



Report Identification Number: NY-18-075

Prepared by: New York City Regional Office

Issue Date: Jan 21, 2019

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: 2 month(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 07/21/2018
Initial Date OCFS Notified: 07/22/2018

Presenting Information

On 7/21/18, the SCR registered a report that alleged the two-month-old SC died while in the care of his mother. The report alleged the SM had been sleeping on the same bed with the SC and four-year-old male SS.

Executive Summary

On 7/22/18, the SCR registered a report that alleged DOA/Fatality of the two-month-old SC by the SM and IG of the SC and SS by the SM.

Upon receipt of the report, the ACS Specialist began making the appropriate collateral contacts. ACS learned the SM had been bed-sharing with the SC and SS on an unstable, broken bed. In addition, the SM had been drinking prior to bed-sharing with the two-month old SC.

Immediately following the death of the SC the SM was hospitalized in a psychiatric hospital for observations due to her making threats to commit suicide.

On 7/23/18, the Specialist visited the home of the MGM who provided an account of what the SM told her occurred on the night of the incident. The MGM stated the SM told her she placed the SC in the same bed with her and they slept until the morning when the SC awoke and the SM fed him and placed him back into the bed and they fell asleep until the SM awoke at 11:00AM and found the SC unresponsive. The MGM also stated the SM had completed a drug and alcohol program but relapsed.

On the same day, the Specialist visited the SS at the day care center he attends and interviewed the SS and interviewed staff who stated they had no concerns regarding the well being of the SS.

On 7/25/18, ACS filed an Article 10 Neglect petition and the SS was placed with the MGM.

Between 7/25/18 and 12/27/18, ACS continued to obtain information from numerous collateral contacts who provided information relevant to the investigation and monitor the SS in the MGM's home.

On 12/28/18, ACS substantiated the allegations of the report for the SC and SS by the SM. The report remains open for services for the SS, MGM and SM.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

- **Approved Initial Safety Assessment?**

Yes



○ Safety assessment due at the time of determination? Yes

● Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

● Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.

● Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? 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 contacted the appropriate collateral contacts.

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: 07/21/2018

Time of Death: 12:48 PM

County where fatality incident occurred: Queens

Was 911 or local emergency number called? Yes

Time of Call: 12:02 PM

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

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep



- Distracted
- Impaired by disability

- Impaired by illness
- Other:

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	Deceased Child	Alleged Victim	Male	02 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)

LDSS Response

On 7/22/18, ACS responded to the fatality report by contacting the hospital where the SC was transported to following the 911 call. ACS learned the SC arrived at the hospital on 7/21/18 at 12:11PM and efforts to resuscitate the SC failed and he was pronounced dead by medical staff at 12:48 PM. According to the attending physician there were no indications of trauma found on the SC.

On the same date ACS contacted LE and family members of the SM. The LE detective assigned to the fatality investigation informed ACS the SM stated on the night of 7/20/18 she fed the SC then placed him on his back on the same queen size mattress with her and the SS. LE observed the bed and noted it was uneven and slanted downward. The SM told LE when she awakened the SC was unresponsive and she began calling out for assistance and knocked on the doors of her neighbors and one of them called 911. The SM was told to perform CPR and EMS arrived and transported the SC to the hospital. The BM admitted she had a crib but shared the bed with the SC because he didn't like the crib. LE stated there was no signs of drugs or alcohol in the home.

The MGM was contacted by telephone and in person and informed ACS the SM had been admitted to the hospital for clinical issues and had to be sedated and that she was caring for the SS. The MGM told the Specialist she had visited the SM's home and observed a bed, toddler bed and a crib and could not explain why the SM slept with both the SC and SS "in that state." The SS was interviewed and there were no physical indications of neglect or maltreatment documented. ACS documented the MGM's home contained bedding for the SS and was more than adequate. The SS was engaged and he was aware of the death of the SC. The neighbor added the SM is known for leaving garbage in the building hallway.

ACS contacted a neighbor of the SM. The neighbor said she does not know the SM well but her husband called 911 on the night of the incident. The neighbor added she last saw the SC and SS on 7/18/or 7/19/18 and the SC appeared to be well groomed.

