



Report Identification Number: NY-20-043

Prepared by: New York City Regional Office

Issue Date: Nov 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: 6 year(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 03/05/2019
Initial Date OCFS Notified: 05/21/2020

Presenting Information

The 5/21/20 report alleged the SM was aware the SC was diagnosed with inoperable pre-existing medical conditions. The SM was aware the SC was prescribed medication to assist in the treatment of the SC's brain cancer and the SM failed to administer the medication which contributed to the SC's death on 3/5/19. The SM was aware the 10-yo SS was diagnosed with a medical condition and SM smoked marijuana around him knowing that this could exacerbate his medical condition. The SM smoked marijuana around the 5-yo SS.

Executive Summary

The 6-year-old female child (SC) died on 3/5/19. According to the ME, the cause of death was Bronco Pneumonia complicated by Chronic Bronchial Asthma in the setting of respiratory insufficiency due to malignant cancer and the manner of death was natural causes.

At the time of the SC's death, the two male SSs were 4 and 9 years old. The family had open CPS investigation and preventive services cases.

NYCRO issued Fatality Report ID Number NY-19-025 regarding the child's death. The report was issued on 9/5/19.

According to the SM, the SC had cancer. The SC walked with a physical disability. The SM took her to a physician in one borough and she was unable to obtain any answers. The medical staff did not know the cause of the SC's ailment. The family relocated to another borough, the SC was diagnosed, and she provided her the medications as prescribed. She was provided with an additional medication to prevent pneumonia. Pneumonia was the cause of the SC's death. The day prior to the SC's death the SC informed the SM she was experiencing pain while swallowing. The SM contacted the physician but she did not receive an answer. The SM did not take the SC to the physician due to a snowstorm and the SM did not want to take the SC out in the snowstorm as her immune system was low. The SC died the following day. The SM denied she made comments in the past that she missed providing four doses of medication to the SC. The SC was diagnosed with her medical condition in September 2018 and the SM was not informed the SC only had six months to live. The SM said that at the time of the SC's death, the family did not receive bereavement services and was not interested in the service.

On 5/23/20, ACS opened a preventive services case for the family and the Family Service Stage (FSS) was closed on 7/1/20. No FASPs were completed.

On 5/26/20, a conference occurred. The SM was residing in the family shelter for the past two years and the CM had no concerns for the SM and her caring for the SSs. A community-based organization, the family's provider agency, also had no concerns regarding the SSs. The SM declined seeing a Certified Alcohol Substance Abuse Counselor (CASAC) or taking a drug test. The SM said she continued to use marijuana and she did not use it in front of or around the CHN. Later, the documentation reflected the SM was referred to a CASAC and participated. The SM accepted referrals for drug treatment program and bereavement counseling.

On 5/28/20, the ME's office informed ACS that cancer affected the brain stem cells that were responsible for breathing. ACS inquired whether the SM's action/inaction caused the death of the SC. The ME's office said the cancer caused the death and the death was deemed natural causes.



On 6/26/20, ACS Unsub the allegations of DOA/Fatality, IG and LMC of the SC by the SM. The allegations of IG of the 5-yo SS and LMC and IG of the 10-yo SS by the SM were also Unsub on the basis of no credible evidence. The SM was not responsible for the death of the SC. According to the medical specialist, the SM was compliant with all medical recommendations and medication regiments. The 10-yo SS had a medical condition but there were no concerns from his physician to reflect he was not being cared for or not following the medication regimen to address his condition. The SM admitted to using marijuana. The two SSs did not have knowledge of the SM's drug use as the SM said she did not use marijuana in the CHN's presence. The shelter personnel and community-based organization were aware of the drug use as she disclosed it to them. There were no concerns reported from service providers.

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:

NA

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: 03/05/2019

Time of Death: 06:07 PM

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

Unknown

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

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 | Deceased Child | Alleged Victim | Female | 6 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 24 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 9 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 4 Year(s) |

LDSS Response

On 5/21/20, the SM informed ACS of the SC's death. The SM said she had PPRS and was working with a provider agency.

On 5/22/20, the shelter personnel told ACS a call was received from the SM who said there was an ACS investigation regarding the fatality. According to the shelter personnel, the shelter was concerned as the SM was still struggling with the death of the SC. The shelter was not aware whether the SM received any services other than with the provider agency. The shelter had no concerns regarding the CHN in the SM's care and the SM showed improvement, and the CHN sometimes stayed with relatives. An application for supportive housing was completed and submitted for the family. There were no concerns of marijuana use by the SM. The SM admittedly had a history of drug use but she did not smoke in the unit or around the CHN.

