



Report Identification Number: NY-17-119

Prepared by: New York City Regional Office

Issue Date: Apr 03, 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: Queens
Gender: Female

Date of Death: 11/26/2014
Initial Date OCFS Notified: 10/10/2017

Presenting Information

The OCFS Form 7065-reflected the infant was born at Elmhurst Hospital in November 2014. The infant was in the hospital from the time of her birth until she was pronounced dead. She received medical treatment for prematurity and on 11/26/14, her condition deteriorated. Her condition worsened and she was pronounced dead at 1:28 p.m. on 11/26/14.

Executive Summary

This newborn female infant died a few hours after birth on 11/26/14. ACS obtained the final autopsy related to the infant's death. The cause of death was complications (due to gunshot wound) with premature delivery and the manner of death was homicide. Prior to the child's death on 11/26/14, the SCR registered a report with allegations of IG of the three surviving siblings and the SC by the SF. The report alleged on the morning of 11/26/14 the mother who was 6 months pregnant was shot dead in the apartment and the father was a suspect in the incident. The report also alleged there was no plan for the care of the newborn and the 8-year-old, 7-year-old, and 6-year-old surviving siblings who were in school at the time of the incident.

ACS later submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases. ACS did not submit the OCFS Form-7065 within the required 72 hours of notification of the infant's death. The information regarding the infant's death was included in the open 11/26/14 investigation.

During the investigation, ACS gathered from LE and family members pertinent information about the circumstances surrounding the deaths of the SC and BM. According to the ACS case record, the BM was shot dead in front of the apartment on 11/26/14. The BM was 6-months pregnant at the time of her death. The SC was successfully extracted by C-section and later died at the hospital. Initially, the BF was the primary suspect in the BM's death; however, after being detained and questioned by police, he was released. LE reported that there were no arrests and the suspect remained unknown.

ACS learned from family members that the 8-year-old SS, 7-year-old SS, 6-year-old SS were in school at the time of the incident.

ACS made collateral contacts with neighbors, medical and social service staff. The medical staff reported that a C-Section was performed on the BM, postmortem. At delivery, the SC initially had no movement or brain activity, but began to breathe after resuscitative actions were taken by the hospital staff.

From the SF, ACS learned he was not aware that the BM was pregnant and that he was not the biological father of the SC. The SF stated that the BM left the home at 8:10 A.M. on 11/26/14, to take the SSs to school. The SF reported that he woke up to the sound of gunshots and banging on the door. The SF stated that he opened the door and the SM collapsed in his arms. A neighbor at the case address called 911. ACS did not contact or interview the SC's BF. ACS did not document contact with the pediatrician for the surviving siblings during the investigation.

ACS made multiple assessments of the surviving siblings before the family relocated to North Carolina with the PGF. ACS requested home and child assessments from North Carolina Social Services. North Carolina Social Services enrolled



the siblings in school and referred the family to bereavement counseling.

On 12/19/14, ACS unsubstantiated the allegations of the 11/26/14 report based on lack of credible evidence to support the substantiation of the allegations. ACS explained that the SF was not considered a suspect in the case and had been cleared by LE.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? 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:

ACS made sufficient collateral contacts to determine the allegations of the 11/26/14 report. ACS worked with LE, medical personnel, family resources and North Carolina Social Services.

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:

The 11/26/14 investigation was unfounded on 12/19/14. The SSs and SF moved to North Carolina.

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	ACS did not make adequate collateral contact with the SS's school, primary care physician or contact the SC's BF.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(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.



Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	The RAP was inadequate as the BM and SF had a history of Domestic Violence; however the RAP did not reflect the documented information.
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.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/26/2014

Time of Death: Unknown

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

Unknown

County where fatality incident occurred:

Queens

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: In Utero

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 001

Adults: 001

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	0 Day(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	9 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	7 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)
Deceased Child's Household	Stepfather	Alleged Perpetrator	Male	28 Year(s)



LDSS Response

Following the receipt of the 11/26/14 report, ACS met with medical personnel and learned that the BM arrived by EMS to the emergency room at approximately 9:20 A.M. Medical personnel reported attempts were made to resuscitate the BM; however she was declared dead at 9:20 A.M. The SC was extracted by C-section postmortem. ACS observed the SC's body in the neo-natal intensive care unit.

LE stated the home was deemed a crime scene and ACS was not allowed on the premises. LE later shared detail of their findings. ACS learned that the surviving siblings were in school at the time of the incident. LE escorted the SF and the SSs to the local precinct where they were interviewed . The police officers reported the children did not appear malnourished and had no marks or injuries. ACS was also informed the SF was initially considered as a suspect; however, after statements, review of the cameras in building, and evidence, he was cleared. ACS interviewed the neighbor who reported hearing gun shots; the neighbor also called 911.

On 11/28/14, the Specialist made collateral contact with the BM's MA and MU. ACS learned that the MA and MU were traveling to NYC to escort the BF and surviving siblings to North Carolina.

Between 12/1/14 and 12/2/14, ACS maintained contact with North Carolina Forsythe County Social Services. ACS learned that the PGF's home would be assessed and the SSs would reside with the PGF and SF. ACS spoke with the SF and learned that funeral arrangements were made.

