



Report Identification Number: NY-19-052

Prepared by: New York City Regional Office

Issue Date: Nov 07, 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: 11 year(s)

Jurisdiction: New York
Gender: Female

Date of Death: 05/08/2019
Initial Date OCFS Notified: 05/08/2019

Presenting Information

On 5/8/19, at approximately 1:30 AM the Fire Department of New York (FDNY) responded to a fire at the case address. The SM and her four children all died in the fire.

Executive Summary

This eleven-year-old female child died on 5/8/19. The autopsy listed the cause of death as thermal burns and smoke inhalation and the manner of death as accident.

On 5/8/19, an OCFS-7065 was received regarding the SC's death. The OCFS-7065 reported that on 5/8/19, at approximately 1:30 AM, the FDNY responded to a fire at the address of the SC's family and the SC, SM and the SC's three siblings ages six, eight, and four all died in the fire in their apartment.

At the time of the incident there was an open CPS investigation and ACS submitted OCFS-7065's for the four SC. There were no surviving minor siblings; however, there were three adult siblings who did not reside with the SM.

Although there was sufficient information to determine allegation of the 4/12/19 SCR report, ACS did not document any attempts to contact the FDNY about the circumstances surrounding the fire. There was no explanation for how it began, possible causes, or which room the fire might have originated.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:

The SM and the four children all died in the fire on 5/8/19.



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: 05/08/2019

Time of Death: 01:30 AM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

01:30 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

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 04

Adults: 01

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	11 Year(s)
Deceased Child's Household	Mother	No Role	Female	45 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)

LDSS Response

On 5/8/19, the SM and all four children died in a fire in the family apartment. The incident occurred during an open CPS investigation registered with the SCR on 4/12/19. ACS submitted an OCFS-7065 as required.

The OCFS-7065 stated that on 5/8/19, at approximately 1:30 AM the FDNY responded to a fire at the family address and



"according to media sources the family was identified as the SM and four SC. The OCFS-7065 added the family was pronounced deceased as per media accounts".

After the death of the SM and SC there was no documentation regarding the incident or any attempts by ACS to contact the FDNY for information regarding the fire.

On 5/10/19, ACS contacted the now adult SS (attained age 18 on 5/22/19) who resided with her father who had custody. ACS documented the father stated he and the SS did not want to be involved with ACS and declined services and repeatedly stated they did not want ACS to visit their home.

On 6/6/19, ACS unsubstantiated the allegations LMC and IG by the mother of the eleven-year-old SC. ACS documented the family was deceased and there was no credible evidence obtained during their investigation.

Official Manner and Cause of Death

Official Manner: Accident

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 reviewed by an OCFS approved Child Fatality Review Team?No

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

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" 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"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Although the progress notes for the CPS investigation were timely there was no documentation after the incident that caused the death of the SM and four children.



Fatality Safety Assessment Activities

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

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The SM and her four children all died in an apartment fire on 5/8/19.

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:**

The SM and four children all died in the fire on 5/8/19.

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

Explain:

The SM and children are deceased.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	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?	Yes
Was the child acutely ill during the two weeks before death?	No

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)
04/12/2019	Sibling, Female, 11 Years	Mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 11 Years	Mother, Female, 45 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

On 4/12/19, the SCR registered a report that alleged LMC and IG if the eleven-year-old female SC. The report alleged that for two to three weeks, two or three times a week the SC had been purposely wetting herself. The report stated the SM was aware of the situation but had failed to address it by seeking medical attention.

ACS contacted the relevant collateral contacts including school and medical staff. ACS also conducted a forensic interview at the CAC in addition to holding a family team meeting.

Report Determination: Unfounded **Date of Determination:** 06/06/2019

Basis for Determination:

On 6/6/19, ACS unsubstantiated the allegations of the 4/12/19 report. The determination narrative stated the family was deceased and there was no credible evidence obtained during the investigation to support the allegations.

OCFS Review Results:

The determination of the 4/12/19 report was approved on 6/6/19. The case documentation reflected no attempts to obtain relevant information pertaining to the fire from the FDNY.

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

Issue:

Overall Completeness and Adequacy of Investigations

Summary:

There is no documentation ACS contacted the FDNY for information related to he fire. More of an effort should have been made to obtain information pertaining to the fire from the FDNY, especially how it originated.



