



Report Identification Number: NY-18-017

Prepared by: New York City Regional Office

Issue Date: Aug 03, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: New York
Gender: Female

Date of Death: 02/23/2018
Initial Date OCFS Notified: 02/23/2018

Presenting Information

On 2/23/2018, at approximately 9:00 AM, the BM left the five-month-old SC laying in the bed at home with the BF. The eight and seventeen-year-old siblings were also present in the home. At 11:00 AM the BM returned and found the BF asleep and slumped on top of the SC's face. The BF eventually awoke. The BM called 911; EMS and LE also responded to the home and transported the SC to Harlem Hospital where medical staff pronounced her dead at 12:02 PM.

Executive Summary

On 2/23/18, the SCR registered a report that alleged DOA/Fatality and IG of the SC by the SF. The report alleged that on 2/23/18, at approximately 9:00 AM, the BM placed the five-month-old SC on the same bed with the SF before she left home for an appointment. The BM returned two hours later and found the SF asleep laying across the SC. The BM screamed and awakened the SF but the SC was unresponsive. The BM called 911 for emergency medical attention and both EMS and LE responded to the case address. EMS transported the SC to Harlem Hospital where she was pronounced dead at 12:10 PM.

LE reported the SF was unaware the SC was in the bed with him when the BM left the home despite the BM's claim she woke him and told him to watch the SC because she was leaving the home. The BF stated the previous night he was out celebrating and came home intoxicated. The BM said she was unaware the SF had been drinking. LE made no arrest.

ACS received information from the Dr. stating that the SC was born with a medical condition and remained in the hospital for more than three months after her birth. She was recently hospitalized one week for a medical condition and released on 2/15/18.

The eight and seventeen-year-old SS were awakened during the incident. Prior to ACS' involvement, the BM made arrangements for the SS to stay with the MA where they were observed by ACS. On 2/27/18, the SS were interviewed at the CAC and they made no disclosure that would indicate abuse or neglect.

On 3/2/18, ACS filed an Article 10 Neglect Petition in Manhattan Family Court against the BM and SF on behalf of the SS. ACS supported the petition with the parents' positive drug test results, asserting the BM neglected her mental and physical health conditions and with failing to engage in services previously recommended. Family Court court released the SS to the BM's care with court ordered supervision. ACS made referrals for services to address the family's needs.

The ME has not issued the autopsy report and ACS has not yet determined this report.

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? No

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

Explain:

ACS had not yet determined this report.

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:

ACS has not yet made a determination on this report.

Required Actions Related to the Fatality

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

Issue:	Adequacy of Documentation of Safety Assessments
Summary:	ACS did not clarify whether the parents actions placed the SSs in immediate or impending danger. All three SAs repeated the same information and focused more on the deceased SC than the safety of the surviving siblings.
Legal Reference:	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)
Action:	ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/23/2018

Time of Death: 12:02 PM



Time of fatal incident, if different than time of death: 11:25 AM

County where fatality incident occurred: New York

Was 911 or local emergency number called? Yes

Time of Call: 11:23 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 2

At time of incident supervisor was:

Drug Impaired Absent

Alcohol Impaired Asleep

Distracted Impaired by illness

Impaired by disability Other:

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	Alleged Victim	Female	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Mother	No Role	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	17 Year(s)

LDSS Response

On 2/23/18, ACS responded to a report registered by the SCR regarding the death of a five-month-old female infant. ACS initiated the investigation within the required time-frame and obtained information from the first responders, LE, ME, medical staff and the parents.

ACS learned the BM placed the SC on the same bed with the sleeping SF as she was leaving home at 9:00 AM for an appointment. According to the BM, she awakened the SF and told him when she was leaving. The BM returned home at approximately 11:00 AM. and checked the SC and found the SF's chest laying across the SC's face. The SC appeared blue and was unresponsive. The BM called 911 and LE and EMS responded to the home. EMS transported the SC to Harlem Hospital where medical staff pronounced her dead at 12:10 AM.



