



**Report Identification Number: NY-19-133**

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

**Issue Date: Jun 23, 2020**

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 year(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** 12/22/2019  
**Initial Date OCFS Notified:** 12/23/2019

## Presenting Information

On 12/22/19, the SCR registered a report that alleged the three-year-old SC suffered from asthma which was exacerbated by the living conditions of her home. The report alleged the home contained mold, poor ventilation and that she was exposed to both marijuana and cigarette smoke. The report also stated on 12/19/19, the SC had gone with relatives to a party where she experienced difficulty breathing. When the parents returned home the parents gave her a breathing treatment and the SC went limp.

The report further alleged the parents called 911 and the SC was taken to a hospital where she passed away on 12/22/19 at 1:06 AM due to respiratory distress believed to be related to the poor living conditions and exposure to marijuana and cigarette smoke. The report added the four-year-old SS also suffered from the same illness and was exposed to the same living conditions. The report also alleged there was clutter in the home that was a safety hazard for the four, six and eight-year-old SS.

## Executive Summary

On 12/22/19, the SCR registered a subsequent report that alleged DOA/Fatality, I/F/C/S, LMC, PD/AM and IG of the three-year-old SC. According to ACS documentation, the SM, SF, and four children had resided in an abandoned building with vermin, mold, exposed wiring, and garbage. The SM and SS now reside in the home of the MGGM until the SM can find suitable housing. The SC and siblings had returned from a party with her MA when she fell ill. The SM treated the SC with prescribed medication but the SC's condition did not improve and 911 was called. The FDNY personnel arrived and transported the SC, SM and maternal cousin to the hospital she died at 1:06 AM.

On the same date, ACS took emergency action and the three SSs were removed and placed in the home of the MGGM. The SSs were removed due to the unsafe living conditions.

On 12/31/19, ACS filed an Article 10 Petition of Neglect against the parents and an Order of Protection (OOP) against the SF. The SSs were released to the SM with ACS supervision and the OOP was granted.

On 01/22/2020, ACS contacted the ME's office and was told the SC's manner of death was natural and the cause of death was acute bronchial asthma.

Between 12/21/19 and 2/20/2020, ACS obtained information from collateral sources, medical providers, schools, and monitored the SM and SSs. In addition, ACS made referrals for services for the parents and the SSs.

ACS documented the SSs were doing well in the home of the MGGM.

There is no case documentation after 2/21/2020, this case has not yet been determined.

## 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? N/A

### Explain:

ACS initiated the investigation timely and took the appropriate action to secure the safety of the SS.

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:

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### Required Actions Related to the Fatality

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

<b>Issue:</b>	Overall Completeness and Adequacy of Investigations
<b>Summary:</b>	ACS documentation ended on 2/21/2020, four months ago, without explanation. There has been no documented contact with the parents of the SS.
<b>Legal Reference:</b>	SSL 424.6 and 18 NYCRR 432.2(b)(3)
<b>Action:</b>	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.

### Fatality-Related Information and Investigative Activities

### Incident Information



**Date of Death:** 12/22/2019

**Time of Death:** 01:06 AM

**County where fatality incident occurred:**

Kings

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

Yes

**Time of Call:**

11:25 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: Asthma attack

**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:** 01

**Adults:** 00

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	06 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	04 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	08 Year(s)

### LDSS Response

On 12/22/2019, the SCR registered a subsequent report that alleged DOA/Fatality, I/F/C/S, LMC, PD/AM and IG of the three-year-old SC. The SM and SS had already been temporarily staying with the PGM due to the unsafe living conditions of the case address.

On the same date, ACS initiated the investigation and interviewed the parents and the SS at the home of the PGM. The SF stated that he had lived in the abandoned building for six years but the SM and children resided there for a year. The BF stated he and the SM had sought housing assistance but were denied. The SF stated that on 12/21/19, when the SC and the SS returned from a party with their MA and the SC had difficulty breathing, the SM administered a treatment from a prescription asthma pump. The SC was then placed on the bed. The SC began turning blue and 911 was called. The father began performing CPR on the SC until EMS arrived and transported the SC to the hospital. The SF admitted he used marijuana but said he always smoked outside of the home.

The SM was interviewed privately and her account was consistent with the SF's. She stated she also used marijuana. The two older SS were interviewed and the youngest SS observed. ACS documented there were no indications of neglect for



any of the SS.

On 12/23/19, ACS interviewed the maternal cousin (MC) who took the SC to the party on 12/21/19 and returned home between 6:30 and 7:00 PM and informed the SM the SC was "wheezing" and the SM administered asthma medication. The SC felt better for a while, then she had breathing difficulties again and another dosage of medication was administered by the SM. The SC felt better. The MC was awakened by the noise in the home and was then told the SM had to call 911. The FDNY arrived and transported the SC, MC, and the SM to the hospital.

Between 12/24/2019 and 2/20/2020, ACS obtained information from collateral sources such as medical providers, schools, and family members, and monitored the SM and SS. In addition, ACS made referrals for services for the parents and the SS. ACS documented the SS were doing well in the home of the MGGM who had a larger home than the PGM.

On 12/31/19, ACS filed an Article 10 Petition of Neglect against the parents and an Order of Protection (OOP) against the SF. There is no documentation that explained why the SF was only allowed supervised visits with the SSs. The SSs were released to the SM with ACS supervision and the order of protection was granted.

On 01/22/2020, ACS contacted the ME's office and was told the SC's manner of death was natural and the cause of death was acute bronchial asthma.

