



**Report Identification Number: NY-19-078**

**Prepared by: New York City Regional Office**

**Issue Date: Dec 24, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** New York  
**Gender:** Female

**Date of Death:** 06/27/2019  
**Initial Date OCFS Notified:** 06/27/2019

## Presenting Information

According to the SCR narrative, on 6/27/19, at approximately 4:00 AM, the SM fed and burped the SC. At 6:00 AM, the SM checked the SC and observed a white substance around her mouth and she felt cold to the touch. The SC went into cardiac arrest and passed away between 4:00 AM and 6:00 AM. The report noted the SC was an otherwise healthy child. The allegations of the report were DOA/Fatality and IG of the SC by the SM.

## Executive Summary

On 6/27/19, at approximately 6:00 AM, the SM check on the SC, who was asleep in her crib and found her unresponsive. The SM called 911. EMS responded to the case address and transported the SC to Harlem Hospital (HH), where she was pronounced dead at 7:45 AM, on the same day. The allegations were DOA/fatality and IG of the SC by the SM. The SS was with the MA at the time of the incident.

The HH staff reported the SC was found with no marks or bruises that indicated maltreatment or abuse. However, she was born with multiple medical conditions. The ME had not released the report at the time this report was issued.

According to the SM, the BF had been very supportive of her and the children. ACS documentation reflected the parents had disputes and there is currently an OP against the BF on behalf of the SM and not the SC or the SS. The BF declined ACS' request for an interview. He did not reside with the family.

ACS learned from the MGM that the SM had been depressed about the SC's health and the way the BF was treating her. As a result of ACS' intervention, the SM received mental health services.

The shelter staff reported no issues with the SM. The school staff along with the SM planned to address the SS's tardiness and failure to complete his homework.

ACS had not yet made a determination at the time this report was issued.

## 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?** N/A
- **Was the safety decision on the approved Initial Safety Assessment Yes appropriate?**

**Determination:**

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **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 SS was assessed safe in the SM's care.

**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:** 06/27/2019      **Time of Death:** 07:45 AM

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

**County where fatality incident occurred:** New York

**Was 911 or local emergency number called?** Yes

**Time of Call:** Unknown

**Did EMS respond to the scene?** Yes

**At time of incident leading to death, had child used alcohol or drugs?** No

**Child's activity at time of incident:**

Sleeping       Working       Driving / Vehicle occupant

Playing       Eating       Unknown

Other

**Did child have supervision at time of incident leading to death?** Yes

**How long before incident was the child last seen by caretaker?** 2 Hours

**At time of incident supervisor was:** Not impaired.

**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	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)

## LDSS Response

ACS' Manhattan Field Office initiated the investigation within the required timeframe by contacting HH, LE, EMS and the DSS shelter staff. ACS learned the SS was not in the home at the time of the incident because he had spent the night with the MA. The SS remained in the SM's care. The BF is not the father of the SS and does not reside in the home.

The ACS Specialist learned from the HH staff that the SC was born with multiple medical conditions. The Dr. reported the SC had no marks or bruises that indicated maltreatment or abuse. EMS technicians arrived at the case address at 7:03 AM and found the SM holding the SC. They arrived at the hospital at 7:09 AM. LE reported there was no signs of drug use in the SM's room. LE learned from the SM and the Dr that the SC was hospitalized from 5/18 to 5/20 with health related issues.

The Specialist interviewed the SM and she explained that she fed the SC at approximately 4:00 AM, the SC burped and fell asleep shortly after. She placed the SC on her back, in the crib. At approximately 6:00 AM, the SM checked and found secretion around the SC's mouth and she was cold to the touch.

The MGM told the Specialist that the SM called and inform her of the incident, she immediately ran to the SM's room to help. The MGM rode in the ambulance with the SM and SC. The MGM reported that the prior week, the SM told her that she was depressed about the SC's health and how the BF was treating her. She explained the SM's and BF's relationship was toxic.

ACS case documentation reflected that there are three open OPs against the BF on behalf of the SM and two of the mother of his other children. The BF declined an interview with ACS.

The SM had been involved in several DV incidents with the BF that resulted in a current, active, limited OP against the BF. However, the SM stated that those incidents were arguments that the neighbor over heard and called LE. The SM explained that she and the BF had a great relationship and he had always been supportive of them as a family.

