



## Report Identification Number: NY-17-145

Prepared by: New York City Regional Office

Issue Date: Jun 18, 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 month(s)

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

**Date of Death:** 12/19/2017  
**Initial Date OCFS Notified:** 12/21/2017

## Presenting Information

On 12/19/18, the SCR received information the eight-month-old female infant expired this morning, 12/19/17, between 5:30 and 6:00AM. The infant had multiple health complications including a heart problem that required surgery, a feeding tube and Down's Syndrome and was being treated for pneumonia when she expired. The BM checked the infant at 5:00 AM and again at 5:30AM to remove the infant's feeding tube. The BM checked the infant again at 6:00AM and she was found unresponsive.

## Executive Summary

On 12/19/17, ACS received information from the SCR the eight-month-old female child expired at the Wyckoff Hospital Medical Center (WHMC) in Brooklyn. The parents of the child are teenagers; the mother is 16 and the father is 19 years old. The teen parents also have a two-year-old male child (SS).

ACS made contact with medical staff, LE, the paternal and maternal family members and assessed the SS on the same day, 12/19/17. ACS contacted LE who stated the BM found the SC unresponsive at 6:15 AM and called 911. The EMS ambulance arrived at 6:20 AM and transported the SC to WHMC where she was pronounced dead at 7:01 AM. ACS documentation indicated the parents level of care of the child and the SS was good.

ACS interviewed the attending WHMC Dr via telephone. The Dr told the ACS Specialist the child was born with a congenital disease, a heart defect, in addition to feeding problems which required a feeding tube. The Dr also informed ACS the child had undergone multiple operations at different hospitals for different medical conditions. The SC had been admitted to WHMC on 12/15/17 for a medical illness and discharged to the parents on 12/17/17.

ACS obtained relevant information regarding the death and by all accounts there was no indication of neglect or maltreatment of the child by the parents despite their ages. The SS was assessed to be well cared for by the parents.

On 12/19/17, following the death of the child, the SCR registered a report that alleged SA of the teen mother by her nineteen-year-old paramour, the PGM, and the MGM. The report also alleged IG of the teen mother by the MGM and PGM because they allowed the relationship to continue for several years.

On 2/23/18, ACS substantiated the allegations of the report against the MGM, PGM and the nineteen-year-old father. The families accepted PPRS services and the case remained open in the services stage.

## 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? 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:**

The parents are engaged in PPRS services.

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities**

**Incident Information**

Date of Death: 12/19/2017

Time of Death: 07:04 AM

Time of fatal incident, if different than time of death: 06:00 AM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: 06:20 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

How long before incident was the child last seen by caretaker? 15 Minutes

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:** 01

**Adults:** 00

#### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	24 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	13 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	38 Year(s)
Deceased Child's Household	Deceased Child	No Role	Female	8 Month(s)
Deceased Child's Household	Father	No Role	Male	19 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	45 Year(s)
Deceased Child's Household	Mother	No Role	Female	16 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	03 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Female	10 Month(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Aunt/Uncle	No Role	Female	09 Year(s)
Other Household 1	Grandparent	No Role	Female	35 Year(s)

#### LDSS Response

On 12/19/17, ACS received information from the SCR the eight-month-old female child expired at the Wyckoff Hospital Medical Center (WHMC) in Brooklyn, ACS made significant contact with medical staff, LE, paternal and maternal family members including the SS on the same day.

On the same date, the SCR registered a report that alleged SA and IG of the SC, who is a teen mother, against the PGM and MGM. The report also alleged SA of the SC by her nineteen-year-old paramour who is the father of the deceased child and SS). ACS obtained information regarding the death of the child while also investigating the allegations of the 12/19/17 report. The SCR report explained the death of the child did not warrant a DOA/FATL allegation.

On 12/19/17, ACS contacted LE who stated the mother found the child unresponsive at 5:00 AM and called 911. The EMS ambulance transported the child to WHMC where she was pronounced dead at 7:01 AM. On the same date, ACS interviewed by telephone a WHMC Dr via telephone who stated the child was born with a congenital disease, a heart defect, and feeding problems. The Dr also stated the child had multiple operations at different hospitals for different medical conditions. The child had been admitted to WHMC on 12/15/17 for a medical illness and discharged home on 12/17/17.