As of the issuance of this report, there were no entries documented after 2/21/2020, this case has not yet been determined.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a 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)?** Yes

**Comments:** According to ACS's documentation, the SS were interviewed at the CAC on 01/9/2020.

**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
053861 - Deceased Child, Female, 3 Yrs	053862 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
053861 - Deceased Child, Female, 3 Yrs	053862 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
053861 - Deceased Child, Female, 3 Yrs	053862 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
053861 - Deceased Child, Female, 3 Yrs	053863 - Father, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated



# Child Fatality Report

053861 - Deceased Child, Female, 3 Yrs	053863 - Father, Male, 26 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
053861 - Deceased Child, Female, 3 Yrs	053863 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated
053864 - Sibling, Female, 04 Year(s)	053862 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
053864 - Sibling, Female, 04 Year(s)	053862 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
053864 - Sibling, Female, 04 Year(s)	053863 - Father, Male, 26 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
053864 - Sibling, Female, 04 Year(s)	053863 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated
053865 - Sibling, Male, 06 Year(s)	053862 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
053865 - Sibling, Male, 06 Year(s)	053862 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
053865 - Sibling, Male, 06 Year(s)	053863 - Father, Male, 26 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
053865 - Sibling, Male, 06 Year(s)	053863 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
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# Child Fatality Report

Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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 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"/>
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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 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"/>

**Explain:**

The parents and SS are engaged in Family Court mandated PPRS and other services.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Explain as necessary:**

An Article 10 Neglect petition was filed and the children were to remain with the BM with court ordered supervision and services.

**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:
12/26/2019	There was not a fact finding	Order of Supervision
<b>Respondent:</b>	053862 Mother Female 27 Year(s)	
<b>Comments:</b>	Kings County Family Court ordered court ordered supervision for the BM, BF, and SS and services for the family was ordered. The SS were allowed to remain in the BM's care with the BF allowed to only have agency supervised visits with the SS.	

**Have any Orders of Protection been issued? Yes**

**From:** 12/26/2019

**To:** 12/26/2020

**Explain:**

On 12/26/19, Kings County Family Court granted a full stay away order against the BF. The order allowed the SF to only have agency supervised visits with the SS and no contact with the SM. There was no explanation in the case documentation that explained why the SF was only allowed supervised visits.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

<b>Parenting Skills</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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 BM, BF and SS were referred for PPRS services that included bereavement and other counseling services. The parents were referred for drug counseling for their chronic marijuana misuse. The BM was also provided with referrals and documentation for housing assistance in addition to other services.

**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?** Unable to Determine

**Explain:**

ACS referred the SS for services but there is no documentation they have engaged any service.

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

**Explain:**

The SM has engaged in services, however, the SF initially agreed to services then refused contact with ACS after initial interviews following the SC's death.

## 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?** No
- 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)
12/22/2019	Deceased Child, Female, 3 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Deceased Child, Female, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	



# Child Fatality Report

Deceased Child, Female, 3 Years	Mother, Female, 26 Years	Lack of Medical Care	Substantiated
Deceased Child, Female, 3 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated
Deceased Child, Female, 3 Years	Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Substantiated
Deceased Child, Female, 3 Years	Father, Male, 25 Years	Inadequate Guardianship	Substantiated
Deceased Child, Female, 3 Years	Father, Male, 25 Years	Lack of Medical Care	Substantiated
Deceased Child, Female, 3 Years	Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Female, 8 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Female, 8 Years	Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Substantiated

**Report Summary:**

On 12/22/19, the SCR registered two reports that alleged the SC had a history of asthma and an unknown home member smoked marijuana and cigarettes in the home which reportedly exacerbated the SC's condition. The allegations of the report were LMC, I/F/C/S, PD/AM, and IG of the SC and siblings.

The investigation revealed the SC was not feeling well and the SM gave her an asthma treatment and sent the SC and siblings to a party with the MA. Upon returning home the SC fell ill and was given another treatment. The SC still did not feel well and 911 was called and the SC was transported to the hospital.

**Report Determination:** Indicated **Date of Determination:** 02/20/2020

**Basis for Determination:**

ACS determined there was credible evidence to support the allegations based on the family's living condition, both parents admitted to marijuana and cigarette use in the home despite the SC and SS having a medical condition where any type of smoking would be detrimental to their health.

**OCFS Review Results:**

There was credible evidence to support the allegations.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/30/2018	Sibling, Female, 8 Years	Father, Male, 26 Years	Educational Neglect	Far-Closed	Yes
	Sibling, Female, 8 Years	Father, Male, 26 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 8 Years	Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Sibling, Female, 8 Years	Mother, Female, 27 Years	Educational Neglect	Far-Closed	
	Sibling, Female, 8 Years	Mother, Female, 27 Years	Inadequate Guardianship	Far-Closed	



# Child Fatality Report

Sibling, Female, 8  
Years

Mother, Female, 27  
Years

Parents Drug / Alcohol  
Misuse

Far-Closed

**Report Summary:**

On 4/30/18, a report with allegations of PD/AM, EdN and IG was registered with the SCR and assigned to the FAR track for family engagement to work with the parents to resolve the concerns. Although ACS worked with the parents and assessed the children to be safe there was no real engagement around the parents drug use. The children were reported to have come to school on numerous occasions with their clothing smelling of marijuana.

**OCFS Review Results:**

After reviewing the FAR case it appeared the case should have been transferred to the investigative track. The FAR case did not adequately address the parent's chronic marijuana misuse which was so severe the SC's clothing smelled of the drug.

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

**Issue:**

FAR-Improper Case Closure

**Summary:**

This FAR case should not have been closed. The case should have been transferred to the investigative track because of the severity of the parent's drug misuse. The SC's clothing reportedly smelled of marijuana on numerous occasions. Based on case documentation this issue was not addressed with the parents.

**Legal Reference:**

18 NYCRR 432.13 (e)(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.

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

There is no CPS history more than three year prior to the fatality.

**Known CPS History Outside of NYS**

There is no 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