



Report Identification Number: NY-17-101

Prepared by: New York City Regional Office

Issue Date: Mar 12, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 0 day(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 10/09/2017
Initial Date OCFS Notified: 10/09/2017

Presenting Information

The SM had contractions and prepared to leave the home for the hospital; however, she began the birth process in the hallway of her apartment building. The adult cousin called 911. The police arrived at 1:57 AM and found the SC and SM in the hallway. The SC's lips were blue, the skin had a burnt appearance, the head was deformed and the SC was not breathing. CPR was performed at the scene by police and the SC was transported to the hospital by EMS. The home smelled of marijuana and the SM had a history of drug abuse. The SC was pronounced dead on 10/9/17 at 2:34 AM at the hospital. The SM's drug use was suspected to have played a role in the SC's death. The adult cousin had an unknown role. The SC had two surviving siblings (SS) who were not in the home and had unknown roles.

Executive Summary

This fatality report concerns the death of a newborn female SC that occurred on 10/9/17. According to the ME, there were no physical signs of abuse observed and the autopsy results were pending further studies. As of 2/28/18, NYCRO had not yet received the autopsy report.

At the time of the SC's death, the family had an open service case beginning 5/7/15 as the family received PPRS. On 1/24/17, ACS filed an Article Ten Neglect petition in Kings County Family Court (KCFC) that resulted in remand of the two SS to the care and custody of the Commissioner of ACS. The SS was placed into kinship foster care with the MGM and was in the MGM's home at the time of the SC's death. There were no other surviving children in the SM's household.

On 10/9/17, the SCR registered a report that included the allegations DOA/Fatality, PD/AM and IG of the SC by the SM.

ACS investigated the report and learned that on 10/9/17, the SM prepared to go to the hospital because she was about to deliver the SC. While in the building's hallway, she gave birth to the SC and she instructed her adult cousin to call 911. The adult cousin gave the SC CPR before the first responders arrived. Upon their arrival, EMS observed the SM was on the floor in the hallway, holding the unresponsive SC in her arms with the umbilical cord attached. The SM and SC were transported to the hospital via ambulance. The SC arrived at the Lutheran Medical Center at 2:07 AM and the SC was pronounced dead at 2:34 PM.

ACS' findings revealed the SM had a CPS, DV and drug treatment history. ACS gathered pertinent information about the SC's death by obtaining accounts from the SM, LE, EMS, ER staff and other relevant contacts. The SM refused to provide ACS with the identity of the SC's BF or any information regarding his whereabouts. There were no concerns related to safety because the SS was not in the care of the SM at the time of the incident and there were no other surviving children in the SM's household. ACS offered the SM services and she only accepted burial services.

ACS's documentation reflects the Specialist made diligent efforts to visit the SM's home to engage the SM in services; however, she did not make herself available and she refused further contact with ACS during the investigation.

On 2/1/18, ACS unsubstantiated the allegations of DOA/Fatality, PD/AM and IG of the SC by the SM on the basis there was a lack of credible evidence to establish the SM's actions contributed to the SC's death. The ME's preliminary autopsy results suggested the SC had a pre-existing condition.

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

Incident Information

Date of Death: 10/09/2017

Time of Death: 02:34 AM

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

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes



Time of Call: 01:56 AM
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: in utero

Did child have supervision at time of incident leading to death? Yes
Is the caretaker listed in the Household Composition? Yes - Caregiver 1
At time of incident supervisor was: Unknown if they were 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	Adult Sibling	No Role	Female	22 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	0 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Other Household 1	Sibling	No Role	Female	7 Year(s)
Other Household 1	Sibling	No Role	Female	9 Year(s)

LDSS Response

On 10/9/17, LE arrived at the home and observed the SM in the hallway of the apartment cradling the unresponsive SC. The SC's lips were blue, her skin was dark color. There were no marks or bruises observed on the SC's body. LE found there was a heavy scent of marijuana in the home and the SM said her last prenatal visit was 5/1/17. LE stated the home was deemed a crime scene.