According to case documentation, LE received a call at 11:23 AM and responded to the case address where they observed the BF was intoxicated. LE reported the BF told them he was out celebrating, he smoked marijuana and consumed alcohol. He told LE he arrived home at 4:00 AM then he “passed out.” He also stated he could not recall when the BM awakened him to say she was leaving. He remembered waking up to her screams and yelling that the SC was not breathing. LE discontinued the investigation pending the autopsy report. The BM told ACS when she awakened the father she was unaware he was intoxicated.

The attending physician at the hospital reported the SC was found with no outward indications of maltreatment or abuse. However, the ME discovered a scar on the left side of the SC’s chest which the ME explained stated may have been evidence of a past surgery.

The BM stated the SC was born prematurely at 27 weeks of gestation with a medical condition. The SC had a surgical procedure and remained hospitalized for approximately three months. She was again hospitalized from 2/8 to 2/15/18, due to medical condition. The SC was last seen by the Dr. on 2/16/18 and was doing well although she weighed only ten pounds at that time.

On 2/26/18, ACS received information from the SC’s Dr. that corroborated the medical information provided by the BM. The Dr. stated the BM kept all of the SC's medical appointments and took good care of the child. The Dr. reportedly coached the BM on safe sleep and she also received training from the hospital. The Dr. stated the eight-year-old SS immunizations are current and his educational needs are being addressed by the school. ACS received birth, medical and school records that reflected the children were receiving necessary care; however, the eight-year-old SS had dental needs that were later met due to ACS’ involvement.

The Child Advocacy Center staff interviewed the SS and they made was no disclosure that implied there were any safety concerns in the home.

On 3/2/18, ACS filed an Article 10 Neglect Petition in Manhattan Family Court against the the BM and SF on behalf of the SS. Family Court released the SS to the BM’s care with court mandated services. Both parents tested positive for marijuana and accepted services; ACS implemented substance abuse counseling for the parents, clinical services for the BM in addition to bereavement and other services to address the family’s needs.

The ME's office has not issued an autopsy report and ACS has not yet determined this report.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: The investigation adhered to previously approved protocols for joint investigation.

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

Comments: The New York City region does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary



Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046359 - Deceased Child, Female, 5 Mons	046361 - Father, Male, 32 Year(s)	Inadequate Guardianship	Pending
046359 - Deceased Child, Female, 5 Mons	046361 - Father, Male, 32 Year(s)	DOA / Fatality	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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 type="checkbox"/>	<input checked="" 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 ACS Specialist documented the same information in all three of the SA's and there was no information that reflected the SSs well being. The SAs focused mainly on the deceased SC and only briefly mentioned the SSs and there was no accurate assessment of the the SSs.

Fatality Risk Assessment / Risk Assessment Profile

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

Explain:
 The family is receiving bereavement counseling. ACS implemented family court mandated services.

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:
 ACS filed an Article 10 Petition in Manhattan Family Court against the BM and SF, on 3/2/18, on behalf of the eight and seventeen-year-old SSs. The court released the SSs to the BM with COS.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

- Family Court Criminal Court Order of Protection



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
03/02/2018	Adjudicated Abused	There was not a disposition
Respondent:	046360 Mother Female 35 Year(s)	
Comments:	The SSs were released to the BM only. The court ordered ACS' supervision and ACS implemented PPRS.	

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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 SS are receiving bereavement counseling under the auspices of Safe Horizon. FPP continued to monitor the family with in-home based services.

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



fatality? Yes

Explain:

The parents are engaged in parenting classes and drug treatment with the Samaritan Village agency.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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? 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)	Allegation Outcome	Compliance Issue(s)
12/08/2017	Unrelated Home Member, Female, 7 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	No
	Unrelated Home Member, Female, 7 Days	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 2 Months	Mother, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

The SCR registered the BM as a subject in a report alleging PD/AM of her friend's seven year-old and one-week-old children. The report alleged that the BM abuse marijuana to the point of impairment and become inattentive to the children allowing them to run in the hallways of the apartment building. The report added there were other adults who abuse narcotics to the point of impairment in the presence of the children.

