



Report Identification Number: NY-17-124

Prepared by: New York City Regional Office

Issue Date: May 02, 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: 18 day(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 11/05/2017
Initial Date OCFS Notified: 11/05/2017

Presenting Information

On 11/5/17, the SCR registered two reports that alleged DOA/FATL, IG, II, and L/B/W of the female subject child (SC). The SC's biological parents were listed as the subjects of the reports.

The first report registered as initial alleged on 11/5/17, the SC was found unresponsive in her home and was bleeding from her nose and mouth. The SC had bruising to her torso with no known explanation from the parents. The SC's death was believed to be the result of blunt force trauma to her torso.

The second report was registered as a duplicate. The report alleged that at 4:30 A.M. on 11/5/17, the BM awoke and found the SC unresponsive, and bleeding from her nose and mouth. The BM called EMS and they responded to the home at 4:49 A.M. EMS transported the SC to a local hospital where medical staff pronounced her dead. The SC did not have any preexisting medical conditions prior to her death.

Executive Summary

The 18-day-old SC died on 11/5/17 while in the care of her BM. The final autopsy has not been completed. According to ACS' investigation, at 4:30 A.M. on 11/5/17, the BM woke up and found the SC unresponsive, and bleeding from her nose and mouth. She immediately started CPR on the SC while the MU called 911. The 911 operator guided the BM and an unrelated home member on how to perform CPR on the SC. The NYPD and FDNY arrived to the home approximately a minute after the 911 call was made and took over CPR. EMS also arrived at the home and attempted CPR on the SC before transporting her to the hospital, where she was pronounced dead at 5:42 A.M.

There were no other children residing in the home. The surviving sibling (SS) had been residing in another country with his parents for two years prior to the fatality. The SS's bio father was not involved in the SS's life or with the family. His whereabouts were unknown at the time of the fatality.

On 11/5/17, ACS received the report, visited the family, and contacted several collaterals such as LE, medical staff, and the family's neighbors. The information obtained from the collaterals did not reveal any criminality regarding the SC's death. The preliminary autopsy did not show any abuse or maltreatment to the SC.

During the investigation, ACS documented several collaterals reported the BM provided adequate care for the SC. She was reported to be attentive and nurturing towards the SC. The SC's needs were being appropriately met by the BM and her relatives.

After the SC's burial, the BM left the country and reunited with the BF and SS. ACS contacted the family via telephone and they reported they sought bereavement counseling services at their local Child and Family Center. The SS was enrolled in school and received regular medical care.

During the investigation, the ACS Specialist utilized language services to interview the MGM who communicated only in Spanish. ACS also provided burial assistance to the family.

On 1/24/18, ACS unsubstantiated the allegations of the report. ACS based its decision on the preliminary autopsy which did not reveal any signs of abuse or maltreatment to the SC.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:
The SS resided with his step-father in another country The BM reunited with her family overseas. There were no actions made in regards to the SS.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	ACS failed to complete the 7-Day Safety Assessment during this investigation as required.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.
Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	During case supervision of this investigation supervisory staff did not address the lack of the required 7-Day Safety Assessment.
Legal Reference:	18 NYCRR 432.2 (b)(3)(iii)(b)



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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/05/2017

Time of Death: 05:42 AM

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

04:20 AM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

04:48 AM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

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	Aunt/Uncle	No Role	Female	19 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	23 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	31 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim		18 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	35 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	60 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)



LDSS Response

On 11/5/17, ACS contacted the ME and LE staff regarding the fatality. They reported there was no foul play pending the results of the autopsy. LE stated the BM's account of the incident was consistent with the preliminary findings.

On the same date, ACS visited the family. The BM provided an account of the incident which was consistent with the information that was already known. The BM reported that the SC's primary Dr. saw the SC twice prior to her death and the child was a well baby. The SC was scheduled for a follow up medical examination on 11/6/17.

The maternal family members or neighbors did not report observing anything unusual prior to the SC's passing. They reported the BM's interaction with the SC was appropriate. The Specialist documented the home was adequate with ample provisions and appropriate sleeping arrangements for the SC. There had been no LE activity in the home.

On 11/6/17, visited the home but the family did not provide any new information about the SC's death. The BM denied that she dropped the baby and disclosed she received CPR training at her previous job. She also stated she received safe sleep education and complied with prenatal care. The BM said she planned to return to her family who reside out of the country with the SC on 12/18/17. She requested financial assistance from ACS to transport the BF and the SS to the US for the SC's funeral. The ACS Specialist explained to the BM that ACS could provide financial assistance for the SC's burial and bereavement services for her. The BM was receptive to the offer of bereavement counseling but stated that her focus was on returning to her family out of the country. The BM declined to speak about the SS but provided ACS with contact information for her husband who was caring for the eight-year-old male SS. The Specialist did not document any concerns regarding the home environment or the SC's sleeping arrangement during the visit. The Specialist gave the BM the number to mobile crisis and encouraged her to continue to depend on the support of her family.

On 11/13/17, BM requested financial assistance from ACS to put a headstone on the SC's grave. The Specialist told the BM that ACS provided funds directly to the funeral home for basic funeral arraignments only. Later that same day, the Specialist submitted the necessary documents for burial assistance on behalf of the family.

On 11/16/17, the SC's primary Dr. reported that the SC appeared to healthy prior to her death. The Dr. did not have any concerns about the care the provided the SC.

