



Report Identification Number: NY-19-077

Prepared by: New York City Regional Office

Issue Date: Dec 16, 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

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: 4 day(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 06/27/2019
Initial Date OCFS Notified: 06/27/2019

Presenting Information

The 6/27/19 report alleged the SM gave birth to a female infant in June 2019. The infant's urine was positive for opiates and benzodiazepines at the time of birth. On 6/27/19, the infant was pronounced dead. It was suspected the infant died because of her SM's substance abuse. The roles of the father, 1-year-old and 6-year-old children were unknown.

Executive Summary

This four-day-old female SC died on 6/27/19. NYCRO received information from the New York City Office of Chief Medical Examiner (OCME) indicating the death did not fall under the jurisdiction of the OCME. The case was not referred to the ME for an autopsy. ACS case record showed the SC was pronounced dead by an attending physician. The cause of death was listed as a medical condition and the manner of death was listed as natural.

The SCR registered a report of the SC's death on 6/27/19. The allegations of the report were DOA/Fatality, IG, and PD/AM of the SC by the SM.

ACS investigated the 6/27/19 report and found the SM became ill while visiting the maternal grand aunt (MGA) on 6/23/19. The MGA called 911 and EMS transported the SM to the local hospital. The SM received treatment in the hospital where she gave birth to the SC. The SC was born one month prematurely and was admitted to the hospital for medical care. The SC was then transferred to another local hospital on 6/24/19 and was placed in the neonatal intensive care unit (NICU). The SC continued to receive treatment for her pre-existing medical condition until she was pronounced dead by an attending physician. The case was not referred to LE because there was no criminal intent or police investigation related to this fatality.

ACS maintained adequate contact with medical professionals and learned that the SC was not moving and limp during her period of hospitalization. The medical professionals reported that the SC had heart and lung issues, lacked oxygen and was in respiratory distress. The medical professionals said the SM and BF learned of the SC's death on 6/27/19.

The SC had SSs ages 6 (yo) and 1 (yo). ACS visited the SM and SSs in the home and community. ACS observed the home and noted it was clean and tidy, and the family had a sufficient supply of food. There were window guards and smoke/carbon protective devices in the home. ACS observed the SSs to be free of visible marks and bruises, neatly dressed and groomed.

ACS had not yet completed the investigation at the time this fatality report was issued.

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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? Unable to Determine

Explain:

The CPS report had not yet been determined at the time this fatality report was issued.

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

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:

ACS obtained relevant information from the collateral contacts. The investigation remained open at the time of issuance of this fatality report.

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: 06/27/2019

Time of Death: 02:53 AM

County where fatality incident occurred: Queens

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:

- Sleeping
- Working
- Driving / Vehicle occupant



Playing

Eating

Unknown

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	Alleged Victim	Female	4 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Other Household 1	Father	No Role	Male	43 Year(s)

LDSS Response

On 6/27/19, ACS met with the CPS team that investigated the 2018 investigation and did not obtain any new information regarding the family. ACS interviewed medical personnel who said the SC was transferred from one local hospital NICU to another local hospital because the SC had a lack of oxygen, heart and lung issues and respiratory distress. ACS learned that the SM delivered the SC one month prematurely.

ACS interviewed the SM's family members, who reported there were no concerns regarding the care the SM provided to the SSs.

On 6/27/19, ACS met with the Investigative Consultant and learned that the SM had a limited OP against the BF. The OP was due to expire on 5/3/21. The documentation showed there were several domestic incidents where the SM and BF were both listed as victim and perpetrator.

On 6/28/19, ACS visited the subject family at the shelter. ACS provided the SM with a Pack N Play and reported discussing Safe Sleep practices with the SM and BF. ACS assessed the SS (observed to be free of visible bruises and marks). ACS contacted the medical team to obtain medical records of the SC. ACS obtained additional information that showed the SM tested negative for all substances.

ACS held separate Initial Child Safety Conferences with the SM and BF. ACS determined that an Article Ten Neglect/Abuse petition would be filed in Kings County Family Court (KCFC). ACS learned that the BF did not reside with the SM and SSs in the shelter. The SM and BF agreed to submit to random drug tests.

