



**Report Identification Number: NY-19-029**

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

**Issue Date: Aug 27, 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 day(s)

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

**Date of Death:** 03/08/2019  
**Initial Date OCFS Notified:** 03/08/2019

## Presenting Information

According to the information provided in the OCFS-7065 form, the infant was born with a medical condition. It was suspected the infant might not survive his condition. The infant remained hospitalized until he was pronounced dead on 3/8/19.

## Executive Summary

This one-week-old medically fragile male infant died on 3/8/19. He was pronounced dead by an attending physician. ACS obtained medical records and verified the death was due to natural causes.

At the time of the infant's death, the family had an open foster care case under an Article Ten Neglect petition that was filed in Bronx County Family Court (BxCFC) on 7/31/17. The family also had an open ACS investigation that began on 3/4/19.

ACS findings showed, at birth the infant was intubated and admitted to the neo-natal intensive care unit in the hospital. He was in critical condition and on 3/7/19, he received a medical procedure that was expected to improve his health. Following the procedure, his condition deteriorated; he had difficulty breathing, and the medical staff determined he was not expected to survive. On 3/8/19, he died after experiencing respiratory distress and heart failure. The BM and BF were not in the hospital at the time he died although prior to the death, medical personnel contacted the BM and BF and asked them to come to the hospital.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006. ACS incorporated the information into the open investigation for further exploration.

The infant had eight SS, including two adults. There were no SS or other children in the BM's care or legal custody. Four of the eight SS resided with the MGM: the 2-year-old and 3-year-old in kinship foster care, the 16-year-old for whom the MGM was the legal custodial parent, and an adult. The other four SS resided with other relatives. ACS visited the MGM's home and completed the required safety assessments and risk assessments. ACS found the MGM provided a minimum degree of care to the SS. The BM refused bereavement and burial assistance. The BF and BM did not make themselves available for services.

The BxCFC released the 2-year-old and 3-year-old SS to the care and legal custody of the MGM on 5/9/19.

Subsequently, on 7/11/19 ACS closed the case after the SS were discharged from foster care.

## 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

N/A

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:**

There was no SCR report and no allegations regarding the infant's death.

**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: 03/08/2019

Time of Death: 03:53 PM

County where fatality incident occurred: Bronx

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

**Child's activity at time of incident:**

- |   |                                  |   |
|---|----------------------------------|---|
| <input type="checkbox"/> Sleeping                       | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing                        | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input checked="" type="checkbox"/> Other: Hospitalized |                                  |   |

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:



**Children ages 0-18: 1**

**Adults: 0**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	7 Day(s)
Deceased Child's Household	Mother	No Role	Female	39 Year(s)
Other Household 1	Father	No Role	Male	41 Year(s)
Other Household 2	Grandparent	No Role	Female	70 Year(s)
Other Household 2	Sibling	No Role	Male	2 Year(s)
Other Household 2	Sibling	No Role	Male	19 Year(s)
Other Household 2	Sibling	No Role	Male	3 Year(s)
Other Household 2	Sibling	No Role	Female	16 Year(s)

### LDSS Response

On 3/8/19, ACS contacted medical personnel and obtained a timeline of events surrounding the infant's birth and eventual death. ACS learned that the BM was admitted to the hospital on 2/27/19 and during her prenatal examination, the attending physician found the infant had a medical condition. The infant was born full-term in March 2019. Following his birth, he remained in the hospital where he received treatment. The attending physician performed a medical procedure on the infant on 3/7/19, and it was expected the infant would remain alive for additional surgical treatment. On 3/8/18, at 2:30 PM, he became unable to maintain oxygen levels. He experienced complications with his blood pressure and heart beat, and the medical personnel administered chest compressions and medications. He remained unresponsive to resuscitative efforts and was pronounced dead at 3:53 PM.

On the same day, ACS visited the MGM's home, interviewed the MGM and observed the SS: ages, 2, 3, and 16 years. The MGM said, since November 2018 the BM did not visit the SS. ACS observed the home conditions and found the MGM had adequate sleeping arrangements, food and clothing for the SS. There were no hazardous conditions in the home. The SS did not have suspicious marks/bruises.

On 3/9/19, ACS visited the BM's home. The BM refused to discuss the case circumstances as she said there were no surviving children in her care. ACS offered burial and bereavement services. The BM refused the offer and she said she did not need anything from ACS.