Report Determination: Unfounded

Date of Determination: 02/06/2018

Basis for Determination:

ACS unsubstantiated all allegations of the friend's children by the BM. The narrative stated that the BM had no role in caring for the children and that ACS found no evidence that the BM failed to meet the minimum degree of care that placed them at risk of physical or developmental harm.

OCFS Review Results:

ACS unsubstantiated the allegations and the narrative stated the BM admitted to smoking marijuana. She was referred for treatment, agreed to participate in the services then did not attend. This was the pattern and ACS opted not to file for COS when it was evident that the her child was missing school because she could not get him to the school bus on time.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/27/2017	Sibling, Male, 7 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 7 Years	Other Adult - Cousin, Female, 24 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 7 Years	Other Adult - Cousin, Female, 24 Years	Educational Neglect	Substantiated	
	Sibling, Male, 7 Years	Mother, Female, 32 Years	Educational Neglect	Substantiated	

Report Summary:

The report alleged that the then seven-year-old child missed forty days of school and as a result he is failing all subjects. The child is in an Individual Education Program and is missing related services. The BM is alleged to have failed to take an Epi Pen to school in case of an emergency for the child.

Report Determination: Indicated

Date of Determination: 05/26/2017

Basis for Determination:

ACS' case documented that the BM failed to adequately provide a minimum degree of care necessary to ensure the seven-year-old child receive the special education services and to establish a plan for him to attend school regularly so that he can meet his developmental milestones.

OCFS Review Results:

The Specialist did not address the medical issue documented in the report narrative regarding the Epi Pen. There is no documented contact with the child's physician and no medical diagnosis or treatment plan.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/23/2015	Sibling, Male, 15 Years	Mother, Female, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated	No
	Sibling, Male, 15 Years	Mother, Female, 32 Years	Childs Drug / Alcohol Use	Substantiated	
	Sibling, Male, 15 Years	Mother, Female, 32 Years	Sexual Abuse	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	



Sibling, Male, 15 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 5 Years	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 5 Years	Mother's Partner, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 5 Years	Mother's Partner, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 15 Years	Mother's Partner, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

The report alleged that the then fifteen-year-old SS had been involved in a sexual relationship with an adult for an unknown period of time. The BM had been aware of the relationship and failed to intervene.

According to case documentation, the BM and SS was arrested due to a physical altercation with said adult. The investigation revealed that the BM and the then fifteen-year-old SS used drugs. The family initiated services but later discontinued. The SS relocated to live with his father.

Report Determination: Indicated**Date of Determination:** 04/23/2015**Basis for Determination:**

The allegation of IG was substantiated against the BM; ACS based their decision on the five-year-old child's statement. The allegations of SA, PD/AM and L/B/W were unsubstantiated against the BM because when she became aware of the SA, she intervened. The BM tested negative for illicit substances. The five-year-old was found with no suspicious marks or bruises that indicated abuse.

OCFS Review Results:

The determination of the allegations were supported by the case documentation.

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

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

This BM and the SSs have been known to the SCR and ACS in fourteen reports between 2008 and 2017. The BM was named as the subject in eleven of those reports and in three reports, she had no role. Of the eleven reports, four were substantiated, three were unfounded and four were suspended. The allegations that were substantiated were IG, PD/AM, EdN, CD/A and LS of the children. The SF was not involved with the family until 2017 when he fathered the SC.

In 2011, the SCR registered three reports with concerns that the BM used drugs regularly; she appeared slow and not motivated and it affected the care of the children. The home was unkempt, the children often begged for food and their hygiene was lacking. The BM failed to comply with the school's request. After ACS' involvement, the BM ascertained mental health treatment for the ten-year-old. She also admitted to using marijuana and ACS referred the family to PPRS services to which the BM initiated but did not follow through with the services.

ACS' case documentation reflected that in spite of the BM having no role in some cases, the pattern of LS and IG was reflected throughout reports in 2008 and 2014. In 12/2014, the BM's partner left the then five-year-old child asleep alone in the home when a fire ensued caused by a space heater. The child was not hurt and the BM was at work. The IG allegation was substantiated against the partner. The family relocated to a shelter due to the fire.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.



Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

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