On 5/22/20, ACS visited the family in the shelter. The 5-yo SS stated the older SS was visiting family. He said the SC was not here, but he identified her bedroom for ACS. He said he missed the SC. ACS did not observe marks or bruises on the SS during the visit.

On 5/22/20, the SM provided an account of the SC's condition prior to the SC's death. The SM said initially, she found the



SC had a physical disability. The SM said she took the SC to the physician but was unable to obtain any answers. The medical staff did not know the cause of the SC’s ailment until the family sought additional medical evaluations. After the medical professionals diagnosed the SC with the medical condition, she provided her the medications as prescribed. The SM denied she missed providing four doses of medication to the SC. The SC was diagnosed with her medical condition in September 2018 and the SM was not informed the SC only had six months to live. The SM did not receive bereavement services and was not interested in the service. However, ACS explained the benefits of bereavement services and she accepted the service. The SM said she used marijuana outside with a friend. She said the CHN were not with her most of the time when she smoked marijuana. The SM declined a drug test.

On 5/22/20, the BF said his relationship with the SM was not stable but they spoke almost daily. He did not have concerns for the SM and the CHN were fine in her care.

ACS observed the 10-yo SS on video chat. He was visiting his father and the SM did not want to provide his contact number.

On 5/22/20, the provider agency reported the SM completed her services with PPRS and the SM voluntarily signed for aftercare services. The service was voluntary, and the family received support and aftercare services. The provider agency was not aware of marijuana use by the SM. The agency said their personnel visited the home weekly and did not find evidence of marijuana or observe drug paraphernalia in the home. The agency was aware the SM received therapeutic services but was unaware whether the SM continued to receive this service.

On 6/1/20, ACS interviewed the SM's therapist and verified the SM had a history of marijuana misuse, the SM received therapeutic services twice a week and she was engaged in the therapy process. The therapist was involved with the SM for a few months. ACS requested the therapist assist with counseling the SM about the dangers of using marijuana and utilizing medication.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: The case documentation did not reflect there was an MDT response.

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 |
|--|-------------------------------------|-------------------------|--------------------|
| 055301 - Deceased Child, Female, 6 Year(s) | 055182 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 055301 - Deceased Child, Female, 6 Year(s) | 055182 - Mother, Female, 24 Year(s) | DOA / Fatality | Unsubstantiated |



Child Fatality Report

| | | | |
|--|-------------------------------------|-------------------------|-----------------|
| 055301 - Deceased Child, Female, 6 Year(s) | 055182 - Mother, Female, 24 Year(s) | Lack of Medical Care | Unsubstantiated |
| 055307 - Sibling, Male, 9 Year(s) | 055182 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 055307 - Sibling, Male, 9 Year(s) | 055182 - Mother, Female, 24 Year(s) | Lack of Medical Care | Unsubstantiated |
| 055308 - Sibling, Male, 4 Year(s) | 055182 - Mother, Female, 24 Year(s) | Inadequate Guardianship | 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contact with source? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |

Additional information:

The SC died on 3/5/19. ACS obtained medical documentation from the medical facility.

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

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 completed intake for bereavement, drug treatment and clinical health 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"/> |

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



Child Fatality Report

| 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"/> |
| Economic support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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 documentation reflected the SM completed intake for bereavement services for herself and the two SSs.

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

Explain:

The documentation reflected that the SM completed intake for bereavement services for herself and the two SSs. The SM completed her intake for a substance abuse program.

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? No



Was the child acutely ill during the two weeks before death?

Yes

CPS - Investigative History Three Years Prior to the Fatality

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|---------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 01/31/2019 | Sibling, Male, 9 Years | Mother, Female, 28 Years | Educational Neglect | Unsubstantiated | No |
| | Sibling, Male, 9 Years | Mother, Female, 28 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child, Female, 6 Years | Mother, Female, 28 Years | Educational Neglect | Unsubstantiated | |
| | Deceased Child, Female, 6 Years | Mother, Female, 28 Years | Inadequate Guardianship | Unsubstantiated | |

Report Summary:

On 1/31/19, the SCR registered a report that alleged EdN and IG of the SC and nine-year-old SS by the SM. ACS initiated the investigation in a timely manner and made appropriate collateral contacts for relevant information. It was during this investigation the SC died of natural causes on 3/5/19.