ACS obtained medical consultation to discuss the infant's medical records. The consultant reviewed the records and noted the BM did not receive prenatal care prior to her hospital admission on 2/27/19. The infant was born with a cardiac condition and his prognosis was poor. The records included additional information that was previously documented in the ACS case record. The consultant recommended bereavement counseling for the BM.

The CP visited the MGM's home on 3/25/19 and 4/23/19. The CP observed the minor SS and found they had appropriate clothing, they appeared well groomed and were free of marks/bruises. The documentation showed the 16-year-old and adult female SS were in the home during the 4/23/19 visit, and it was noted they assisted with care of the two younger SS. The CP interviewed the MGM who said she was unable to locate the BM since the BM gave birth to the infant in the hospital. The CP offered bereavement referral to the MGM. The CP agreed to assist with obtaining daycare services for the family. The progress notes did not clarify whether the MGM's household received bereavement and daycare services.



On 4/16/19, ACS closed the investigation that began on 3/4/19. The report was unfounded and the case remained open for foster care services.

The Family Services Progress Notes showed the CP completed the diligent search referral for the BF. The BM and BF attended the Family Court hearing on 5/9/19. During the hearing, all parties consented to custody to the MGM, and BxCFC awarded custody to the MGM for 2-year-old and 3-year-old SS.

ACS closed the foster care case on 7/11/19 after the SS were discharged to the MGM's custody.

### Official Manner and Cause of Death

**Official Manner:** Natural

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

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

### Multidisciplinary Investigation/Review

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

**Comments:** There is no approved Child Fatality Review Team in New York City.

### 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"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

Following the infant's death, the BM did not allow ACS access to her home. ACS observed the SS who resided in the MGM's home.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				



# Child Fatality Report

<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

The family received foster care services. The BM refused bereavement, burial and mental health services.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

Two of the SS were removed prior to the fatality. There were no safety factors that placed the SS in immediate danger.

### Legal Activity Related to the Fatality



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

Have any Orders of Protection been issued? No

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:  
The family received foster care services.

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? Yes

Explain:  
The SS received Early Intervention, therapeutic, medical and foster care services.

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

Explain:  
The family received foster care services. The BM refused bereavement and burial services.



## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** 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?** Yes

### 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 neither of the issues listed noted in case record  
 With fetal alcohol effects or syndrome

## 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)
03/04/2019	Deceased Child, Male, 3 Days	Mother, Female, 39 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

The 3/4/19 SCR report alleged the BM gave birth to the infant in March 2019. The BM had other children who were in foster placement due to neglect.

**Report Determination:** Unfounded

**Date of Determination:** 04/16/2019

**Basis for Determination:**

ACS unsubstantiated the allegation of IG of the infant by the BM on the basis of lack of credible evidence. ACS noted the infant was born with a cardiac medical condition and poor prognosis. The infant died on 3/8/19. There were no suspicions surrounding his death.

**OCFS Review Results:**

The BM did not allow ACS access to the home, cooperate with the investigation, or prepare for the infant. ACS observed the infant in the hospital and verified he received medical care until he was pronounced dead on 3/8/19.

ACS addressed family history of DV, drug misuse, mental health concerns, poor or absent supervision of children, and BM and BF's inability to provide care of their children. ACS interviewed the MGM who was the FM for two SS and custodial parent for one SS. The MGM said in November 2018, the BM last observed the SS. ACS observed three minor SS and noted they did not have observable marks/bruises. There were no safety factors that placed the SS in immediate danger



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)
05/25/2018	Sibling, Female, 1 Years	Mother, Female, 38 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Female, 1 Years	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 38 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 38 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 38 Years	Lack of Supervision	Substantiated	

**Report Summary:**

The 5/25/18 SCR report alleged the home and SS were in a deplorable condition. There was garbage, household objects, feces and other items throughout the home. There was no food in the home. The oven and refrigerator doors were both found open. The children were left alone for an unknown length of time.

**Report Determination:** Indicated

**Date of Determination:** 07/02/2018

**Basis for Determination:**

ACS substantiated the allegations of LS, IG and IF/C/S of the one-year-old and two-year-old SS by the SM. ACS explained that LE investigative findings showed there was evidence indicating the SS were left alone without adult supervision. The SM failed to provide the SS with food when she left them alone in the apartment. The SM failed to provide a minimum degree of care to ensure the SS were safe.