On 7/23/18, the Specialist interviewed the SM in the hospital and learned the SM is aware of safe sleep and that her bed is broken. The SM stated the SS was at the top of the bed with the SC in the middle and she was on the bottom. The SM told the Specialist she drank about four ounces of red wine then went to sleep until approximately 11:00 AM she awoke and noticed mucous in the SC's nose and he was not responsive. She began to call for assistance and a neighbor called 911 and the SC was transported to the hospital where he was pronounced dead. The SM stated she had recently smoked marijuana and drinks alcohol once or twice a week. The SM explained that she has no relationship with the father's of the children.



There was no documentation ACS attempted to contact either father during the investigation.

On 7/25/18, ACS filed an Article 10 Neglect petition and the SS was placed into kinship foster care with the MGM. Between 7/26/18 and 12/28/18 ACS continued to monitor the SS and secure information from collateral contacts and secure services for both the SM and SS.

On 12/28/18, ACS received the ME's autopsy report with the cause and manner of death as undetermined. On the same day ACS unsubstantiated the allegation of DOA/Fatality and IG of the SC and IG of the SS by the SM with the case remaining open for services.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: There is no OCFS approved CFRT in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
048954 - Deceased Child, Male, 02 Month(s)	048955 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated
048954 - Deceased Child, Male, 02 Month(s)	048955 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
048957 - Sibling, Male, 4 Year(s)	048955 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

Additional information:

ACS obtained information from the appropriate collateral contacts throughout the investigation.

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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

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 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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
The SS was taken into protective custody and placed into foster kinship with the MGM.

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:
07/25/2018	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	048955 Mother Female 24 Year(s)	
Comments:	On 7/25/18, the SS was placed into foster care with the Kinship Foster Care with the MGM.	

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Play therapy for SS							
Additional information, if necessary: The SS and SM remain engaged in services.							

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was there an open CPS case with this child at the time of death?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** Yes
- 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)
05/22/2017	Sibling, Male, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	No



Child Fatality Report

Sibling, Male, 3 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Substantiated
------------------------	--------------------------	-------------------------------	---------------

Report Summary:

On 5/22/17, the SCR registered a report that alleged PD/AM and IG of the SS by the SM. ACS' investigation revealed the SM engages in illicit drug misuse and there were inadequate provisions in the home for the SS. The SM had been involved with services and drug treatment programs but was non-compliant.

Report Determination: Indicated**Date of Determination:** 07/21/2017**Basis for Determination:**

ACS' determination stated the SM's drug misuse negatively impacted the quality of care provided to the SS.

OCFS Review Results:

ASC' determination was appropriate given the information obtained during the investigation.

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)
01/11/2017	Sibling, Male, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

On 1/11/17, the SCR registered a report that alleged PD/AM and IG of the SS by the SM. In this investigation ACS established the SM had ample provisions for the SS and there were no concerns regarding the quality of care.

Report Determination: Unfounded**Date of Determination:** 03/06/2017**Basis for Determination:**

ACS determined the SM was providing the SS with adequate care and shelter.

OCFS Review Results:

Based on the information documented the determination was appropriate.

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)
07/06/2016	Sibling, Male, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

On 7/6/16, the SCR registered a report that alleged IG of the SS by the SM.

Report Determination: Unfounded**Date of Determination:** 09/01/2016**Basis for Determination:**

ACS determined the allegation was unsubstantiated because the SM had been participating in services with her mental health and PPRS providers.

OCFS Review Results:

Based on the documentation the decision to unsubstantiated the allegation of the report was appropriate. The SM was actively engaged in services and caring for the SS.

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

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



The SM has been known to the SCR and to ACS as a child and as a mother. The SM became known as a mother on 10/14/14 and has been named in five SCR reports from 10/15/14 through 8/25/15. The allegations of these reports were I/F/C/S, LMC, and IG. The allegation of IG from the 8/28/15 SCR report was the only case where an allegation was substantiated. The other reports were unfounded.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes
Date the Child Protective Services case was opened: 10/21/2014

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

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

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Preventive Services History

The SS has been engaged in preventive services since 10/21/14. The SS has been monitored throughout by the Sheltering Arms and OHEL agencies. Services are still in place for the SS.
The SC was not receiving preventive services at the time of the fatality.

Foster Care Placement History



The SS was placed into foster care with the MGM in 07/17. The SS was returned to the SM in 02/18 under court ordered supervision where he remained until 7/25/18 when the SS reentered kinship foster care with the MGM. The SC was not in foster care at the time of the fatality.

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