On 12/19/17, the mother described the events on the day of the incident. The mother stated that at 5:00 AM she fed the child, burped and changed her and the child fell asleep at approximately 5:30 AM. The mother placed the child into her playpen and at 6:15 AM she checked the child because she was not making any noises when she noticed the child's lips were blue. The mother removed the child from the playpen and called out for someone to call 911. The police and EMS arrived and transported the child to Wyckoff Hospital where she was pronounced dead. The mother explained to ACS that she did not reside with the PGM but had been staying there only because it was closer to the child's medical providers than



the MGM's home and the child had many appointments.

ACS obtained information about the quality of care provided by the teenage parents and by all medical provider accounts the parents never missed a medical appointment and two visiting nurses stated the parents took good care of the child. The parents explained to

ACS obtained information from maternal and paternal family members who also confirmed the parents were good caretakers despite the medical condition of the child.

Between 12/19/17 and 2/23/18, ACS continued to obtain information about the child's death. On 2/9/18, the ME informed ACS the child's death was due to medical complications; however, the final ME's autopsy report was not finalized.

On 2/23/18, ACS substantiated all of the allegations of the 12/19/17 report and the case remained open for services.

### 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:** Hospital physician

### Multidisciplinary Investigation/Review

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** There is no OCFS approved CFRT 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 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"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> No removal required for the SS.				

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

**Additional information, if necessary:**

The parents and both families were assessed for PPRS services.

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

**Explain:**

Bereavement counseling, in addition to mental health screening.

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

**Explain:**

PPRS Services including bereavement and family counseling.

### History Prior to the Fatality



## Child Information

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

## Infants Under One Year Old

### During pregnancy, mother:

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

### 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)
12/19/2017	Mother, Female, 16 Years	Father, Male, 19 Years	Sexual Abuse	Indicated	Yes
	Mother, Female, 16 Years	Grandparent, Female, 45 Years	Inadequate Guardianship	Indicated	
	Mother, Female, 16 Years	Grandparent, Female, 35 Years	Inadequate Guardianship	Indicated	
	Mother, Female, 16 Years	Grandparent, Female, 45 Years	Sexual Abuse	Indicated	
	Mother, Female, 16 Years	Grandparent, Female, 35 Years	Sexual Abuse	Indicated	

### Report Summary:

On 12/19/17, the SCR registered a report that alleged SA of the 16-year-old SC/teenage mother by the 19-year-old father and IG of the mother by the MGM and PGM for allowing the relationship to continue. ACS conducted the investigation and learned the teenage parents had been in a relationship for several years with the MGM and PGM's knowledge. The ACS Specialist was informed by an ACS attorney there was no reason for a Family Court Petition of Neglect because the teenage parents were close in age for any legal action nor could the 19-year-old paramour be deemed a PLR for the mother. ACS substantiated the SA allegation against the 19-year-old father, MGM and PGM and IG by the MGM and PGM.

**Determination:** Indicated

**Date of Determination:** 02/23/2018

### Basis for Determination:

ACS determined the 19-year-old father sexually abused the 16-year-old SC because their relationship was inappropriate.



ACS stated the father was aware of the SC's age when they began their relationship when the SC was 14-years-old. ACS also added and substantiated SA against the PGM and MGM for allowing the relationship to occur because of the SC's age which placed the SC in danger of being sexually abused. ACS also substantiated the IG allegation against the MGM and PGM citing the same reasoning.

**OCFS Review Results:**

ACS inappropriately substantiated the SA allegation against the SF. The SF is not a PLR for the SC and the actions by the two teenagers did not constitute sexual abuse. ACS' attorney explained the rationale for this and it is documented in ACS' case record.

The substantiation of the SA allegation against MGM and PGM was inappropriate because the determination does not meet the standard for SA of the SC by the MGM and PGM.

The substantiation of the allegation IG of the SC by the PGM did not establish the PGM was a PLR for the SC. ACS' attorney documented this and decided not to file a neglect petition against the MGM and PGM. All the allegations should have been unfounded.