**OCFS Review Results:**

ACS interviewed LE, physician, MGM, CP and community resources, and addressed the allegations of the report. ACS noted community resources alerted LE who intervened and found the two SS alone in the home. LE and EMS transported the SS to the hospital where they received medical clearances. ACS safety assessments reflected the SM's whereabouts were unknown. The BF was not available to participate in service plans for the SS. ACS continued Family Court involvement, placed the SS in a non-kinship foster home, and then transferred them to the MGM's kinship foster home. The risk assessment included the BM's history of DV, drug use, mental health, and loss of legal custody of six older SS.

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)
10/30/2017	Sibling, Female, 11 Months	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 11 Months	Mother, Female, 37 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 11 Months	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



# Child Fatality Report

Sibling, Male, 1 Years	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 1 Years	Mother, Female, 37 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 1 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 11 Months	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 11 Months	Father, Male, 40 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 11 Months	Father, Male, 40 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 1 Years	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 1 Years	Father, Male, 40 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 1 Years	Father, Male, 40 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

**Report Summary:**

The 10/3017 SCR report alleged, on a regular basis the SM and SF engaged in physical violence in the presence of the SS, ages: approximately one and two years. The windows and doors were broken. The SM and SF abused crack and other drugs and became impaired while caring for the SS. The SS were left unsupervised for extended periods of time.

**Report Determination:** Unfounded

**Date of Determination:** 12/30/2017

**Basis for Determination:**

ACS unsubstantiated the allegations of LS, IG and PD/A/M of the two SS by the SM and SF on the basis the BM provided the basic needs of the SS. ACS explained that the SM completed toxicology screening and the results were negative for drugs and alcohol. The SF did not reside in the home and had not contacted the SS since June of 2017.

**OCFS Review Results:**

ACS interviewed the SM at the apartment door on 10/30/17. The SM did not allow ACS entry into the home. She denied the BF visited the home. ACS did not make safety assessments of the SS until 11/3/17.

On 11/3/17 and during subsequent home visits, ACS addressed the BM's drug screening, DV, Early Intervention and therapeutic services for the SS, safe sleep practices, housing needs, and status of court ordered services. ACS provided a portable crib for the younger SS. ACS concluded there was no safety factor that placed the SS in immediate danger. ACS did not make diligent effort to interview and provide a Notice of Existence to the BF, who was a subject of the 10/30/17 report.

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

**Issue:**

Failure to provide notice of report

**Summary:**

ACS did not provide notice of the 10/30/17 report to the SF, who was listed as a subject of the report.

**Legal Reference:**

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

**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:**



## Face-to-Face Interview (Subject/Family)

### Summary:

ACS did not make diligent efforts to interview the SF, who was subject of the 10/30/17 report.

### 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:

Overall Completeness and Adequacy of Investigations

### Summary:

The SM informed ACS about her mental health needs and she said she did not want medications that made her drowsy. ACS did not conduct follow up casework activity to determine whether the SM's mental health had an impact on her ability to provide long term care of the two SS.

### Legal Reference:

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

### 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)	Allegation Outcome	Compliance Issue(s)
07/26/2017	Sibling, Female, 8 Months	Father, Male, 39 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 1 Years	Father, Male, 39 Years	Inadequate Guardianship	Substantiated	

### Report Summary:

The 7/26/17 SCR reports (two) alleged on 7/26/17 at 11:00 AM, the BM and SF engaged in a verbal argument while the BM held the female SS in her arms. The SF attempted to hit the BM but missed and hit the SS on the left side of her face. The male SS was in the home: his role was unknown.

**Report Determination:** Indicated

**Date of Determination:** 09/11/2017

### Basis for Determination:

ACS substantiated the allegation IG of the two SS by the SF on the basis the SF placed the SS in harm's way when he physically attacked the BM in the presence of the SS. This action resulted in the female SS being struck in the head when the SF hit the BM.

### OCFS Review Results:

ACS interviewed the BM, assessed household conditions and verified the SS received medical clearances. The findings showed the SF assaulted the BM and his actions resulted in the female SS sustaining an injury on the left side of her head. The BM contacted LE, and Family Court issued an OP on behalf of the BM and SS. The SF was the suspect in the OP. ACS completed safety assessments that reflected the SS were in immediate danger of harm. The risk assessment included the history of DV, drug misuse and mental health needs. The family received ACS court ordered supervision. ACS did not interview and provide a notice of indication to the SF, who was reportedly incarcerated concerning DV.

