



Report Identification Number: NY-18-037

Prepared by: New York City Regional Office

Issue Date: Aug 16, 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 Not Found
Age: Unknown

Jurisdiction: Richmond
Gender: Unknown

Date of Death: Unknown
Initial Date OCFS Notified: 04/13/2018

Presenting Information

An SCR report was received on 4/13/2018, alleging a 3-year-old child (the SC) was drowned by his female caregiver (CG1) who cared for the SC regularly in her home. The fatal incident was alleged to have happened in 2010. It was unknown who else was present in the home when the SC was drowned. The report also contained current concerns that CG1 and the male caregiver (CG2) were using illicit drugs around other children named in the report, ages 9, 7, and 4. It was alleged that CG1 burned a 5-year-old child on the forehead with a cigarette. The roles of the 5-year-old's mother and 22-year-old unrelated home member were unknown.

Executive Summary

ACS received an SCR report on 4/13/18 alleging that a 3-year-old child was drowned in 2010 by a caregiver (CG1) while regularly caring for the child. Despite extensive efforts throughout their investigation, ACS was unable to verify this occurrence. The report also included concerns regarding the 2 caregivers using drugs around the 4 children in their care, ages 4 to 9, as well as one of the caregivers burning the 5-year-old child with a cigarette.

During the investigation, it was determined that there was no evidence to support the SC ever existed, and ACS considered whether the source of the report was targeting the family. The safety of the existing 4 children was assessed and no concerns were found. ACS worked diligently with LE to contact alleged family members, neighbors, the daycare provider, and those listed on the report, and found no one had knowledge of the SC's existence or the alleged fatal incident. When ACS spoke with CG1, she denied a child ever drowned while in her care. CG2 also denied having any knowledge of the SC or a drowning. The mother of OC1, OC2, and OC3, as well as the children, denied having any knowledge of the SC's existence. The identity of the alleged BM and alleged BF both remained unknown throughout the investigation, as well as an alleged adult SS. ACS contacted the ME on 5/16/18 and was informed there were no drownings in the area during or after 2010.

OC4 was in foster care prior to the report for reasons unrelated to the fatality. Foster care services were continued for OC4 upon the closing of this case. No service needs were identified for the other adults or children listed on the report. After all casework activity was complete, ACS appropriately unsubstantiated all allegations and closed the case.

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

Explain:

The investigation determination safety assessment, determination of allegations, and decision to close the case was appropriate.

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:

It was appropriate to close the investigation.

Required Actions Related to the Fatality

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

| | |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Issue: | A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment. |
| Summary: | A 24-hour Fatality Report was not completed in Connections within 24 hours of receipt of the report alleging the death of a child as a result of abuse or maltreatment. The 24-hour Fatality Report was entered into Connections 5 days late. |
| Legal Reference: | CPS Program Manual, Chapter 6, K-1 |
| Action: | ACS must complete a 24-Hour Fatality Report within 24 hours of receipt of a report alleging the death of a child resulting from abuse or maltreatment. The template for this report is available in CONNX for all reports containing an allegation of a child fatality. |
| Issue: | Timely/Adequate 24 Hour Assessment |
| Summary: | The 24-hour safety assessment was not approved until two days past the due date. |
| Legal Reference: | SSL 424(6);18 NYCRR 432.2(b)(3)(i) |
| Action: | A safety assessment will be completed and approved by a supervisor within 24 hours of a report if such report contains the allegation of DOA/Fatality, as required. |

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|----------------|---------|-----|
| Deceased Child's Household | Deceased Child | Alleged Victim | Unknown | |



| | | | | |
|-------------------|-------------------|---------------------|--------|------------|
| Other Household 1 | Other Adult - CG1 | Alleged Perpetrator | Female | 56 Year(s) |
| Other Household 2 | Other Adult - CG2 | Alleged Perpetrator | Male | 57 Year(s) |
| Other Household 3 | Other Adult - OA1 | Alleged Perpetrator | Female | 28 Year(s) |
| Other Household 3 | Other Child - OC3 | Alleged Victim | Female | 4 Year(s) |
| Other Household 3 | Other Child - OC1 | Alleged Victim | Male | 9 Year(s) |
| Other Household 3 | Other Child - OC2 | Alleged Victim | Female | 7 Year(s) |
| Other Household 4 | Other Adult - OA2 | No Role | Female | 41 Year(s) |
| Other Household 5 | Other Adult - OA3 | No Role | Male | 22 Year(s) |
| Other Household 6 | Other Child - OC4 | Alleged Victim | Male | 5 Year(s) |

