



**Report Identification Number: NY-17-054**

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

**Issue Date: Dec 01, 2017**

**(Report was reissued on: Dec 01, 2017)**

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

**Report Type:** Child Found Alive  
**Age:** 2 year(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** Unknown  
**Initial Date OCFS Notified:** 06/01/2017

## Presenting Information

On May 31, 2017, the twelve-year-old sibling was home sick with diarrhea. The sibling was also caring for her two-year-old sister (SC), while the SM was at work. The SC had been sick for an unknown period of time. While the OC was caring for the SC, the SC had trouble breathing. The sibling called 911 and then the SM. The SC was taken to a hospital where she later died. The SC did not have any pre-existing medical conditions and was an otherwise healthy child prior to her death. The role of the sibling is unknown.

## Executive Summary

The SC was two-years-old at the alleged time of death in June 2017. There was no autopsy performed and no autopsy report for the case. NYCRO did not receive an ME report because the SC was found alive.

Neither the Dr. or Investigative Consultant (IC) established the child referenced in the SCR report had died. The allegations of the 6/1/17 report were DOA/Fatality and IG of the SC by the alleged subject SM.

ACS made several collateral contacts to neighbors, family members, SC's daycare provider, and medical staff. During the investigation, ACS learned that the SC had one twelve-year-old sibling in the home.

The SM reported that the sibling had a history of "making up stories." The SM denied any suicidal ideations for the child and stated the child had not been diagnosed for a specific clinical condition. The SM confirmed the sibling had a stomach ache and remained home on 5/31/17. The SM also reported the sibling is well behaved at home and she had not seen the child try to harm herself or the SC. The SM stated that family court had sent the sibling to see a therapist three times in the past because of a custody petition between her and the sibling's father. The last therapy session was on 5/4/17.

The sibling admitted she disclosed to school staff that her sibling, the SC, had died. The sibling reported she had made up the story about the SC dying. The sibling also stated that her parents' separation bothered her. ACS documented the sibling expressed suicidal ideations and ACS advised the SM to obtain immediate mental health services for the child. The SM cooperated with ACS and contacted 911. The EMS/EMT responded to the home and transported the sibling to the local Medical Center.

On 6/1/17, the sibling's guidance counselor disclosed the sibling reported that when she babysat the SC the SC had difficulty breathing and she contacted 911. The guidance counselor told ACS the sibling added the SC was pronounced deceased at the local hospital. The guidance counselor told the Specialist that the sibling fabricates stories. The Specialist contacted the ER and learned the SC had been seen on 5/31/17 and was said to be a vibrant, stable child who was discharged from the hospital.

Throughout the investigation, ACS contacted the SC's day care provider who reported there were no concerns regarding the care the SM was providing. A neighbor, babysitter and medical doctor all confirmed the SC was alive and seen to have no indications of neglect or maltreatment. ACS conducted several home visits to the SM's home where the SC was engaged by the Specialist and observed to have no marks or bruises. ACS documented the sleeping arrangements were satisfactory. ACS learned the sibling's homicidal ideation focused on the SC dying. Therefore, the Specialist and the family created a safety plan. The safety plan was also discussed with the babysitter and other household members. ACS and the MH consultant referred the sibling to mobile crisis and to PPRS services to address the sibling's mental health



issues. The Family accepted PPRS services from the Good Shepherd Services agency to address the SC's early intervention service needs. In addition, the Good Shepherd Services agency provided the family with case management counseling.

On 7/31/17, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC child by the SM. ACS reported that there was no information obtained throughout the investigation that reflected the SC had died. The SC child was assessed to have no injuries to her body. ACS added that the sibling fabricated the SC's death. There were no arrests and or criminality involving the SC's alleged fatality.

## 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

### Explain:

N/A

**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:

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



### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	40 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Deceased Child's Household	Stepfather	No Role	Male	32 Year(s)
Other Household 1	Father	No Role	Male	43 Year(s)

### LDSS Response

On 6/1/17, the SCR registered a report alleging DOA/Fatality and Inadequate Guardianship of the two-year-old SC by the BM.

The preliminary investigation conducted by ACS revealed there was no deceased child.

On 6/1/17, ACS interviewed the school staff and learned that the twelve-year-old sibling disclosed the SC had passed away. On the same date, ACS interviewed hospital staff who confirmed the SC was seen at the hospital's emergency room on 5/31/17 and was discharged the same day.