The attending Dr. stated the SC arrived at the hospital dead on arrival (DOA). The medical staff attempted to resuscitate the SC; however, the SC had no pulse. The Dr. stated the SC was born prematurely; the head and genital were visibly underdeveloped for gestational age.

The Specialist conducted a safety assessment of the SS at the kinship foster home of the MGM. The SS appeared to be well cared for by the MGM. The MGM had adequate sleeping arrangements and a sufficient supply of provisions for the SS. The SS did not have marks or bruises. There were no hazardous conditions observed in the home. According to the MGM, she and the SS were unaware of the SM's pregnancy. The MGM and the SS had not seen SM in about two weeks.

On 10/9/17, the SM revealed she delivered SC unexpectedly. The SM recalled she did not hear the SC cry. The SM said EMS arrived at the home, cut the umbilical cord and took the SC to the ambulance. ACS appropriately addressed the SM's inconsistencies in her statement to LE regarding the date of her last prenatal visit.

On 10/10/17, ACS offered the SM bereavement and burial services. The SM declined bereavement services but accepted



burial services.

According to family members, the SM was not regularly seen and she had not informed relatives of her pregnancy.

The CP stated the SM had liberal supervised visits with the SS in the MGM's home. During the CP's contacts with the SM, the SM's weight gain was noticeable. The CP addressed the observation and the SM denied she was pregnant. The CP stated the SM denied her pregnancy to relatives, stopped visiting the SS and no longer made herself available to the foster care agency. The CP said about three weeks prior to 10/9/17, the SM's home smelled of marijuana and cigarettes. Despite referrals made by CP, the SM was not actively involved in any services and had not submitted to random urine screenings.

On 10/11/17, the hospital SW stated the SM declined offered aftercare services.

According to the adult cousin, he visited the SM's home around 3:00 PM on 10/8/17 and at that time, the SM complained about stomach pains. The SM declined to go to the hospital and he left SM at the home alone. He returned to the home after 12:00 AM on 10/9/17, and the SM informed him her pain had worsened. He and the SM prepared to leave the home to go to the hospital. The SM began the delivery process and he dialed 911. He was on the phone with the 911 operator when the SC was delivered. The SC did not cry and he informed the 911 operator that the SC was unresponsive. The 911 operator provided him with CPR instructions. He stated he did not feel the SC's heartbeat and the SC did not seem fully developed. He stated LE responded to the home before EMS.

On 10/12/17, medical staff confirmed the SM began prenatal care at the health center on 3/15/17. The SM attended her scheduled prenatal appointments. On 5/6/17, the SM lab results revealed the fetus had pre-existing health conditions. The SM was scheduled for further testing. The SM declined behavioral health services and stopped attending prenatal visits.

On 10/24/17, ACS mailed referrals to the SM's home. ACS recommended that the CP follow-up with SM and provide support as necessary.

On 12/22/17, the CP stated since the death of SC the SM became consistent with supervised visits with the SS at the MGM's home. The SM allowed CP access to her home and agreed to a scheduled evaluation.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?Yes

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
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041421 - Deceased Child, Female, 0 Days	041422 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated
041421 - Deceased Child, Female, 0 Days	041422 - Mother, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
041421 - Deceased Child, Female, 0 Days	041422 - Mother, Female, 37 Year(s)	Parents Drug / Alcohol Misuse	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 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"/>
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
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 safety 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 checked="" type="checkbox"/>	<input 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"/>

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
The two SS remained in foster care placement for reasons unrelated to the fatality.

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"/>					



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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>

Additional information, if necessary:

The family received foster care services prior to the death of the SC. The services selected were in place prior to the death of the SC with the exception of bereavement counseling.

