



## Report Identification Number: NY-17-122

Prepared by: New York City Regional Office

Issue Date: Mar 20, 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:** 8 year(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 10/13/2013  
**Initial Date OCFS Notified:** 10/10/2017

## Presenting Information

The OCFS-Form 7065 stated that the child died on 10/13/13. The child died due to complications stemming from illness.

## Executive Summary

This medically fragile eight-year-old male child died 10/13/13. The child had a pre-existing medical condition that was diagnosed by medical professionals in 2011. In September 2011, his condition deteriorated and he received medical care at Montefiore Children’s Hospital and Blythdale Hospital. He was then transferred to Pathways Nursing and Rehabilitation Center, Albany, NY, for long-term care. He resided in the rehabilitation facility for about five months until 10/4/13 when he became critically ill and was hospitalized for treatment of illness. He was in the hospital in Albany when he was pronounced dead by an attending physician. The case record reflected the child died due to natural causes. ACS did not obtain official records to verify the cause, manner and time of death.

At the time of the child’s death, the family had an open services case that began on 9/2/09. The case was opened after ACS found the family required services to address concerns of DV, inadequate supervision, unstable housing, and medical, health and therapeutic needs. ACS assigned case planning responsibility to the Children’s Aid Society (CAS) agency. The BM complied with the service plan implementation but the BF did not make himself available for services. CAS included the information pertaining to the child's death in the open services case.

During a telephone contact that occurred on 10/14/13, the BM informed CAS of the child’s death. CAS did not attempt to conduct a safety assessment of the four SS within 24 hours of notification of the child’s death. The CAS staff did not make the required safety assessments until 10/29/13. Subsequently, CAS maintained adequate contact with the family, verified the homemaking service was effective, the housing condition was stable, the two older SS received counseling in school and the BM received bereavement services. PPRS was closed on 1/7/15.

Between 3/25/15 and 6/13/17, the SCR registered five reports regarding the family. During the 3/25/15 investigation, ACS found that the BM required services to address hazardous home conditions, monitor parenting practices and provide support to the family. ACS opened a services case on 5/29/15 and the family received PPRS, which included homemaking, therapeutic and counseling services and monitoring of education and health needs.

In September 2017, ACS 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. The information regarding the infant’s death was reported to OCFS under Chapter 485 of the Laws of 2006. ACS did not submit the OCFS Form-7065 within the required 72 hours of notification of the infant’s death.

As of 3/8/18, the case remained open for PPRS.

## 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? N/A

**Determination:**

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

**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

<b>Issue:</b>	Failure to report death of child in open CPS or Preventive/CPS services case in timely manner
<b>Summary:</b>	ACS had information about the death and NAC received notification of the child's death on 10/14/13; however, ACS did not inform NYCRO of the child's death.
<b>Legal Reference:</b>	06-OCFS-LCM-13
<b>Action:</b>	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.
<b>Issue:</b>	Required data and official documents
<b>Summary:</b>	ACS forwarded the OCFS-Form 7065 to NYCRO in September 2017 and provided some details about the child's death. The documentation did not include official cause and manner of death and the time the child was pronounced dead.
<b>Legal Reference:</b>	428.3(b)(2)(i)
<b>Action:</b>	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.
<b>Issue:</b>	Adequacy of Documentation of Safety Assessments



<b>Summary:</b>	The BM notified CAS of the child's death on 10/14/13; however, CAS did not conduct safety assessments of the SS within 24 hours of notification of the fatality report.
<b>Legal Reference:</b>	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)
<b>Action:</b>	CAS 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. CAS 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:** 10/13/2013

**Time of Death:** Unknown

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

Unknown

**County where fatality incident occurred:**

Albany

**Was 911 or local emergency number called?**

No

**Did EMS respond to the scene?**

No

**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: Hospitalized

**Did child have supervision at time of incident leading to death?** Yes

**Is the caretaker listed in the Household Composition?** No

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Other Household 1	Father	No Role	Male	37 Year(s)



## LDSS Response

On 10/14/13, the BM informed the CP that on 10/13/13 she received a telephone call requesting that she visit the hospital as the child was about to die. She said she visited the hospital accompanied by the two older SS and other family members. The BM said the child died at approximately 7:00 PM. The BM explained that she needed counseling to help her cope with the child's death. CAS staff did not attempt to make safety assessments of the SS within 24 hours of notification of the child's death.

Between 10/14/13 and 10/28/13, CAS maintained telephone contact with the family, expressed sympathy, counseled the BM and assisted with obtaining burial assistance and bereavement services. CAS staff did not observe the SS and home condition until the CP visited the home on 10/29/13. During the visit, the BM reported the child was buried on 10/25/13. The CP noted the two older SS received counseling and support at school and the family received homemaking services and housing assistance.

