely not survive.

On 4/25/19, ACS unfounded the report.

### Official Manner and Cause of Death

**Official Manner:** Natural

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

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Comments:** There was no documentation of an MDT investigation; however, 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 NYC region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050483 - Deceased Child, Male, 7 Year(s)	050462 - Mother, Female, 52 Year(s)	Inadequate Guardianship	Unsubstantiated
050483 - Deceased Child, Male, 7 Year(s)	050462 - Mother, Female, 52 Year(s)	Lack of Medical Care	Unsubstantiated
050483 - Deceased Child, Male, 7 Year(s)	050462 - Mother, Female, 52 Year(s)	DOA / Fatality	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

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



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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Legal Activity Related to the Fatality**

Was there legal activity as a result of the fatality investigation? There was no legal activity.

**Services Provided to the Family in Response to the Fatality**

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

<b>Early Intervention</b>	<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"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?** N/A

**Explain:**

There were no surviving siblings in the home.

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

**Explain:**

There were no immediate services needed in response to the fatality.

## History Prior to the Fatality

### Child Information

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/27/2016	Other - Nephew, Male, 3 Years	Adult Sibling, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes
	Other - Nephew, Male, 3 Years	Adult Sibling, Female, 22 Years	Excessive Corporal Punishment	Unsubstantiated	
	Other - Nephew, Male, 3 Years	Adult Sibling, Female, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other - Nephew, Male, 3 Years	Adult Sibling, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Other - Nephew, Male, 3 Years	Adult Sibling, Female, 22 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Other - Nephew, Male, 3 Years	Mother, Female, 49 Years	Excessive Corporal Punishment	Unsubstantiated	



Other - Nephew, Male, 3 Years	Mother, Female, 49 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other - Nephew, Male, 3 Years	Mother, Female, 49 Years	Inadequate Guardianship	Unsubstantiated
Other - Nephew, Male, 3 Years	Mother, Female, 49 Years	Lacerations / Bruises / Welts	Unsubstantiated
Other - Nephew, Male, 3 Years	Grandparent, Female, 72 Years	Excessive Corporal Punishment	Unsubstantiated
Other - Nephew, Male, 3 Years	Grandparent, Female, 72 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other - Nephew, Male, 3 Years	Grandparent, Female, 72 Years	Inadequate Guardianship	Unsubstantiated
Other - Nephew, Male, 3 Years	Grandparent, Female, 72 Years	Lacerations / Bruises / Welts	Unsubstantiated

**Report Summary:**

The mother in this report is now the SC's adult sibling, the MGM is now the SC's mother and the MGGM was the SC's MGM.

The report alleged on multiple occasions the mother and the MGM struck the 3-year-old child leaving bruises on his arms and legs. The report alleged the MGGM was aware of the situation and did not intervene on behalf of the child. The report also alleged the mother and the MGM would go without feeding the child for 8 to 9 hours as a form of punishment. It was further alleged the mother used cocaine to the point of impairment and prostituted herself in the presence of the child. There was a companion report concerning the SC.

**Report Determination:** Unfounded**Date of Determination:** 12/26/2016**Basis for Determination:**

ACS unsubstantiated the allegations of IF/C/S, L/B/W, EXCP and IG of the 3-year-old child by his mother, MGM and the MGGM. ACS cited the 3-year-old had no suspicious marks, scars or bruises, and all his needs were being met in the home.

ACS unsubstantiated the allegation of PD/AM of the 3-year-old child by his mother, but did not provide a narrative to support this determination.

**OCFS Review Results:**

ACS initiated and completed a timely investigation, but did not provide a determination narrative for each allegation as it pertained to each subject. In addition, ACS did not properly complete the 7-day safety assessment.

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

Timely/Adequate Seven Day Assessment

**Summary:**

The safety decision and the safety factors were not consistent with the case documentation.

**Legal Reference:**

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

**Action:**

ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

The determination investigation was approved without a determination narrative for each of the allegations.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/27/2016	Deceased Child, Male, 5 Years	Grandparent, Female, 72 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 5 Years	Mother, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The report alleged the mother was failing to meet the hygienic needs of the SC who was paralyzed. It was alleged the mother did not bathe him regularly, had him wear soiled outfits for several days at a time and he had a foul odor as a result. The report also alleged the mother allowed various individuals to pinch and strike the SC to confirm he was paralyzed. The report further stated the other adult in the home failed to intervene on the SC's behalf.

**Report Determination:** Unfounded

**Date of Determination:** 12/22/2016

**Basis for Determination:**

ACS unsubstantiated the allegation of IG by the mother and the MGM. ACS cited the SC had no suspicious marks, scars, or bruises; also he had no foul odors and all his medical and basic needs were being met.

**OCFS Review Results:**

ACS completed a timely investigation. However, notices of the report were not issued to all the subjects. Also, the comments to support the safety factors in the 7-day safety assessment was not consistent with the case documentation.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

ACS selected safety decision #2, but the safety factors selected were not evident in the documentation.

**Legal Reference:**

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

**Action:**

ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

**Issue:**

Failure to provide notice of report

**Summary:**

ACS failed to issue the Notices of the report to the subjects of the report.

**Legal Reference:**

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

**Action:**



ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

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

The family had no CPS history for this period.

### Known CPS History Outside of NYS

The family had no known CPS history outside NYS.

### 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