Report Determination: Unfounded**Date of Determination:** 04/01/2019**Basis for Determination:**

ACS' determination narrative stated there was no credible evidence to support the EdN or IG allegations for the SC or SS. ACS explained that the SC had been medically fragile and the school was aware of her medical situation.

OCFS Review Results:

Based on the information obtained from the schools and medical providers, the SM provided adequate care for the SC and SS. The decision to unsubstantiate the allegations of the report 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) |
|--------------------|---------------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 06/29/2018 | Sibling, Male, 8 Years | Mother, Female, 23 Years | Inadequate Guardianship | Substantiated | Yes |
| | Sibling, Male, 8 Years | Mother, Female, 23 Years | Lacerations / Bruises / Welts | Unsubstantiated | |
| | Deceased Child, Female, 5 Years | Mother, Female, 23 Years | Inadequate Guardianship | Substantiated | |
| | Deceased Child, Female, 5 Years | Mother, Female, 23 Years | Lacerations / Bruises / Welts | Unsubstantiated | |

Report Summary:

On 6/29/18, the SCR registered a report that alleged L/B/W and IG of the SC and male sibling. The report alleged the SM failed to keep medical appointments and did not have medication for the children.

Report Determination: Indicated**Date of Determination:** 08/27/2018**Basis for Determination:**

The allegation of IG was substantiated as the SM did not obtain the medication for the two CHN in a timely manner. The



allegation L/B/W was unsubstantiated because there was no evidence of marks or bruises on any of the children in the home.

OCFS Review Results:

Based on ACS documentation, the SM did not have medication for the CHN and obtained the medication after ACS intervention.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

During the review of this investigation it was noted the case was determined in the name of the MGM, this should have been corrected.

Legal Reference:

18 NYCRR 428.5

Action:

ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 01/18/2018 | Sibling, Male, 8 Years | Mother, Female, 23 Years | Inadequate Guardianship | Unsubstantiated | Yes |
| | Sibling, Male, 8 Years | Mother, Female, 23 Years | Lack of Medical Care | Unsubstantiated | |

Report Summary:

On 1/18/18, the SCR registered a report that alleged LMC and IG by the SM of the male child. The report alleged the SM refused to comply with the child's school request to obtain an enrollment in a voluntary medical plan.

Report Determination: Unfounded

Date of Determination: 03/30/2018

Basis for Determination:

ACS' determination narrative stated there was no credible evidence to support the allegations of the report because the SM engaged in services at the family shelter where she resided. In addition, ACS verified the school had a medical plan on file in the school should any medical emergency arise. ACS contacted the SM's clinical workers and the family shelter and none reported any concerns.

OCFS Review Results:

Based on ACS' documentation and the information obtained from several collateral contacts the determination appeared to be appropriate.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Although the BM was the subject of the report the case remained in the name of the MGM who had no role in the case.

Legal Reference:

18 NYCRR 428.5

Action:

ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.



| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|------------------------|-------------------------------|-------------------------|--------------------|---------------------|
| 10/26/2016 | Sibling, Male, 7 Years | Grandparent, Female, 42 Years | Inadequate Guardianship | Unsubstantiated | No |
| | Sibling, Male, 7 Years | Grandparent, Female, 42 Years | Lack of Medical Care | Unsubstantiated | |
| | Sibling, Male, 7 Years | Aunt/Uncle, Male, 20 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 7 Years | Aunt/Uncle, Male, 20 Years | Lack of Medical Care | Unsubstantiated | |
| | Sibling, Male, 7 Years | Mother, Female, 21 Years | Inadequate Guardianship | Substantiated | |
| | Sibling, Male, 7 Years | Mother, Female, 21 Years | Lack of Medical Care | Substantiated | |

Report Summary:

The 10/26/16 report alleged the 7-yo SS was diagnosed with a medical condition in 2015. The SS was supposed to have a treatment plan and medication to be easily accessed by the SS at all times, in case of an emergency. The SM and other family members were aware of the situation and did not put the plan in place, and provide the medication needed. As a result, the SS had two medical incident in 2016, and required emergency medical treatment which he could not get right away because there was no medication available.

Report Determination: Indicated**Date of Determination:** 12/21/2016**Basis for Determination:**

The SM did not exercise a minimum degree of care to provide/secure appropriate medical provisions for the SS. The SS was diagnosed with a medical condition and had severe episode attacks at times. The SM did not follow-up with medical documentation. The SM's inaction created a substantial risk of harm to the CH. The SS's adult cousin did not have daily child care responsibilities.