CAS made the required number of casework contacts to meet the program requirement, however, the agency did not attempt to obtain information about the official cause and manner of death and the time the child was pronounced dead. Per the CAS record, the BM and two older SS received counseling at a community based organization and CAS, respectively. The CP addressed unstable housing conditions, rent arrears and pending eviction, as well as the BF's visitation and his lack of compliance with the service plan implementation. The BF provided support, but his involvement was not consistent. The BM improved her awareness about maintaining rent payments and organizing the home. She attended the siblings' medical appointments and explored plans to utilize the MGM, PA, neighbor and school staff to maintain proper care of the SS.

CAS determined that PPRS, including homemaking services, were no longer required as the BM had made steady improvement. The case was closed on 1/7/15.

Subsequently, the BM was listed as a subject in five SCR reports dated 3/25/15, 8/28/15, 5/5/16, 10/5/16 and 6/13/17. These reports included a combination of allegations of IG, L/B/W, IF/CS, PD/AM and LM, and they were concerning the SS. ACS substantiated the allegation of IG stemming from the 3/25/15 and 6/13/17 reports. ACS unsubstantiated the allegations of L/B/W, IF/CS, PD/AM and LM. The family received preventive services beginning 5/29/15.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Unknown

## 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 NYC region.

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" 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"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

The documentation showed the BM obtained the child's death certificate; however, the CAS case record did not reflect whether the case was referred to the ME.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
CAS did not conduct a safety assessment of the SS within 24 hours of notification of the child's death. The CAS received notification of the child's death on 10/14/13; however, the staff did not observe the SS until 10/29/13.

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

### 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: N/A				

### 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"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> The family received PPRS.							

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

**Explain:**  
The children received homemaking, bereavement counseling, after school, day care, case management, and casework counseling and therapeutic services.

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

**Explain:**  
The BM received case management to address unstable housing conditions, bereavement, and education and health needs.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was there an open CPS case with this child at the time of death?</b>	Yes
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	Yes

## 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)
09/16/2011	Deceased Child, Male, 6 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 3 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	



Sibling, Female, 3 Years	Mother, Female, 31 Years	Swelling / Dislocations / Sprains	Unfounded
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**Report Summary:**

The 9/16/11 SCR report alleged that on several occasions the MGM was angry and out of control and hit the SS, who was then three years old, with excessive force with her hands. It was unknown if the SS sustained bruises or injuries but the force of the blows were excessive and repetitive.

The 10/7/11 report alleged that an unrelated home member forcefully pushed the SS, who was then three years old, causing her to fall backwards. The report also alleged that several weeks prior to 10/7/11, the unrelated home member yanked the child (deceased) by the arm. It was unknown if the child was injured. The BM, BF and other family members had unknown roles.

**Determination:** Unfounded**Date of Determination:** 10/26/2011**Basis for Determination:**

ACS unsubstantiated the allegations of IG and S/D/S on the basis of lack of credible evidence to support the allegations that the child and SS were subject to any corporal punishment and the BM in any way failed to make arrangements for child care. ACS explained that the staff visited the home and found the children received adequate care. The children did not have marks/bruises.

**OCFS Review Results:**

ACS consolidated the 9/16/11 and 10/7/11 reports and conducted one investigation. The ACS Specialist visited the home and school and maintained communication with the case planner. ACS observed the child and SS did not have marks/bruises and they appeared to have received adequate care. During interviews with ACS, the MGM, BM and unrelated home member denied use of corporal punishment. The unrelated home member was the MGM's paramour and he provided support as the BM frequently visited the child in the hospital and needed support from resource relatives. The child was in the home at the time ACS initiated the investigation and was later hospitalized due to illness.

**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)
06/10/2011	Sibling, Female, 8 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 8 Years	Mother, Female, 31 Years	Lack of Supervision	Unfounded	
	Deceased Child, Male, 6 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 6 Years	Mother, Female, 31 Years	Lack of Supervision	Unfounded	

**Report Summary:**

The 6/20/11 SCR report alleged the child and SS, who was then eight years old, walked to school by themselves. There was concern that the child and SS were not old enough to handle this responsibility as the school was several blocks from their home and it required the child and SS to cross the street. The child had a developmental disability. There was a history of the BM not supervising the child and SS as they walked to school.

**Determination:** Unfounded**Date of Determination:** 08/01/2011**Basis for Determination:**

ACS unsubstantiated the allegations of IG and LS of the child and SS by the BM on the basis of lack of credible evidence to support the finding of maltreatment. ACS explained that the child and SS denied they went to school by themselves. ACS added that the family had an open service case, including home attendant and medical staff to monitor the child in



the home. ACS staff had interviewed the service providers who said they did not have concerns regarding the BM's ability to care for the children.

