



**Report Identification Number: NY-22-083**

**Prepared by: New York State Office of Children & Family Services**

**Issue Date: Mar 03, 2023**

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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:** 6 year(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 10/05/2022  
**Initial Date OCFS Notified:** 10/05/2022

## Presenting Information

An SCR report dated 10/5/22, alleged the mother (SM) and the sibling’s father were home with the subject child (SC) and 2 year-old sibling (SS). The mother woke the subject child up for school and the subject child said she was dizzy and had pain in her abdomen. Around 9:40AM the mother called 911 and first responders arrived at the home. The subject child was transported to the hospital and later pronounced deceased. The parents did not have an explanation for the subject child’s death.

## Executive Summary

On 10/5/22, New York City Administration for Children’s Services (ACS) received an SCR report regarding the death of the 6-year-old female subject child. At the time of the death, the child was residing with her mother, father and 2-year-old sibling. The sibling was removed on an emergency basis and placed with the maternal great grandmother as a precautionary measure. The removal was vacated on 10/11/22 and the sibling was returned to the parents, with whom he was deemed safe.

ACS learned the child came home from school not feeling well on 10/3/22 and had vomited. The next day the child felt a little better but was not sent to school and kept home. The morning of the fatal incident the mother woke the child up for school, the child expressed she still had a stomachache; the child was given some soda and the child reported she felt weak and laid down. The mother called 911 for medical treatment. EMS arrived at the home and after being placed on the stretcher the child vomited green and brown. While being transported to the hospital in the ambulance, the child became unresponsive and vomited a black liquid. EMS began resuscitative measures. Hospital staff took over resuscitative measures upon arrival but were unsuccessful and the child was pronounced deceased.

An autopsy was performed; however, the final report had not been received at the time this report was written. The medical examiner reported the preliminary cause of death to be accidental. The examination revealed eighteen magnets were found in the child’s stomach that measured 6/8" by 1/8" and triangular in shape. At some point the child swallowed the magnets, they clumped together, perforated the intestine, and the injury became septic and caused death. Also found in the child’s stomach were small pieces of black latex. The child had no other signs of trauma. Law enforcement found no criminality regarding the death; however, the case remained open pending the final autopsy report.

ACS conducted home visits, met with family members and interviews were appropriate. ACS attempted to interview the sibling regarding the fatal incident but were unable to due to his age and being nonverbal. The sibling received a medical exam on 10/5/22, which yielded no concerns. The sibling’s father had two other children, ages 6 and 11-years-old, that were assessed safe with their mother. The father had no relationship with the subject child and had two other children that were in the care and custody of the paternal grandmother. The children were assessed as safe; they did not have a relationship with the subject child.

ACS offered the family homemaking services, bereavement services, and burial assistance. The family initially engaged with homemaking services and later declined. The mother was given community-based referrals for bereavement services. The allegations of DOA/Fatality and Inadequate Guardianship against the mother and sibling's father were unsubstantiated. ACS unfounded and closed the CPS investigation on 1/25/23.

## PIP Requirement



ACS will submit a PIP to the New York City Regional Office within 45 days of the receipt of this report. The PIP will identify action(s) the ACS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACS will review the plan and revise as needed to address ongoing concerns.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

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

### Explain:

ACS made an appropriate determination based on the evidence obtained throughout the investigation.

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:

Casework activity was not commensurate with the case circumstances. The 24-hour fatality report was completed timely but approved untimely. ACS missed an opportunity to interview collateral contacts, such as EMS, regarding the fatality.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	A 24-hour Fatality Report was submitted to Connections on 10/6/22; however, it was not approved until 10/24/22, 18 days past the due date.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-1
<b>Action:</b>	ACS must document and approve a 24-Hour Fatality Report within 24 hours of receipt of a report



alleging the death of a child resulting from abuse or maltreatment. The template for this report is available in CONNX for all reports containing an allegation of a child fatality.