Legal Reference:

SSL 424.6 and 18 NYCRR 432.2(b)(3)

Action:

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/07/2019	Sibling, Male, 8 Years	Mother, Female, 45 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Sibling, Male, 8 Years	Mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 45 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 45 Years	Excessive Corporal Punishment	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 45 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 11 Years	Mother, Female, 45 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Female, 11 Years	Mother, Female, 45 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 11 Years	Mother, Female, 45 Years	Lacerations / Bruises / Welts	Substantiated	

Report Summary:

On 2/7/19, the SCR registered a report that alleged L/B/W, XCP, and IG of the SM's three children. The siblings were six, eight, and eleven years of age.

Report Determination: Indicated

Date of Determination: 04/05/2019

Basis for Determination:

On 4/8/19, ACS determined the allegations L/B/W, XCP, and IG were substantiated for the female 11-year-old SC. The determination narrative stated the SM struck the sibling three years earlier. ACS documented a small, old bruise was observed on the SC's leg where the sibling alleged she was struck by the SM.

OCFS Review Results:

ACS did contact several collaterals during this investigation, school staff, medical providers, held a family team conference to discuss family safety issues.

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)
02/22/2017	Sibling, Male, 6 Years	Mother, Female, 42 Years	Inadequate Guardianship	Unsubstantiated	No



Sibling, Male, 6 Years	Mother, Female, 42 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 4 Years	Mother, Female, 42 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 4 Years	Mother, Female, 42 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 42 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 42 Years	Lack of Supervision	Unsubstantiated
Deceased Child, Female, 9 Years	Mother, Female, 42 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Female, 9 Years	Mother, Female, 42 Years	Lack of Supervision	Unsubstantiated

Report Summary:

On 2/22/17, the SCR registered a report that alleged LS and IG of the SM's four children. At the time of this report the children were ages 1, 4, 6 and 9 years of age. The report alleged the SM left the children unsupervised for half an hour.

ACS initiated the investigation timely and visited the home the same day and learned the SM had returned to the home approximately 20 minutes after going to a grocery and a hardware store. ACS documented that LE observed the SM returning to the apartment with bags from stores and there were no indications of neglect or safety concerns for the four children. The SM explained the eldest child knew how to call for help and she was only away a short time

Report Determination: Unfounded **Date of Determination:** 04/04/2017

Basis for Determination:

ACS also stated that the interviews with collaterals including LE, school staff, family members and three of the children were consistent and there was no indication of neglect by the SM. Medical information obtained revealed there are no indications of neglect by the SM. ACS described the home as clean and neat with ample food and amenities for the family. The SM declined family services offered by ACS.

OCFS Review Results:

Based on ACS documentation and information obtained during the investigation the decision 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)
01/09/2017	Sibling, Male, 6 Years	Mother, Female, 42 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

On 01/ 9/17, the SCR registered a report that alleged IG of the then six-year-old male SC. The report alleged the SM struck the SC causing his head to hit a wall. ACS' investigation revealed the SM did not strike the SC on the head and there was no evidence of excessive corporal punishment or maltreatment of any of the children in the family. The SC , who was interviewed in private, consistently denied the allegation. ACS documented the SC was doing well in school and was healthy without any medical concerns.

ACS assessed the home and there were appropriate sleeping arrangements for the SC and his siblings. The home was described as clean with sufficient food, clothing and furnishings.

Report Determination: Unfounded **Date of Determination:** 03/13/2017

**Basis for Determination:**

ACS determined there was no credible evidence to support the allegation of the report. On 3/13/19, ACS unsubstantiated the allegation of the report and the case was unfounded and legally sealed.

OCFS Review Results:

ACS contacted the relevant collateral contacts during this investigation and the child denied the incident occurred. Based on the information obtained during this investigation the determination was appropriate.

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

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

The SM was known to the SCR and to ACS as a SM since 6/8/2000. Between 6/8/2000 and 01/14/12 six reports were registered and named the mother as the subject with the allegations of five of the reports being substantiated. The reports were registered on 6/8/00, 8/19/03, 10/6/08 12/10/08, 8/6/10, and 1/14/12. The allegations of these reports were EdN., PD/AM, LS and IG with the mother named as the subject on all reports.

The mother had a history of leaving the children alone for hours to sell or buy drugs.

Known CPS History Outside of NYS

Thee is no known history outside of New York State.

Foster Care Placement History

The SM was known to the SCR and to ACS as a SM since 6/8/2000. Between 6/8/2000 and 01/14/12 six reports were registered and named the mother as the subject with the allegations of five of the reports being substantiated. The reports were registered on 6/8/00, 8/19/03, 10/6/08 12/10/08, 8/6/10, and 1/14/12. The allegations of these reports were EdN., PD/AM, LS and IG with the mother named as the subject on all reports.

The mother had a history of leaving the children alone for hours to sell or buy drugs.

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