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? Yes
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/19/2017	Sibling, Female, 8 Years	Mother, Female, 36 Years	Excessive Corporal Punishment	Indicated	No
	Sibling, Female, 8 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 8 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 7 Years	Mother, Female, 36 Years	Excessive Corporal Punishment	Indicated	
	Sibling, Female, 7 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 7 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 7 Years	Mother, Female, 36 Years	Lacerations / Bruises / Welts	Indicated	

Report Summary:

The 1/19/17 SCR report alleged the SM abused prescription drugs to the point of impairment while acting as the sole caretaker of the then seven and 6-year-old SS. The SM became erratic, aggressive and confrontational when she was impaired. The SM was unable to adequately care for the SS when she was impaired. The SS were withdrawn, quiet and scared in the SM's presence. The SM was confrontational with school staff and was easily agitated. The SM brought soiled clothing for the SS to change into. The SM became upset and aggressive with school officials. The SS were not injured. The role of the BF was unknown.

Determination: Indicated**Date of Determination:** 03/04/2017**Basis for Determination:**

On 3/4/17, ACS substantiated all the allegations of the 1/19/17 report. The SM used excessive physical punishment to discipline the SS and the 7-year-old SS had visible marks and bruises on various body parts. The SM admitted she misused her prescribed drugs and did not complete treatment. The SM was non-compliant with PPRS regarding her untreated health issues.

OCFS Review Results:

Results of this review show that ACS had entered timely progress notes, made diligent efforts, contacted the source and obtained information from collateral contacts. During the review period, there was sufficient and relevant face-to-face casework contact with both SS and SM.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/08/2016	Sibling, Female, 8 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	No



Sibling, Female, 6 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated
Sibling, Female, 8 Years	Father, Male, 40 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 6 Years	Father, Male, 40 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 8 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Female, 6 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Female, 6 Years	Father, Male, 40 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Female, 8 Years	Father, Male, 40 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

The 6/8/16 SCR report alleged the SS, who was then six years old, soiled herself and needed to be picked up from school. The SM presented to the school under the influence of an unknown substance, impaired to the point that she could barely open her eyes and her responsiveness was delayed. The SM arrived at the school alone, with the intension of taking the SS from the school impaired, being the sole caretaker and not having any alternative plan for the child's care. The SS, who was then eight years old, had an unknown role.

Determination: Indicated

Date of Determination: 08/05/2016

Basis for Determination:

ACS substantiated the allegation of IG of the SS by the SM on the basis the SM was not appropriately attending to her medical and mental health issues. ACS observed the side effects of her prescription drug use had impaired the SM and made her unable to care for the children. The allegation of PD/AM for both SS by the SM was unsubstantiated on the basis of lack of credible evidence to prove the SM abused the medication prescribed by her Dr. ACS added that the Dr. did not have concerns.

All allegations by the BF for the SS were unsubstantiated on the basis he appeared to be able to care and provide for the children's wellbeing. The BF's drug test results were negative.

OCFS Review Results:

Results of this review show that ACS had entered timely progress notes, made diligent efforts, contacted the source and obtained information from collateral contacts. During the review period, there was sufficient and relevant face-to-face casework contact with both SS and SM.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/10/2016	Sibling, Female, 8 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	No
	Sibling, Female, 8 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 6 Years	Mother, Female, 36 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 6 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	



Sibling, Female, 8 Years	Mother, Female, 36 Years	Lacerations / Bruises / Welts	Unfounded
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Report Summary:

The 4/10/16 SCR report alleged the SM abused a variety of pills to the point of impairment while being the sole caretaker of SS on a daily basis. The SM became distant, frustrated and did not want the SSs to bother her while she was impaired. In the beginning of April 2016, the 8-year-old SS was seen with a bruise on her back because the SM hit the SS for not listening. An unrelated home member had an unknown role.

Determination: Indicated **Date of Determination:** 06/10/2017

Basis for Determination:

ACS substantiated the allegation of IG of the SS by the SM on the basis the SM had not taken the appropriate measures to attend to her own health issues and address the side effects of her medication to rectify the impact on her physically. The SM was observed seemingly impaired and unable to care for the two SS.

The allegation of PD/AM for the SS and L/B/W of the then 8-year-old SS by the SM were unsubstantiated as there was lack of evidence to determine the SM abused her prescribed medication as the SM's drug tests results were negative for illicit drugs other than the medication prescribed by her Dr. The SS were observed free of marks/bruises.