ACS received information from the ME regarding the death of the SC. According to the case notes, the SC's cause of death was complications (due to gunshot wound). ACS did not document offering the SF burial services.

On 12/2/14, LE reported that the BM's and SC's deaths were homicides. LE continued their search for the suspect.

On 12/4/14, the Specialist spoke with North Carolina Social Services. The PGF's home was assessed and determined appropriate with adequate sleeping arrangements. The surviving siblings were reported to be happy and comfortable in the PGF's home. North Carolina Social Services reported that the family was referred to bereavement counseling.

ACS unsubstantiated the allegation of the report on the basis of no credible evidence. The surviving siblings had a plan for their care. The family relocated to North Carolina to be with other relatives.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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.

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"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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"/>
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"/>

Additional information:

ACS investigation included interview assessments of the children and alleged subject.

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

The 11/26/14 report was not registered as a DOA/Fatality.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: The RAP was inadequate as the BM and SF had history of abuse and threatening incidents.				

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The SSs in this report were not removed as a result of the investigation.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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



Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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:
 ACS did not offer the family burial services; however ACS provided assistance with finding the family shelter after their home was deemed a crime scene.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
 ACS spoke with family resources, to relocate the surviving siblings to North Carolina, as a result of the BM's and SC's death.

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

Explain:
 ACS did not provide any services to the parent and caregivers; however, ACS contacted North Carolina Social Services to assist the caregivers in finding services for the surviving siblings.

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

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)
03/18/2014	Sibling, Male, 8 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 4 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 5 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 8 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 7 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 4 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 5 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 7 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded	

Report Summary:

The BM failed to provide adequate care to her children. The BM failed to ensure that there was adequate food in the home for the children.

Determination: Unfounded

Date of Determination: 04/30/2014

Basis for Determination:

ACS unsubstantiated the allegations of IFCS and IG of the children by the BM. During the investigation, the children were observed to have adequate food, clothing and shelter. The BM stated a cousin was watching the children; however, the cousin denied that he watched the children while the SM worked. ACS interviewed the BM's female cousin who reported she had not watched the children in a long time.

OCFS Review Results:

OCFS NYCRO's review revealed that ACS entered progress notes timely. ACS made assessments regarding the family's needs, but had difficulty because the BM was uncooperative with the investigation. ACS did not thoroughly address the Lack of supervision of the children with the SM. ACS did not follow-up or attempt collateral contact with family members, or Children's Services in North Carolina to inquire about the BM's child welfare history.

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

Issue:

Appropriateness of allegation determination

Summary:



Although the BM stated a cousin was watching the children and the cousin denied that he watched the children while the SM worked, ACS unsubstantiated the allegation of inadequate Guardianship and did not add the allegation of lack of Supervision of the children. ACS did not establish who was providing supervision of the children.

Legal Reference:

FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)

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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/04/2013	Sibling, Male, 6 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unfounded	Yes
	Sibling, Female, 7 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 7 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 3 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 8 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 8 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 6 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The children were filthy, did not bathe, and had poor hygiene. The children did not have clothing and as a result they were wearing the dirty clothing. The BM was aware and failed to address the situation. The role of the father was unknown.

Determination: Unfounded

Date of Determination: 12/20/2013

Basis for Determination:

ACS unsubstantiated the allegations of IF/C/S and IG of the children by the BM. During the investigation, ACS attempted to contact the BF; however, he did not respond to ACS's request for contact. ACS documented that all the children were registered in school and dressed appropriately. ACS observed the family to be organized and neat.

OCFS Review Results:

OCFS NYCRO's review revealed that ACS did not enter progress notes timely. ACS did not make thorough assessments regarding the family's needs. ACS did not thoroughly address the SM's alleged gang affiliation, which they learned during the investigation. ACS did not follow-up or attempt collateral contact with family members, or Children's Services in North Carolina to inquire about the BM's child welfare history. ACS documented providing the BM with a Domestic Violence pamphlet to address family violence. ACS also provided the BM with a handout to obtain an Order of Protection from Civil Court and Family court.

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

Issue:



Adequacy of Progress Notes

Summary:

The 11/4/13 report had progress notes that were not documented contemporaneously.

Legal Reference:

18 NYCRR 428.5

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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/24/2013	Sibling, Female, 6 Years	Mother, Female, 26 Years	Educational Neglect	Far-Closed	No
	Sibling, Male, 7 Years	Mother, Female, 26 Years	Educational Neglect	Far-Closed	

Report Summary:

The children were not registered in school. The children did not attend school in 2013. The children were not in any other educational program. The BM had failed to ensure the children were attending school.

OCFS Review Results:

OCFS NYCRO's review revealed that ACS entered progress notes timely. ACS made thorough assessments regarding the family's needs. During the family assessment response, ACS learned that the children were in North Carolina at the time of the report. ACS contacted North Carolina Social Services and requested a courtesy home visit. North Carolina Social Services assessed the home and the children were safe and registered in school.

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

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

The BM and the SF of the SC and SSs were listed in one SCR report dated 02/17/11. The 2/17/11 report included allegations of IG of the 9-year-old SS, by the BM and SF. ACS unsubstantiated the allegation of IG and closed the 2/17/11 investigation.

Known CPS History Outside of NYS

There is no CPS history outside of NYS.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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