LDSS Response

On 4/13/18, ACS received a report regarding the death of the alleged SC. ACS initiated their investigation within 24 hours by thoroughly documenting a review of CPS history, contacting the source, and attempting home visits to multiple addresses in an effort to assess safety. The source received information regarding the fatality from the alleged adult family member. According to the source, CG1 drowned a 3-year-old child (SC) in 2010 while she was his regular caregiver. It was reported the death was covered up by CG1 and the ME determined the cause was SIDS. The source further discussed concerns unrelated to the fatality regarding CG1's grandchildren and CG2's 5-year-old child (OC4), alleging drug use and an incident of OC4 being burned on the forehead with a cigarette.

ACS contacted an investigative consultant in effort to obtain information regarding the alleged homicide. The investigative consultant spoke with LE and there was no record found regarding the death of SC. Due to the limited information available, ACS and the investigative consultant searched a resource at their disposal and found no record matching the reported information. ACS contacted the ME who reported there were no drownings between 2010-2015 of a 3-year-old child matching the report. A CPS record check was completed and no SC or relatives turned up during the search. A review of LE records revealed no history related to the alleged fatality. Despite efforts made by ACS, no information about the alleged fatality was revealed.

On 4/16/18, ACS located the remaining children, interviewed them and assessed their environments. There were no concerns for the children. Information obtained during interviews with biological parents and the children revealed that no one had knowledge of the alleged fatality or the SC's existence. It was determined that no such child existed. All children, except for OC1, were born after the alleged fatality. OC4 was previously removed from his parents for reasons unrelated to the 4/13/18 SCR report, and he remained in FC at the time of the writing of this report. OC4 was assessed to be safe within his foster home. OC1, OC2 and OC3 reported nothing of child protective concern, and noted that they rarely saw CG1 (their MGM). Their mother, OA1, confirmed this information. ACS interviewed CG1 who denied being involved in or having knowledge of any child's death. CG1 denied regularly caring for any children in the past other than her grandchildren. CG1 had limited interaction with her grandchildren at the time of the fatality investigation. ACS addressed concerns of PD/AM, which CG1 denied. ACS interviewed CG2 who denied knowledge of a fatality regarding any 3-year-old. CG2 further denied a current or past relationship, or any affiliation with CG1, though it had been alleged they were in a relationship and residing with one another. It was learned that CG1 had a history of substance abuse concerns; however, she denied current substance abuse issues, but refused to submit to a drug test. CG2 had no caretaking responsibilities for any children at the time this report was written. ACS was working with CG2 in order to gain supervised visitation with OC4, his son.

ACS made multiple efforts to reach out to collateral contacts who allegedly had information regarding the fatality, including neighbors, alleged relatives of the SC, and the ME. Out of all the collaterals contacted, no one had any information about a child who died. ACS spoke with medical staff, school, foster care staff, and daycare providers



regarding the allegations concerning the other children. No safety concerns were revealed. ACS continued to work with OC4 and his mother (OA2) to provide services with the goal of reunification.

Based on information gathered, there was no credible evidence to support a fatality occurred matching the description of the report.