OCFS Review Results:

ACS initiated the investigation within the required timeframe. The school personnel informed ACS that the 7-yo SS had a medical incident in school and the proper paperwork was not completed by the SM. As a result, the school was unable to dispense the appropriate medication. A family member brought the medication to school and took the SS home. The SM informed ACS she was aware the SS was sent home and the school asked her to complete and sign the documentation. The SM said she signed the necessary documentation for ACS' review. The SS told ACS he had a medical episode at school but felt better. He was running outside with his friend when the episode occurred.

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) |
|--------------------|---|-----------------------------|-------------------------------|--------------------|---------------------|
| 08/24/2016 | Other Child - MGM's child, Male, 13 Years | Mother, Female, 21 Years | Parents Drug / Alcohol Misuse | Substantiated | Yes |
| | Other Child - MGM's child, Male, 13 Years | Grandparent, Male, 54 Years | Parents Drug / Alcohol Misuse | Substantiated | |
| | Other Child - MGM's child, Male, 13 Years | Mother, Female, 21 Years | Inadequate Guardianship | Substantiated | |
| | Other Child - MGM's child, Male, 13 Years | Aunt/Uncle, Male, 24 Years | Inadequate Guardianship | Substantiated | |
| | Other Child - MGM's child, Female, 10 Years | Mother, Female, 21 Years | Inadequate Guardianship | Substantiated | |
| | Other Child - MGM's child, Female, 10 Years | Aunt/Uncle, Male, 24 Years | Inadequate Guardianship | Substantiated | |



| | | | |
|---|-------------------------------|-------------------------------|-----------------|
| Other Child - MGM's child, Female, 10 Years | Grandparent, Male, 54 Years | Inadequate Guardianship | Substantiated |
| Sibling, Male, 1 Years | Mother, Female, 21 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Sibling, Male, 1 Years | Aunt/Uncle, Male, 24 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Sibling, Male, 1 Years | Grandparent, Male, 54 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Sibling, Male, 1 Years | Mother, Female, 21 Years | Inadequate Guardianship | Substantiated |
| Sibling, Male, 1 Years | Grandparent, Male, 54 Years | Inadequate Guardianship | Substantiated |
| Sibling, Male, 7 Years | Grandparent, Female, 42 Years | Inadequate Guardianship | Unsubstantiated |
| Sibling, Male, 7 Years | Mother, Female, 21 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Sibling, Male, 7 Years | Grandparent, Male, 54 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Sibling, Male, 7 Years | Mother, Female, 21 Years | Inadequate Guardianship | Substantiated |
| Sibling, Male, 7 Years | Aunt/Uncle, Male, 24 Years | Inadequate Guardianship | Substantiated |
| Sibling, Male, 7 Years | Grandparent, Male, 54 Years | Inadequate Guardianship | Substantiated |
| Other Child - MGM's child, Female, 14 Years | Mother, Female, 21 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Other Child - MGM's child, Female, 14 Years | Grandparent, Male, 54 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Other Child - MGM's child, Female, 14 Years | Mother, Female, 21 Years | Inadequate Guardianship | Substantiated |
| Other Child - MGM's child, Female, 14 Years | Aunt/Uncle, Male, 24 Years | Inadequate Guardianship | Substantiated |
| Other Child - MGM's child, Female, 14 Years | Grandparent, Male, 54 Years | Inadequate Guardianship | Substantiated |
| Other Child - MGM's child, Female, 9 Years | Mother, Female, 21 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Other Child - MGM's child, Female, 9 Years | Grandparent, Male, 54 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Other Child - MGM's child, Female, 9 Years | Mother, Female, 21 Years | Inadequate Guardianship | Substantiated |
| Other Child - MGM's child, Female, 9 Years | Aunt/Uncle, Male, 24 Years | Inadequate Guardianship | Substantiated |
| Other Child - MGM's child, Female, 9 Years | Grandparent, Male, 54 Years | Inadequate Guardianship | Substantiated |
| Deceased Child, Female, 3 Years | Mother, Female, 21 Years | Parents Drug / Alcohol Misuse | Substantiated |