On 12/4/17, ACS completed a sex trafficking screening regarding the family's children. The screening was negative.

On 12/8/17, the MGM reported that the BM had returned to her family overseas after the SC's funeral. On 12/14/17, ACS received an email from the BM stating that she was now with her family out of the country.

On 12/18/17, the ME reported that the results of the SC's cardiac pathology were negative (she had a normal heart). Her viral culture panel, her lung panel, her toxicology and her metabolic screening were all negative. No viruses or infections were noted. No evidence of abuse was revealed. The SC might have died from an unknown cause. The results of the SC's genetic work and the neuro-pathology of her brain were pending.

On 1/2/18 and 1/10/18, ACS contacted the family who reported they sought bereavement counseling services at their local Child and Family Center. The SS was enrolled in school in and received regular medical care in that country.

ACS did not complete the required 7-Day Safety Assessment as required for CPS investigations. On 1/24/18, ACS unsubstantiated the allegations of the report.

Official Manner and Cause of Death



Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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
041967 - Deceased Child, , 18 Days	041968 - Mother, Female, 36 Year(s)	DOA / Fatality	Unsubstantiated
041967 - Deceased Child, , 18 Days	041969 - Father, Male, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
041967 - Deceased Child, , 18 Days	041969 - Father, Male, 35 Year(s)	DOA / Fatality	Unsubstantiated
041967 - Deceased Child, , 18 Days	041969 - Father, Male, 35 Year(s)	Internal Injuries	Unsubstantiated
041967 - Deceased Child, , 18 Days	041968 - Mother, Female, 36 Year(s)	Internal Injuries	Unsubstantiated
041967 - Deceased Child, , 18 Days	041968 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
041967 - Deceased Child, , 18 Days	041968 - Mother, Female, 36 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
041967 - Deceased Child, , 18 Days	041969 - Father, Male, 35 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The SS resides in another country with the BF. ACS interviewed the eight-year-old male SS via telephone.

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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 The SS resided out of the country with his step-father and was not seen during this investigation but was interviewed via telephone. The SS was enrolled in school and received regular medical care in the country he resides.

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



Child Fatality Report

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"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Additional information, if necessary: The BM, SS and stepfather reside in another country.							

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? No

Explain:
The BM, stepfather and SS all reside in another country.

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

Explain:
The BM, stepfather and SS all reside in another country.

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

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)
11/26/2014	Sibling, Male, 5 Years	Grandparent, Female, 57 Years	Inadequate Guardianship	Unfounded	No



Sibling, Male, 5 Years	Grandparent, Female, 57 Years	Educational Neglect	Unfounded
Sibling, Male, 5 Years	Grandparent, Female, 57 Years	Lack of Supervision	Unfounded

Report Summary:

The now 7-year-old SS, who resided with the MGM at the time was left alone unsupervised in the home for an unknown period of time while the MGM ran errands. The child had missed 11 days of school, was not getting sufficient education, and was falling behind academically as a result. The MGM was aware but failed to meet the child's educational needs. The MGM constantly made negative comments about the BM. The MGM regularly yelled at the child and the child was tired of being yelled at. The BM had left the child in the MGM's care through a family arrangement due to loss of job and housing.

Determination: Unfounded**Date of Determination:** 01/23/2015**Basis for Determination:**

The MGM was meeting the child's educational needs and was never left unsupervised. The school reported several absences for the child but he was doing well academically and performing above grade level for his age. All the child's basic needs were being appropriately met by the MGM. All family members and the child denied he was left home alone unsupervised. The child told CPS that he made up the story because he liked the attention he was getting from his teacher.

OCFS Review Results:

In reviewing the case notes, the level of casework activity for this investigation was sufficient and ACS' decision to unfind the report was appropriate. ACS made contacts with relevant collaterals and conducted several home visits. During the home visits, ACS assessed the child and deemed him safe in the MGM's care. There was a period of time the BM did not visit the child and the child was sad about this. Since ACS involvement, the BM had been having regular contact with the child and the child expressed feeling happy about the BM visiting him. On 1/23/15, ACS closed the case and referred the family to CBO services.

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 was listed as a maltreated child in an indicated report dated 4/9/1999. The report had allegations of IG and ExCP of the now BM and her siblings by the MGM and MGF.

The BM was listed as a DV survivor in an indicated report dated 3/21/09 in which the BF tested positive for marijuana use and assaulted the BM. The BF received services at the Elmore Drug program to address his drug misuse, and counseling services at the Fatherhood Initiative Program. The BM received services at Safe Horizons.

The BM had two unfounded reports dated 8/6/09 and 8/13/10 with allegations of IG, and PD/AM of the BM's now eight-year-old son (SS) by the BM and BF. ACS conducted several announced and unannounced home visits. There were no concerns for the SC. The BM was no longer involved with the BF and denied any current DV incidents. ACS did not observe any evidence that the BF resided in the home. The BM denied the BF had any involvement with the SC. At the time of the investigation, there was an active OOP against the BF. The OOP expired on 9/9/2010. The BM denied any drug use but refused to submit for substance screening. She had submitted for screening during prior investigations and tested negative. She was in receipt of counseling services at Counseling Consultation Center at the time. ACS was unable to contact the BF for an interview throughout the investigation. ACS implemented a safety plan with the BM if the BF returned to the home.

Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.



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