ACS visited the family at the case address and observed the SC to be alive. The Specialist also observed the SC's discharge papers from the hospital which reflected she was seen on 5/31/17, and was prescribed medication for minor illness. The ACS Specialist then spoke with neighbors on the 1st floor of the case address, who reported not seeing any indications of neglect or maltreatment on the children. The neighbors also denied observing police coming to the home or seeing the SM or the SC's biological father under the influence of drugs or alcohol.

On 6/2/17, ACS contacted the ACS Hospital liaison to obtain further information regarding the SC's emergency room visit on 5/31/17.

On 6/2/17, ACS contacted the sibling's school. ACS contacted the mobile crisis hotline after interviewing the sibling who revealed she was hearing voices and seeing people. The sibling was accepted by mobile crisis and a visit was conducted to assess the child in the home within 48 hours. An appointment was scheduled for the mental health outpatient hospital clinic.

On 6/5/17, the ACS Specialist had a Mental Health Consult. The consultant recommended that the sibling seek out-patient mental health treatment and mobile crisis assistance.

On 6/6/17, ACS contacted the mobile crisis team and learned that the sibling was evaluated and was deemed not a danger to herself or to others. ACS also received a copy of the child's school information.

On 6/7/17 ACS contacted the SC's daycare provider who had no concerns regarding the SC's care. The daycare provider reported not seeing marks or bruises on the SC. ACS learned that the SC attended daycare daily and was dropped off by the babysitter. ACS learned that the sibling and SC's immunizations were current and they were "well children." The Dr. did not report any concerns of abuse or maltreatment and had never seen bruises or marks on the SC or siblings.



On 6/7/17, ACS documented a safety plan for the family. The safety plan included who the safety plan was for and what would be implemented.

On 6/9/17, the ACS Specialist had a follow-up MH consultation, where a safety plan for the family was reviewed.

On 7/7/17, the ACS Specialist contacted the SC's babysitter, who reported not observing any marks or bruises on the SC. The ACS Specialist discussed the family's safety plan with the baby sitter and ACS submitted a referral for PPRS services.

### 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 the New York City region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
038641 - Deceased Child, Female, 2 Yrs	038642 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
038641 - Deceased Child, Female, 2 Yrs	038642 - Mother, Female, 40 Year(s)	DOA / Fatality	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 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"/>



# Child Fatality Report

<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Additional information:**

All subjects of the report were interviewed face-to-face, there was timely entry of progress notes.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?</b>	<input 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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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# Child Fatality Report

<b>Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain as necessary:**  
The child was found alive. All of the children in the household remained in the home.

### 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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
The SC was found alive, in response to the report the family was referred to PPRS and the twelve-year-old sibling was referred for mobile crisis and outpatient mental health treatment. The SC was referred to Early Intervention 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:**  
There was no fatality. The SC was found alive. ACS referred the twelve-year-old sibling to mobile crisis to address her suicidal and homicidal ideations.

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

**Explain:**  
There was no fatality. The SC was found alive.

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment?	No
Was there an open CPS case with this child at the time of death?	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?	No

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/19/2016	Sibling, Female, 11 Years	Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 11 Years	Mother, Female, 39 Years	Lacerations / Bruises / Welts	Unfounded	

**Report Summary:**  
There were concerns that the BM hit the eleven-year-old child with a belt when she returned from visiting with her BF. During the investigation, ACS did not find any credible evidence to substantiate the allegation of IG and LBW against the BM.

**Determination:** Unfounded **Date of Determination:** 05/18/2016

**Basis for Determination:**  
The child denied being hit and there were no marks or bruises found on the child. On 5/18/16, ACS closed the report stating; Closed-Refused services.

**OCFS Review Results:**  
ACS conducted the investigation of the report appropriately; However the RAP completed on 5/18/16 was inaccurate. Assessment Question 7 was answered no instead of yes. The comment in assessment question 7 reflected a no rating.

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

**Issue:**  
Adequacy of Risk Assessment Profile (RAP)



**Summary:**

ACS did not complete the RAP assessment accurately. The RAP comment listed under assessment question 7 reflects a no rating instead of a yes rating.

**Legal Reference:**

18 NYCRR 432.2(d)

**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**

The family did not have any known CPS history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

The family did not have any known CPS History outside of NYS.

**Preventive Services History**

There is no record of Preventive Services History provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

**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

**Additional Local District Comments**

There are no additional Local district comments.

**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