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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 |
|-----------------------------------------------|------------------------------------------------|-------------------------------|--------------------|
| 046349 - Deceased Child, UNK, | 046350 - Other Adult - CG1, Female, 56 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 046349 - Deceased Child, UNK, | 046351 - Other Adult - CG2, Male, 57 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046349 - Deceased Child, UNK, | 046352 - Other Adult - OA1, Female, 28 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046349 - Deceased Child, UNK, | 046351 - Other Adult - CG2, Male, 57 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 046349 - Deceased Child, UNK, | 046350 - Other Adult - CG1, Female, 56 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046349 - Deceased Child, UNK, | 046350 - Other Adult - CG1, Female, 56 Year(s) | DOA / Fatality | Unsubstantiated |
| 046355 - Other Child - OC1, Male, 9 Year(s) | 046351 - Other Adult - CG2, Male, 57 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046355 - Other Child - OC1, Male, 9 Year(s) | 046350 - Other Adult - CG1, Female, 56 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 046355 - Other Child - OC1, Male, 9 Year(s) | 046350 - Other Adult - CG1, Female, 56 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046355 - Other Child - OC1, Male, 9 Year(s) | 046350 - Other Adult - CG1, Female, 56 Year(s) | Burns / Scalding | Unsubstantiated |
| 046356 - Other Child - OC2, Female, 7 Year(s) | 046351 - Other Adult - CG2, Male, 57 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046356 - Other Child - OC2, Female, 7 Year(s) | 046350 - Other Adult - CG1, Female, 56 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 046356 - Other Child - OC2, Female, 7 Year(s) | 046352 - Other Adult - OA1, Female, 28 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046356 - Other Child - OC2, Female, 7 Year(s) | 046351 - Other Adult - CG2, Male, 57 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |



Child Fatality Report

| | | | |
|-----------------------------------------------|------------------------------------------------|-------------------------------|-----------------|
| 046356 - Other Child - OC2, Female, 7 Year(s) | 046350 - Other Adult - CG1, Female, 56 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046357 - Other Child - OC3, Female, 4 Year(s) | 046350 - Other Adult - CG1, Female, 56 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 046357 - Other Child - OC3, Female, 4 Year(s) | 046352 - Other Adult - OA1, Female, 28 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046357 - Other Child - OC3, Female, 4 Year(s) | 046350 - Other Adult - CG1, Female, 56 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046357 - Other Child - OC3, Female, 4 Year(s) | 046351 - Other Adult - CG2, Male, 57 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 046357 - Other Child - OC3, Female, 4 Year(s) | 046351 - Other Adult - CG2, Male, 57 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046358 - Other Child - OC4, Male, 5 Year(s) | 046350 - Other Adult - CG1, Female, 56 Year(s) | Burns / Scalding | Unsubstantiated |
| 046358 - Other Child - OC4, Male, 5 Year(s) | 046350 - Other Adult - CG1, Female, 56 Year(s) | Inadequate Guardianship | Unsubstantiated |

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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement? | <input type="checkbox"/> | <input checked="" 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:

Diligent efforts were made to interview everyone listed on the report; however, not everyone was able to be identified and/or located due to the inability to confirm the fatal incident occurred.

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|

Explain:
 Although ACS made diligent efforts to assess the safety of all children within 24 hours, the required safety assessment and 24 hour fatality report were not completed in a timely manner. Safety was assessed and documented in the case record; however, the necessary 24-hour safety assessment and fatality report were not completed until 2 days later. OC4 was placed in foster care unrelated to the alleged fatality and the continuation of foster care services for that child were appropriate.

Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

| | Yes | No | N/A | Unable to Determine |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|

Explain as necessary:
 No removal occurred during this investigation; however, OC4 was placed in foster care in 2017 due to safety concerns regarding his parents, where he remained.

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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Economic support | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <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 fatality could not be confirmed and no other service needs were identified in regard to the alleged fatality; however, foster care services remained in place regarding OC4.

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? N/A



Explain:

ACS was unable to confirm that any fatality occurred or the alleged abused child existed. Therefore, there were no service needs identified related to the fatality.

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

Explain:

ACS was unable to confirm that any fatality occurred or the alleged abused child existed. Therefore, there were no service needs identified related to the fatality.

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

The alleged fatality concerning the alleged SC was unable to be confirmed despite diligent attempts made by ACS to gather information. Because it could not be confirmed the SC existed or that any fatality occurred, there is no history to be included. There were no “surviving siblings” or other children residing with the alleged SC at the time of the fatality. OCFS conducted a review of CPS history for all alleged subjects and children named in the report, finding history dating from 2004 through the present; however, the history was not subject to inclusion as there was no fatality that occurred.

Known CPS History Outside of NYS

There is no 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