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

**Issue:**

Appropriateness of allegation determination

**Summary:**

ACS inappropriately substantiated the SA allegation against the SF. The SF is not a PLR for the SC and the actions by the two teenagers did not constitute sexual abuse. ACS' attorney explained the rationale for this and it is documented in ACS' case record. The substantiation of the SA allegation against MGM and PGM was inappropriate because the determination does not meet the standard for SA.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(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:**

Appropriateness of allegation determination

**Summary:**

The substantiation of the SA allegation against MGM and PGM was inappropriate because the determination does not meet the standard for SA of the SC by the MGM and PGM.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(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:**

Appropriateness of allegation determination

**Summary:**

ACS' substantiation of IG of the SC by the PGM did not establish the PGM as a PLR for the SC. ACS' attorney decided not to file a neglect petition against the MGM or PGM. The allegations of the report should have been unfounded.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(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:**

Appropriate Application of Legal Standards (Abuse/Maltreatment)

**Summary:**

ACS did not apply the legal standards for Abuse/Maltreatment. Although ACS' legal staff advised against substantiating for Sexual Abuse because there was no legal basis to do so the SA allegations were indicated against all three of the subjects.

**Legal Reference:**

SSL 412(1) and 412(2)

**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:**

Predetermination/Assessment of Current Safety and Risk

**Summary:**

The safety assessments completed for this investigation are not consistent with case documentation. Selected Safety Factors are not supported by the investigation, especially Safety Factors 1, 5, 12, and 16.

**Legal Reference:**

18 NYCRR 432.1(aa)

**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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/11/2016	Sibling, Male, 10 Months	Father, Male, 17 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Male, 10 Months	Father, Male, 17 Years	Lacerations / Bruises / Welts	Unfounded	

**Report Summary:**

On 11/11/16, the SCR registered a report that alleged L/B/W and IG of the then 10-month-old SC by the SF. The report alleged the SC returned from a visit with the SF and there was a bruise on his cheek and a laceration on his lips. ACS initiated the investigation timely, made collateral contacts with the attending medical provider and conducted interviews with the paternal and maternal families.

The investigation revealed the SC was crawling and fell on a small toy piano laying on the floor. The accounts obtained were consistent and there were no safety or risk concerns for any of other minor family members in the home of the SF or the BM. On 1/4/17, ACS unfounded the report.

**Determination:** Unfounded

**Date of Determination:** 01/04/2017

**Basis for Determination:**

ACS determined there was no credible evidence to support the allegations and the SC and other the minor children in the paternal and maternal homes were well cared for and there were no concerns regarding neglect or maltreatment.

**OCFS Review Results:**

The investigation conducted by ACS was appropriate and the determination was consistent with the information obtained.

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)
09/26/2016	Sibling, Female, 17 Years	Mother, Female, 35 Years	Excessive Corporal Punishment	Unfounded	No
	Other - Subject Child (Teen Mother), Female, 15 Years	Mother, Female, 35 Years	Excessive Corporal Punishment	Unfounded	
	Other - Subject Child (Teen Mother), Female, 15 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 17 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

On 9/26/16 the SCR registered a report that alleged the MGM used XCP and IG of her then 17-year-old (now an adult) daughter and the then 15-year-old teen mother (SC).

ACS investigated the allegations and both SC denied the MGM ever struck them but that she was angry because they were both pregnant. ACS assessed that the children were well cared for and there were no safety concerns. On 10/24/16, ACS unsubstantiated the allegations of the report and unfounded and closed the case.

**Determination:** Indicated

**Date of Determination:** 10/24/2016

**Basis for Determination:**

The investigation revealed the MGM had not used corporal punishment and there was no IG of the two SC by the MGM. There was no credible evidence to support the allegations.

**OCFS Review Results:**

Based on a review in CONNECTIONS of the investigation, the determination was appropriate.

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

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

There is no CPS history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There is no known CPS history outside of New York State.

**Preventive Services History**

The PGM and SF received public advocate PPRS counseling services with the SCO agency that began on 5/27/16 and ended on 12/9/16. The PGM requested casework counseling.



### 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

### 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