



Report Identification Number: NY-20-038

Prepared by: New York City Regional Office

Issue Date: Oct 19, 2020

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 05/02/2020
Initial Date OCFS Notified: 05/02/2020

Presenting Information

The report alleged on 5/2/20 at 1:02 AM, the SC was pronounced dead at the hospital. On 4/2/20, the SC developed a cold, cough, other symptoms. The symptoms persisted until late April when he became unresponsive and was transported by ambulance to the hospital where he was treated and released. He developed a lack of appetite and shortness of breath. On 4/28/20, the SC was admitted to the hospital and was discharged two days later. The parents were advised to follow-up with the physician.

On 5/1/20, at 9:00 PM, the SM placed the SC on an adult bed to sleep. At 11:30 PM, the SM found the SC unresponsive, 911 was called and the MGGM initiated CPR. EMS responded and transported the SC to the hospital. The home was unsanitary and had a foul odor with dog feces and urine on the floor.

Executive Summary

ACS responded to the 5/2/20 report within the required timeframe by contacting Jacobi Hospital (JH), LE and EMS. The allegations were DOA/fatality, IG, LMC and IF/C/S of the SC by the teen-SM and the MGM; IG and LMC of the SC by the MGGM. The 5/2/20 report was subsequent to an initial report dated 3/21/20; the SM and SF engaged in an altercation in the presence of the SC and the MGM's four children (also referred to as the SC's MAs and MU). The allegations of the initial report were IG of the SC and the MAs and MU by the SM, SF and the MGM. The SC resided in the home with the SM, MGM, the MGM's four children and the MGGM. The SC had no siblings and the SF did not reside in the home. The 3/21/20 investigation resulted in an OP for the SM and the SF against each other; however, not the SC.

ACS interviewed a medical professional who reported the SC arrived at the ER at 12:22 AM and had a temperature of 95.5. CPR efforts failed and he was pronounced dead at 1:02 AM on 5/2/20. The medical professional reported no visible injuries were found on the SC but stated there was blood on the SC's nose. It was also reported that the SC was examined at JH four times in the last four months and the fourth time was three days prior to his death when he was admitted, treated for illness and discharged the following day. The SM was advised to follow-up with the SC's physician.

ACS interviewed LE who reported the SM stated she put the SC to sleep at 11:00 PM and stepped out of the room for a short time. She returned to check him at 11:30 PM and found him limp, blue in color and he had blood on his nose. LE found no criminality and closed the case.

On 5/2/20, ACS interviewed the MGM and MGGM in the home during the initial visit; the SM declined to talk to ACS stating she discussed the incident too many times. All family members were at home and the children were deemed safe. The ACS case record reflected the home was clean, and the family had an adequate amount of food. The family housed two dogs and two cats.

The grandparents' accounts were similar. The grandparents reported the SC was ill, the SC frequently cried and often had an elevated temperature. They reported the SM, or the MGM gave the SC Tylenol as instructed by the physician. On the eve of his death, from 8:30 PM to 9:00 PM, the MGM soothed him as he cried and fell asleep, and the SM placed him in his crib. The SM moved the SC to her bed and placed him faced down and propped on top of a small pillow placed from waist up toward his head which was turned to the left. Approximately 30 minutes later, the SM checked the SC and found him limp. The MGM called 911 and was instructed to initiate CPR which the SM initiated and found the SC had a slight pulse. EMS responded and transported the SC to JH. According to the MGM, during one of the hospital visits, the SC



tested positive for COVID 19 virus and later tested negative. The information received from JH revealed the SC tested negative for the virus. The ME had not released the findings of the autopsy at the time this report was written.

The three MAs and the MU were asleep in their respective rooms at the time of the discovery and were not aware of the incident until after it occurred. The SM received PPRS and mental health services and was advised to contact the mobile crisis unit if necessary. The school-aged children were engaged online with school.

On 7/1/20, ACS unsubstantiated the allegations of the report stating no credible evidence was found to support that the parents put the SC's physical or emotional wellbeing at risk of abuse or maltreatment.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

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: 05/02/2020

Time of Death: 01:02 AM

Date of fatal incident, if different than date of death:

05/01/2020

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

11:45 PM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

11:45 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	Aunt/Uncle	No Role	Female	15 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	14 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	9 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	9 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	67 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	17 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	38 Year(s)

LDSS Response

The ACS' case documentation reflected the details of the events that led to the SC's demise. The SM reported that the last four months of the SC's life, he was ill, his condition improved for a short time and then worsened. The SM stated that in April of 2020, an assigned physician told her the SC tested positive for COVID 19 and later, tested negative.

On 5/1/20, at approximately 7:00 PM, the SC was ill, the SM administered Tylenol, fed and put him to sleep in the crib. He awoke screaming and from 8:30 PM to 9:00 PM, the MGM placed him face down across her legs and soothed him until he returned to sleep. At approximately 11:00 PM the SM put the SC on her adult bed; he was face down, propped on



a small pillow, with his head turned to the side. At approximately 11:30 PM, the SM found the SC unresponsive, in the same position. The SM alerted the MGM who observed blood on his nose and a weak pulse. The MGM called 911 and the operator instructed her to administer CPR that the SM applied until EMS arrived. EMS transported the SC, to JH while LE examined the home and interviewed the family. LE transported the SM to JH and she was told the SC was pronounced dead at 1:02 PM on 5/2/20.

On 5/3/20, ACS interviewed the medical professional who reported information similar to that of the family. The SC had no pre-existing medical conditions; however, he was seen five times since birth. On 12/14/19, the SC was treated for an illness, and on 2/13/20 he was prescribed medication. On 3/12/20 and 4/5/20 he was seen for a cough and other symptoms; no medications were prescribed. On 4/28/20, the SC was admitted to JH due to illness; he was prescribed Motrin and discharged on 4/30/20. During his stay, he was tested for COVID 19. He was seen again and tested again on 5/2/20; however, none of those results were documented.