On 7/1/19, ACS submitted an Early Intervention referral for the 1-year-old SS. ACS attempted to file an Article Ten Neglect Petition in KCFC requesting COS. However, the filing of the case was delayed due to lack of relevant information from collateral contacts. ACS requested medical documentation for the SM and SC from the local hospitals in order to proceed with filing the Neglect Petition for COS.



On 7/2/19, ACS interviewed medical personnel who said the hospital had no concerns other than the SC needing a transfer to another hospital for escalation of care. Medical personnel said the death of the SC was not the result of child abuse/maltreatment.

On 7/3/19, ACS and the medical consultant reviewed the medical records from the hospital and learned that the birth room notes were missing from the record. The medical consultant interviewed an attending physician and learned that the SC died from a heart malformation complication.

Between 7/9/19 and 7/15/19, ACS received substance abuse screening results which indicated the SM tested negative for all substances and the BF tested positive for marijuana. ACS met with the medical consultation team and learned that the opiates found in the SC's body came from a medication given to the SC during the time she was transported to the receiving hospital.

On 7/16/19, ACS inquired about burial assistance and offered to assist the family with burial funds. ACS learned that the SC's funeral was scheduled for 7/26/19.

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 investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: There was no LE involvement in the case. The SC remained hospitalized until the time of death.

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052378 - Deceased Child, Female, 4 Day(s)	052305 - Mother, Female, 29 Year(s)	Parents Drug / Alcohol Misuse	Pending
052378 - Deceased Child, Female, 4 Day(s)	052305 - Mother, Female, 29 Year(s)	DOA / Fatality	Pending
052378 - Deceased Child, Female, 4 Day(s)	052305 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input 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"/>

Additional information:

The progress notes did not reflect collateral contact with EMS and the SS (age 6) school.

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile



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

Placement Activities in Response to the Fatality Investigation

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 case management 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:
 ACS referred the SS (age 1), to Early Intervention services.

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

Explain:
 ACS suggested bereavement counseling and preventive services for the SM; however the SM declined service.

History Prior to the Fatality

Child Information

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

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)
03/26/2018	Sibling, Male, 1 Months	Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Substantiated	Yes
	Sibling, Male, 1 Months	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 4 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Months	Father, Male, 41 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 1 Months	Father, Male, 41 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Father, Male, 41 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 4 Years	Father, Male, 41 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Months	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Months	Father, Male, 41 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Years	Father, Male, 41 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Months	Unrelated Home Member, Unknown, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Years	Unrelated Home Member, Unknown, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 28 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 4 Years	Father, Male, 41 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 4 Years	Unrelated Home Member, Unknown, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

The 3/26/18 report alleged for eight days, the SM and the four male adults lived in an abandoned and condemned house



with the two SS. There was no electricity in the home and the interior structure was unsafe. The adults smoked marijuana in the direct presence of the SS, exposing them to the harmful drug. The older SS had large suspicious bruises on her arms.

Report Determination: Indicated

Date of Determination: 06/08/2018

Basis for Determination:

During the 3/26/18 investigation, ACS found credible evidence to substantiate the allegations of IG and IF/C/S on the basis that the SM and BF resided in an abandoned and condemned house with the two SSs. ACS found there was no electricity in the home and the interior structure was unsafe. ACS learned that the SM and BF had the SSs around squatters who smoked marijuana in the direct presence of the SSs. The family obtained housing assistance and was found eligible for shelter services.

OCFS Review Results:

ACS' decision to substantiate the allegations of IG and IF/C/S was appropriate. ACS assessed the SS and their caregivers throughout the investigation. There was no evidence reflecting the SS had marks/bruises. ACS obtained information from various collateral contacts. ACS noted the family would receive preventive services. However, the progress notes reflected the family was not referred to PPRS. There was evidence that the family could have benefited from PPRS or referral to community-based services.

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 Notice of Indication to the BM and SF who were subjects of the 3/26/18 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

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

Known CPS History Outside of NYS

There was no CPS History outside of NYS.

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

Have any Orders of Protection been issued? Yes



From: Unknown

To: 05/30/2021

Explain:

The family had a limited OP against the BF for the SM. The OP was due to expire on 05/30/21.

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