| | | | |
|---|-------------------------------|-------------------------------|-----------------|
| Deceased Child, Female, 3 Years | Grandparent, Male, 54 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Deceased Child, Female, 3 Years | Mother, Female, 21 Years | Inadequate Guardianship | Substantiated |
| Deceased Child, Female, 3 Years | Aunt/Uncle, Male, 24 Years | Inadequate Guardianship | Substantiated |
| Deceased Child, Female, 3 Years | Grandparent, Male, 54 Years | Inadequate Guardianship | Substantiated |
| Other Child - MGM's child, Female, 10 Years | Grandparent, Male, 54 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Other Child - MGM's child, Male, 13 Years | Grandparent, Male, 54 Years | Inadequate Guardianship | Substantiated |
| Other Child - MGM's child, Female, 12 Years | Mother, Female, 21 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Other Child - MGM's child, Female, 12 Years | Grandparent, Male, 54 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Other Child - MGM's child, Male, 13 Years | Grandparent, Female, 42 Years | Inadequate Guardianship | Unsubstantiated |
| Other Child - MGM's child, Female, 12 Years | Grandparent, Female, 42 Years | Inadequate Guardianship | Unsubstantiated |
| Other Child - MGM's child, Female, 12 Years | Mother, Female, 21 Years | Inadequate Guardianship | Substantiated |
| Other Child - MGM's child, Female, 12 Years | Aunt/Uncle, Male, 24 Years | Inadequate Guardianship | Substantiated |
| Other Child - MGM's child, Female, 12 Years | Grandparent, Male, 54 Years | Inadequate Guardianship | Substantiated |
| Other Child - MGM's child, Female, 10 Years | Mother, Female, 21 Years | Parents Drug / Alcohol Misuse | Substantiated |

Report Summary:

On an ongoing basis, the adult sibling, left his cocaine and marijuana easily accessible to the 13-yo, 12-yo and 7-yo SS. The mother of the 13-yo and 12-yo was aware but failed to intervene. The SM, of the 7-yo SS, was also aware yet failed to intervene. All three adults allowed the drugs to be easily accessible to the three CHN. In addition, the adult sibling had multiple arrests at the home, due to warrants for drug possession and drug sales. The mother and SM were aware but continued to allow the adult sibling to reside in the home.

Report Determination: Indicated

Date of Determination: 11/10/2016

Basis for Determination:

The SM resided in the home with all the CHN. The SM had regular and frequent contact with each of them in the capacity of a caretaker. The physical, mental, and emotional condition of all the CHN was placed in imminent danger of being impaired as the SM did not exercise a minimum degree of care through her misuse of drugs. The SM admitted she smoked marijuana. Although, she denied smoking in the home, she returned to the home following use under the influence. The MGF resided in the home with all the CHN. He had regular and frequent contact with each of them in the capacity of a caretaker in that he accompanied them to medical appointments and assisted with their homework assignments.

OCFS Review Results:

LE informed ACS of evidence of drugs sales that occurred in the home. LE found a scale with cocaine residue, a razor and marijuana on the MU's nightstand and his bedroom door was unlocked. The MGF, 13-yo CH, 12-yo CH and 7-yo SS were in the basement. The MGF was the father of the 13-yo, 12-yo and three other CHN in the home. The MGF said he



was awakened by LE in the basement. The SM said the MGM informed her that LE was in the home. Her son was taken by LE as he was in the home with the MGF. The 7-yo SS denied having knowledge about drugs. A conference occurred and ACS filed an Article Ten Neglect petition against the MGF.

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

Issue:
Pre-Determination/Assessment of Current Safety/Risk

Summary:
The 11/10/16 safety assessment document was inadequate as there was a comment that did not support the associated safety factor. The comment referenced the MGM's comment regarding a lead condition in the home but did not clarify the impact of the hazardous condition.

Legal Reference:
18 NYCRR 432.2 (b)(3)(iii)(b)

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

On 9/7/15, and 9/13/15, the SCR registered three reports that alleged IF/C/S, LMC and IG of the three children by the SM. ACS' investigation revealed the three CHN were well cared for, established there was no LMC, and the SM provided medical documentation from the medical provider that all of her appointments were current. On 11/22/15, ACS appropriately unsubstantiated the allegations of reports. The SM was given a referral to a community-based organization.

Known CPS History Outside of NYS

There was no 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: 08/07/2018

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: 08/07/2018

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"/> |



Child Fatality Report

| | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 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 type="checkbox"/> | <input checked="" 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 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:

Services were provided by a provider agency.

Preventive Services History

The SM and children received preventive services after ACS became involved with the family. The SM received parent training, employment and housing services, and the family received case management to assist the SM in meeting her goals. The PPRS agency documented they assisted the SM and monitored the medical and educational needs for the family.

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