ACS interviewed the children in the home separately in addition to the MGGM and they gave similar accounts. The children and MGGM were asleep at the time of the discovery and they were later told the SC was ill. The children reported that at times they cared for and fed the SC and observed either the SM or MGM administer medicine to the SC. They said the SC slept in his crib or in the SM's bed. They knew the SC was ill. Per ACS progress notes, no other household member was ill. The BF was aware the SC was ill and he stated that he did not understand the cause of death.

ACS' case documentation reflected the SM had the necessary provisions for the SC, and she and the MGM received safe sleep practices instruction. ACS verified that the MGM's children attended online school as required. Throughout the investigation, the home was deemed clean, organized and roach infested. The MGGM admitted she smoked marijuana during the mornings and not in the presence of the children. The MGM planned with her male paramour, and the MGGM agreed to be in the home with the children to avoid any impact to the children.

On 7/1/20, ACS unsubstantiated the allegations of the report. ACS explained that no credible evidence was found to support that the parents put the SC's physical and emotional wellbeing at risk of abuse/maltreatment.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054892 - Deceased Child, Male, 5 Mons	054903 - Grandparent, Female, 67 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated



Child Fatality Report

054892 - Deceased Child, Male, 5 Mons	054903 - Grandparent, Female, 67 Year(s)	Inadequate Guardianship	Unsubstantiated
054892 - Deceased Child, Male, 5 Mons	054902 - Grandparent, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated
054892 - Deceased Child, Male, 5 Mons	054901 - Mother, Female, 17 Year(s)	Inadequate Guardianship	Unsubstantiated
054892 - Deceased Child, Male, 5 Mons	054902 - Grandparent, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
054892 - Deceased Child, Male, 5 Mons	054902 - Grandparent, Female, 37 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054892 - Deceased Child, Male, 5 Mons	054902 - Grandparent, Female, 37 Year(s)	Lack of Medical Care	Unsubstantiated
054892 - Deceased Child, Male, 5 Mons	054901 - Mother, Female, 17 Year(s)	DOA / Fatality	Unsubstantiated
054892 - Deceased Child, Male, 5 Mons	054901 - Mother, Female, 17 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054892 - Deceased Child, Male, 5 Mons	054901 - Mother, Female, 17 Year(s)	Lack of Medical Care	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
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Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

The family received casework counseling.

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:

The children remained in the home with the MGM.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>

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 teenage SM accepted and engaged in bereavement counseling.

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

Explain:

The family received preventive 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? N/A
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)
03/21/2020	Aunt/Uncle, Female, 9 Years	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	No
	Aunt/Uncle, Female, 9 Years	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Male, 14 Years	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 3 Months	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Female, 15 Years	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Male, 9 Years	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Female, 9 Years	Father, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Female, 9 Years	Father, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Male, 14 Years	Father, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	



Deceased Child, Male, 3 Months	Father, Female, 20 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Female, 15 Years	Father, Female, 20 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Male, 9 Years	Father, Female, 20 Years	Inadequate Guardianship	Unsubstantiated

Report Summary:

The BF was spending the night at the SM's home when an argument ensued between the parents.

Report Determination: Unfounded

Date of Determination: 05/21/2020

Basis for Determination:

ACS found no credible evidence that the parents' actions caused the children any physical, emotional, mental harm or placed the children at risk of abuse/maltreatment.

OCFS Review Results:

Investigation was appropriate.

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)
12/18/2018	Mother, Female, 16 Years	Grandparent, Female, 36 Years	Educational Neglect	Substantiated	No
	Mother, Female, 16 Years	Grandparent, Female, 36 Years	Lack of Medical Care	Substantiated	

Report Summary:

The teenage SM missed 72 days of school and she displayed mental health symptoms; however, the MGM failed to intervene.

Report Determination: Indicated

Date of Determination: 02/15/2019

Basis for Determination:

The MGM obtained medical attention after ACS became involved and developed a plan with the school staff.

OCFS Review Results:

ACS' involvement yielded positive results.

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)
02/06/2017	Mother, Female, 14 Years	Grandparent, Female, 35 Years	Educational Neglect	Unsubstantiated	No
	Mother, Female, 14 Years	Grandparent, Female, 35 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

The teenage SM missed 18 days of school and was late 12 times that negatively affected her grades. The SM dressed inappropriately for the weather and was unkempt with dirty clothes and an odor. At times she was depressed, displayed bursts of anger or sadness.

Report Determination: Unfounded

Date of Determination: 04/19/2017

Basis for Determination:

ACS wrote that during the investigation, the MGM was compliant and addressed the SM's mental health, and educational



needs to improve absenteeism as the SM was deemed truant. The siblings were safe and the MGM made improvements regarding the living conditions. The MGM addressed all concerns.

OCFS Review Results:

ACS supported the MGM and made appropriate referrals.

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

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

Between 2005 and 2017, the MGM was listed as a subject in six reports. Of the six investigations, five were indicated. The allegations were a combination of EdN, IG, LMC and IF/C/S involving the SM and other children in the MGM's household.

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 preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 02/14/2019

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: 02/14/2019

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



Child Fatality Report

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

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 The family received PPRS. The MGM and all family members were engaged in family counseling, case management, DV and homemaker services. The SM received MH services.

Preventive Services History

ACS opened a preventive services case for the family on 2/14/19. The MGM engaged in mental health, family therapy and DV services. The services were initiated due to the SM not attending school and her display of erratic behaviors. The family received PPRS, case management and casework counseling, and the SM engaged in services with a community-based agency.

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