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

### Issue:

Failure to Provide Notice of Indication

**Summary:**

ACS did not provide the required notices of indication to the SF who was a subject, and the BM listed in the 7/26/17 report.

**Legal Reference:**

18 NYCRR 432.2(f)(3)(xi)

**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:**

Face-to-Face Interview (Subject/Family)

**Summary:**

The documentation reflected that initially, the SF's whereabouts were unknown. However, the SF was subsequently arrested and incarcerated. ACS did not attempt to interview the SF, who was the subject of the 7/26/17 report.

**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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/11/2017	Sibling, Female, 4 Months	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 1 Years	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Months	Father, Male, 39 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 39 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Months	Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

The 3/11/17 report alleged, on 3/11/17 at 11:30 PM, the SF was intoxicated and impaired to the point of being unable to adequately care for the male and female SS. The SF was at the home of some friends who were also impaired and intoxicated. The SS were not physically harmed but the SF's actions placed them at risk of harm.

**Report Determination:** Indicated

**Date of Determination:** 05/10/2017

**Basis for Determination:**

ACS substantiated the allegation of IG of the two SS by the SM and SF on the basis the SM and SF engaged in a dispute, in cold weather and close to midnight, in the presence of the SS. The ambulance transported the SM and SS to the hospital to ensure their safety. The SF left the home and did not provide adequate resources or provisions for the SS.

ACS unsubstantiated the allegation of PD/AM of the two SS by the SF on the basis of no credible evidence. The SF



completed required tests and the results were negative for drugs. ACS added that the SM denied the SF was under the influence of drugs.

**OCFS Review Results:**

ACS addressed the allegations with the SM and SF on 3/13/17 and 5/8/17, respectively. ACS findings showed the SM, SF and two SS were in a public location when the SM and SF had a argument on 3/10/17. The SM alerted EMS who contacted LE. The responders transported the SM and SS to the hospital where they received medical clearances.

The two SS had no visible marks/bruises and the home conditions were satisfactory. The SM and SF completed drug screenings and the results were negative for illicit substances. The family received PPRS to address history of drug use and MH.

ACS did not observe the SS within 24 hours, and provide notice of existence and notice of indication to the SM and SF

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

**Issue:**

Failure to provide notice of report

**Summary:**

ACS did not provide notice of existence of a report to the SM and SF who were subjects of the 3/11/17 report.

**Legal Reference:**

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

**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:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

ACS did not make diligent efforts to observe the SM and SS within 24 hours of receipt of the 3/11/17 report. ACS attempted to visit the family on 3/11/17. However, the 3/11/17 attempts were unsuccessful as the family was not at home. ACS did not make a follow up attempt to visit the family until 3/13/17.

**Legal Reference:**

432.1 (o)

**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:**

Failure to Provide Notice of Indication

**Summary:**

ACS did not provide notice of indication to the SM and SF who were subjects of the 3/11/17 report.

**Legal Reference:**

18 NYCRR 432.2(f)(3)(xi)

**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.



# Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/05/2016	Sibling, Female, 1 Months	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes
	Other Child - unknown, Male, 2 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Months	Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - unknown, Male, 2 Years	Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Months	Other Adult - Unknown, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - unknown, Male, 2 Years	Other Adult - Unknown, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Other Adult - Unknown, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Months	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 1 Months	Father, Male, 39 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 39 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 1 Months	Other Adult - Unknown, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - unknown, Male, 2 Years	Other Adult - Unknown, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Other Adult - Unknown, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - unknown, Male, 2 Years	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - unknown, Male, 2 Years	Father, Male, 39 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Months	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	
Sibling, Female, 1 Months	Father, Male, 39 Years	Inadequate Guardianship	Substantiated		



Sibling, Male, 1 Years	Father, Male, 39 Years	Inadequate Guardianship	Substantiated
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**Report Summary:**

The 12/4/16 SCR report alleged the SM and SF resided in the home with the two SS as well as two other adults and their child. There were safety hazards in the home. The children had access to peeling paint. The SM begged for money on the streets, and smoked marijuana in the home. DV incidents were prevalent in the home in the presence of the children.

**Report Determination:** Indicated**Date of Determination:** 02/12/2017**Basis for Determination:**

ACS substantiated the allegation of IG of the two SS by the SM and SF on the basis of credible evidence. There were multiple DV incidents between the SM and SF. LE was involved in the DV incidents. The SM and SF's disputes created great risk for the two SS at their young and vulnerable age.