ACS interviewed the SM on 6/28/19 and she reported the SC was born with several health issues and had many medical appointments. The SM stated the SC had been playful, energetic and happy on the night before the incident. The Specialist witnessed 2 videos from that night that supported the SM's claim. The SC drank four ounces of formula every three hours. The SM explained that after each feeding, she was sure to hold the SC upright to burp her. She placed the SC face down in the crib at midnight and the SC slept until 5:00 AM. She awoke and the SM fed her four ounces of formula, burped her and she fell asleep. The SM placed her on her back, in the crib. The case documentation did not reflect whether the SM had safe sleep training. The SM explained that she had been deprived of sleep since the SC was born. She dozed off and at 6:30 AM, she awoke, checked on the SC and found her laying on her side with foam around her mouth, fists clenched tightly and cold to the touch. The SM called 911 and initiated CPR. The SC failed to respond, and the SM ran with the SC downstairs to await the ambulance. The SM's room contained a crib and provisions for the SC. The SM explained she discontinued marijuana and alcohol use when she discovered she was pregnant.



The Specialist interviewed the shelter staff and learned that the SM first came to the shelter on 3/9/19. The Staff reported the SM passed the room inspections and they had no issues with her and the care she gave to the children.

ACS contacted the SS's school and the staff reported the SC had been late and had not been completing his homework. The Specialist, school staff and the SM addressed the SS tardiness and home. The SM is engaged in mental health services.

ACS referred the SM to services, and she accepted. The ME's report is pending, and ACS has not yet made a determination on the report.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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 New York City region does not have a Multidisciplinary Team.

**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

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052342 - Deceased Child, Female, 2 Mons	052343 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Pending
052342 - Deceased Child, Female, 2 Mons	052343 - Mother, Female, 34 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 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"/>
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### 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 type="checkbox"/>	<input checked="" 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:**

ACS offered services for the SM but not for the SS.

**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"/>

**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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
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**Additional information, if necessary:**  
 The case documentation did not reflect whether the SM utilized the burial assistance offered by ACS.

**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?** No

**Explain:**  
 There is no documentation ACS offered services for the SS; however the mother enrolled the SS in an after school program.

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

**Explain:**  
 The SM was provided with a referral for PPRS but it is unknown if she has followed through with any service plan. The SM has missed numerous appointments with the service provider during the intake process.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

<input type="checkbox"/> Drug exposed	<input type="checkbox"/> With fetal alcohol effects or syndrome
<input checked="" type="checkbox"/> With neither of the issues listed noted in case record	

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/01/2018	Sibling, Male, 9 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 9 Years	Mother's Partner, Male, 32 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The report alleged the SM refused to open the apartment door for her boyfriend and he kicked the door causing the lock to jam.

**Report Determination:** Indicated**Date of Determination:** 11/28/2018**Basis for Determination:**

This reported allegation of IG of the then nine-year-old SS by the SM and BF was substantiated. ACS cited the SM failed to uphold the OP which exposed the SS to harm although he was not harmed. The IG allegation of the SS by the SM's boyfriend at the time was also substantiated. The SS was in the home at the time and was afraid of the boyfriend; however, he was not harmed. ACS learned during the investigation that the SM informed the boyfriend of her location in a DV shelter.

**OCFS Review Results:**

The reported allegations were determined appropriately .

**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)
10/12/2016	Sibling, Male, 7 Years	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 7 Years	Mother, Female, 31 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 31 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

This report alleged the SM physically and verbally abused the then seven-year-old SS and left him home alone for an unknown amount of time. The report also alleged that the SM abused drugs while she was the only caretaker for the SS.

**Report Determination:** Indicated**Date of Determination:** 12/09/2016**Basis for Determination:**

The allegations of IG and PD/AM were indicated citing the SM's positive drug tests results and the impact it had on the SS's academic performance and tardiness. The allegations of LS and LBW were unsubstantiated as ACS did not observe any injuries, scars or bruises on the SS's body; in addition the SS did not disclose corporal punishment as a method of discipline.

**OCFS Review Results:**

The investigation 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 allegations of the 9/2/10 and 1/28/11 reports were IG, PD/AM and IF/C/S of the SS by the SM were unsubstantiated. ACS documented the SM tested negative for illicit substances and ACS found the home to be clean. They found no credible evidence to support the allegations of the report.

**Known CPS History Outside of NYS**

There is 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

## 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