**OCFS Review Results:**

The BM denied the allegations of the report. During the home visits, ACS Specialist observed the children were clean, well groomed and had no marks/bruises. ACS found that the BM made child care arrangements and received assistance from the home attendant. The home attendant worked in the home from 7:00 AM through 3:00 PM and assisted with escorting the children to school. ACS completed the required safety and risk assessments and assigned a Final Risk Rating of "Low" to the case circumstances. The risk assessment did not include information to reflect the family required PPRS to address medical, parenting and housing needs. PPRS involvement continued.

**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)
12/22/2010	Sibling, Female, 7 Years	Mother, Female, 30 Years	Lacerations / Bruises / Welts	Unfounded	No
	Sibling, Female, 7 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 7 Years	Mother, Female, 30 Years	Internal Injuries	Unfounded	

**Report Summary:**

The 12/22/10 SCR report alleged that the seven-year-old SS had constant suspicious marks/bruises on her face and body. The report also alleged that on 12/22/10 the SS had a black eye. It was suspected that the BM inflicted these injuries to the SS.

**Determination:** Unfounded

**Date of Determination:** 02/11/2011

**Basis for Determination:**

ACS unsubstantiated the allegations of II, IG and L/B/W of the SS, who was then seven years old, by the BM on the basis of lack of credible evidence to support a finding of abuse/maltreatment. ACS added that the BM and SS said the SS was hit accidentally with doll.

**OCFS Review Results:**

ACS investigative findings showed the SS sustained a black eye when the BM threw a doll to the SS and asked the SS to take the toy to her room. The SS reportedly turned around and was struck in the eye with the doll. The BM and SS said the incident was an accident. The Specialist observed there was a red mark under the SS's left eye and the BM had applied treatment to the SS's eye injury. The Specialist noted that the SS did not have other marks/bruises.

The documentation revealed the BM continued to experience problems with managing the children's behavior although the family had homemaking services. The BM complied with PPRS requirements but the BF was unavailable for contact.

**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)
10/26/2010	Sibling, Female, 7 Years	Mother, Female, 30 Years	Educational Neglect	Unfounded	No

**Report Summary:**

The 10/26/10 SCR report alleged that the seven-year-old SS had been absent from school four days and tardy 16 days. The SS failed classes as a result. The BM was aware of the situation yet failed to rectify the problem. The PA had an unknown role.



**Determination:** Unfounded

**Date of Determination:** 12/15/2010

**Basis for Determination:**

ACS unsubstantiated the allegation of EN on the basis of lack of credible evidence. ACS explained that the BM did not receive the support services that had been scheduled to assist with escorting the children to school. The CAS agency had been monitoring the home and found the BM complied with service plan requirements and provided the children's basic needs.

**OCFS Review Results:**

ACS obtained information from household members, relatives, service providers and school staff. ACS verified the BM escorted the children to school but the 7-year-old SS was absent four times and late 16 times. Following ACS intervention, the CAS agency arranged for a new home attendant to assist the BM with escorting the children to school. ACS observed the family had adequate sleeping arrangements and the BM provided the children's basic needs of food, clothing and shelter. The BF assisted with care of the children during scheduled visitation. ACS made efforts to contact the BF; however, the attempt was unsuccessful.

**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 BF were known in three reports dated and 8/16/10, 8/19/09 and 11/23/09. The allegations of the 8/19/09, 11/23/09 reports were IF/C/S, IG, and LS of the BM and BF's children. ACS substantiated all the allegations of these two reports. The reports were indicated and ACS initiated safety interventions to address inadequate supervision, poor parenting and unstable housing concerns.

The allegation of the 8/18/10 report was XCP of the SS, who was then seven years old, by the BF. ACS unsubstantiated the allegation of the report. The report was unfounded and the family continued to receive preventive services.

**Known CPS History Outside of NYS**

There was no known CPS history outside of NYS.

**Services Open at the Time of the Fatality**

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes**

**Date the preventive services case was opened:** 09/02/2009

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes**

**Date the Child Protective Services case was opened:** 09/02/2009

**Evaluative Review of Services that were Open at the Time of the Fatality**

	Yes	No	N/A	Unable to Determine
<b>Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Family Assessment and Service Plan (FASP)**

	Yes	No	N/A	Unable to Determine



<b>Was the most recent FASP approved on time?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If not, how many days was it overdue?</b> A Reassessment FASP was due on 10/15/13 but was approved on 10/21/13.				
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Closing

	Yes	No	N/A	Unable to Determine
<b>Was the decision to close the Services case appropriate?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Provider

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

**Additional information, if necessary:**  
The family received PPRS.

### Preventive Services History

ACS opened the services case on 9/2/09 after the agency found the BM and BF did not adequately supervise their child and SS, the family had unstable housing, the BF was evicted from his home and the family needed support to maintain household functioning. The family received services including: case management, health, clinical, homemaker, Early Intervention, after school, day care, casework counseling and parent training.

### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

### Recommended Action(s)

**Are there any recommended actions for local or state administrative or policy changes?** Yes No

**Are there any recommended prevention activities resulting from the review?** Yes No