ACS unsubstantiated all the allegations of PD/AM and IF/C/S, and IG of the children by the other adult. The children were observably clean and free of safety hazards. The SM and SF completed random drug screening and did not test positive for any illicit drugs. There was no evidence of substance use in the home. Two adults visited the family and did not reside in the home.

**OCFS Review Results:**

ACS addressed the allegations with the SM. The findings showed the SM had an extensive history of addiction to illicit drugs. ACS observed the home and found the family had portable cribs for the SS, sleeping arrangements and home conditions were satisfactory. The safety assessment reflected the SM and SF engaged in DV in the home and therefore, they placed the SS in immediate/impending danger of harm. The family received PPRS.

ACS did not include accurate dates of birth for the two adults and other child who were listed as "unknown" in the CPS Investigation Summary. ACS did not provide Notice of Indication to the SM and SF who were subjects of the 12/5/16 report.

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

**Issue:**

Required data and official documents

**Summary:**

ACS obtained identifying information for two adults and a child who were listed in the 12/5/16 investigation. However, ACS did not update the household composition to include the dates of birth of the subject child, and adults who were alleged subjects of the report.

**Legal Reference:**

428.3(b)(2)(i)

**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:**

Failure to Provide Notice of Indication

**Summary:**

ACS did not provide Notice of Indication to the SM and SF who were subjects of the 12/5/16 report.

**Legal Reference:**

18 NYCRR 432.2(f)(3)(xi)

**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

Between 1/23/01 and 11/7/15, the BM was the subject of six reports. The allegations of Ab, LS, IG, and PD/AM were substantiated. The reports dated 1/23/01, 9/26/02, 12/5/07, and 6/13/11 were indicated, a report dated 1/4/08 was consolidated with an ongoing investigation and another dated 11/7/15 was unfounded.

### Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

### Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 03/02/2017

### Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine



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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes  No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	ACS did not enter progress notes contemporaneously. There were some events that occurred in November and December 2018 that were in February 2019.
<b>Legal Reference:</b>	18 NYCRR 428.5
<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.

### Preventive Services History

The family received preventive services from 1/7/08 through 8/11/08. The preventive services ended because the Family Court placed the SS in the care and custody of ACS under an Article Ten Neglect petition that was filed in Family Court on 10/27/08.

ACS opened a preventive services for the family beginning 3/2/17. ACS filed an Article Ten Neglect petition on behalf of the two younger SS, naming the BM and BF as the respondents on 7/31/17. ACS alleged the BM and BF did not provide adequate supervision of any of the older SS.



The family received court ordered services with ACS from 7/31/17. The BM needed services to address substance abuse, mental health and parenting. However, she was non-compliant. The BF did not make himself available for mental health, parenting services for special needs children and batterer's intervention. His whereabouts were sometimes unknown. The preventive services ended when the two SS were placed in foster care on 5/26/18.

#### Foster Care Placement History

Between 2008 and 2011, the family received foster care services to address allegations of DV, the BM's drug misuse and mental health issues, and inadequate supervision of the SS. The SS were in foster care placement until they were discharged to relatives. The BM no longer had legal custody of any of the older SS.

The 2-year-old and 3-year-old SS were placed outside of the home due to inadequate guardianship. These SS initially resided in a non-kinship home but were transferred to the home of the MGM. Edwin Gould was assigned case planning responsibility and the agency completed the required number of casework contacts. The case was open when ACS received notification of the infant's death on 3/8/19.

#### 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:
07/31/2017	There was not a fact finding	Petition Dismissed
<b>Respondent:</b>	050974 Mother Female 39 Year(s)	
<b>Comments:</b>	The BxCFC released the two minor siblings to the care and custody of the MGM. The BM and BF attended the hearing and they consented to the custodial arrangement.	

#### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
07/31/2017	There was not a fact finding	Petition Dismissed
<b>Respondent:</b>	050975 Father Male 41 Year(s)	
<b>Comments:</b>	BxCFC released two minor SS to the MGM. The BM and BF attended the hearing and they consented to the custodial arrangement.	

#### Have any Orders of Protection been issued? Yes

<b>From:</b> 05/25/2018	<b>To:</b> Unknown
<b>Explain:</b> Family Court issued an OP that listed the SM as a suspect. The OP stated the SS was left in the apartment with no adult 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