OCFS Review Results:

During the investigation, ACS gathered pertinent information to make determination for all allegations including those on the intake report. ACS entered timely progress notes, made diligent efforts and made significant collateral contacts.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/02/2015	Sibling, Female, 5 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 5 Years	Mother, Female, 35 Years	Lacerations / Bruises / Welts	Unfounded	
	Sibling, Female, 5 Years	Mother, Female, 35 Years	Swelling / Dislocations / Sprains	Unfounded	
	Sibling, Female, 5 Years	Father, Male, 39 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 5 Years	Father, Male, 39 Years	Lacerations / Bruises / Welts	Unfounded	
	Sibling, Female, 5 Years	Father, Male, 39 Years	Swelling / Dislocations / Sprains	Unfounded	

Report Summary:

The 4/2/15 SCR report alleged the SS, who was then five years old, was hit by one or both parents. The SS had a visible scratch on her left eye and visible swelling to her right eye. The SS had expressed feeling lingering pain to her eyes. The role of the SS, who was then seven years old, was unknown.

Determination: Unfounded **Date of Determination:** 06/02/2015

Basis for Determination:

On 6/2/15, ACS unsubstantiated the allegations of IG, L/B/W and S/D/S of the SS by the SM and BF on the basis there was no credible evidence to support the allegation as the SM and BF were not home at the time the SS sustained the injury and both SS statements corroborated the account of how the injury occurred.

**OCFS Review Results:**

During the investigation, ACS gathered pertinent information to make determination for all allegations including those on the intake report. ACS entered timely progress notes, made diligent efforts and made significant collateral contacts.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/02/2015	Sibling, Female, 5 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 5 Years	Mother, Female, 35 Years	Lacerations / Bruises / Welts	Unfounded	
	Sibling, Female, 5 Years	Mother, Female, 35 Years	Swelling / Dislocations / Sprains	Unfounded	
	Sibling, Female, 5 Years	Father, Male, 39 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 5 Years	Father, Male, 39 Years	Lacerations / Bruises / Welts	Unfounded	
	Sibling, Female, 5 Years	Father, Male, 39 Years	Swelling / Dislocations / Sprains	Unfounded	

Report Summary:

The 4/2/15 SCR report alleged approximately two weeks prior to 4/2/15, the SM poked the SS, who was then five years old, in the eye. Due to a separate action, the SS had a bruised and swollen eye. The SS had a scratch under her left eye. The explanations for the injuries were inconsistent and implausible. The SM and BF were the primary caretakers for the two SSs.

Determination: Unfounded

Date of Determination: 06/02/2015

Basis for Determination:

On 6/2/15, ACS unsubstantiated the allegations of IG, L/B/W and S/D/S of the SS by the SM and BF on the basis there was no credible evidence to support the allegation as the SM and BF were not home at the time the SS sustained the injury and both SS statements corroborated the account of how the injury occurred.

OCFS Review Results:

During the investigation, ACS gathered pertinent information to make determination for all allegations including those on the intake report. ACS entered timely progress notes, made diligent efforts and made significant collateral contacts.

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

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

The SM and the SS were not subjects of CPS investigations more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Preventive Services History

ACS opened the service case on 5/7/15 to address the SM's misuse of medication that was prescribed by her physician. The SM was admitted into a residential detoxification program on 11/18/16 for erratic behavior resulting in over



consumption of the prescribed medication. The SM was non-compliant with PPRS and was not engaged in mental health treatment. On 1/24/17, PPRS services ended when the SS were placed in kinship foster care.

Foster Care Placement History

As a result of the 1/19/17 investigation, the SS were removed from the SM's care and remanded to the care and custody of the Commissioner of ACS on 1/24/17. The SS were placed in kinship foster care with the MGM. On 1/23/18, the CP assessed the SS and each appeared well cared for in the MGM's home. There were no safety concerns noted. The SS's permanency planning goal was listed as Return to Parent.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
01/24/2017	There was not a fact finding	There was not a disposition
Respondent:	041422 Mother Female 37 Year(s)	
Comments:	The SS were placed a kinship foster home.	

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