<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	The record did not reflect ACS interviewed EMS regarding the fatality.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS will make diligent efforts to contact collaterals to potentially gather outside information.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 10/05/2022 **Time of Death:** 10:58 AM

**Time of fatal incident, if different than time of death:** Unknown

**County where fatality incident occurred:** Bronx

**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 and/or ingested alcohol or drugs?** No

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

Sleeping                       Working                       Driving / Vehicle occupant  
 Playing                       Eating                       Unknown  
 Other: laying down resting

**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	6 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Other Adult - Siblings' Father	Alleged Perpetrator	Male	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Father	No Role	Male	30 Year(s)

### LDSS Response



On 10/5/22, ACS received a report regarding the death of the SC. ACS initiated their investigation within 24 hours, contacted the source of the report, completed a CPS history check regarding the family, and informed the DA of the fatality. ACS removed the sibling on an emergency basis as a precautionary measure. The family court judge ordered the sibling be remanded and was released to the maternal great grandmother and the parents were granted supervised visitation. On 10/11/22, the removal was vacated for a lack of evidence the mother and sibling's father were involved regarding the child's death; the sibling was returned to the parents and was assessed as safe.

ACS interviewed the mother and sibling's father regarding the events leading up to the child's death. They reported the child came home from school sick on 10/3/22 and stayed home from school the following day. The morning of 10/5/22, the mother called 911 because the child was not feeling better, and the child reported being weak. The mother and sibling's father reported the child had not done anything outside her normal routine and were unaware of her eating anything she should not have. ACS attempted to interview the sibling but were unsuccessful, since the child was nonverbal.

The ME spoke with the mother regarding the magnets and latex found in the child's stomach. The mother reported she had purchased a "Connetix" toy set that had magnets inside plastic. The mother said she observed the sibling trying to put the magnets in his mouth and she threw them away. The ME stated the very small pieces of translucent plastic in the child's stomach, may be the covering of the magnets. The sibling's father had blown up his latex gloves as toys for the children to play with and could be the latex that was found in the child's stomach. The mother was unaware the child had ingested the magnets or the latex.

ACS spoke with the father of the subject child, who had no concerns for her care. The father reported he did not have a relationship with the child and saw her once 2 years ago. ACS interviewed and assessed the safety of the father's two other children that were in the custody of the paternal grandmother. The children did not have a relationship with the child. The sibling's father had two other children, ages 6 and 11-years-old, that resided with their mother. ACS interviewed and assessed them safe with their mother. No concerns were reported for the subject child or her care. ACS offered services to the mother for the children, and she declined.

ACS contacted numerous collateral sources, including the pediatrician, school staff, hospital staff, relatives, and law enforcement; however, ACS missed an opportunity to speak with EMS regarding the events that transpired while the child was enroute to the hospital or while they were in the home. The family initially accepted homemaking services and later declined. ACS provided the family with community-based referrals for bereavement counseling, it was unknown if the family engaged. ACS referred the sibling for Early Intervention; however, the sibling did not qualify. At the close of the investigation the sibling was deemed as safe with the parents. No criminal charges were brought against the mother and sibling's father. ACS did not find evidence to support the allegations of DOA/Fatality and Inadequate Guardianship, and appropriately unsubstantiated the allegations and closed the case.

### Official Manner and Cause of Death

**Official Manner:** Pending  
**Primary Cause of Death:** Pending  
**Person Declaring Official Manner and Cause of Death:** Unknown

### Multidisciplinary Investigation/Review

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

**Was the fatality referred to 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
061780 - Deceased Child, Female, 6 Yrs	062627 - Other Adult - Siblings' Father, Male, 35 Year(s)	DOA / Fatality	Unsubstantiated
061780 - Deceased Child, Female, 6 Yrs	062627 - Other Adult - Siblings' Father, Male, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
061780 - Deceased Child, Female, 6 Yrs	061781 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
061780 - Deceased Child, Female, 6 Yrs	061781 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 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"/>
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"/>
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 missed an opportunity to interview EMS regarding the events that led to the child becoming unresponsive while enroute to the hospital.

## 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:				





<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

ACS removed the sibling on an emergency basis on 10/6/22 while the child's death was being investigated. The judge ordered the sibling be remanded to the maternal great grandmother. At the hearing on 10/11/22, the sibling was returned to the parents. No petition was filed as the mother and sibling's father were found to not have caused the child's death.

### 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:
10/06/2022	There was not a fact finding	There was not a disposition
Respondent:	061781 Mother Female 26 Year(s)	
Comments:	On 10/06/22, ACS filed a 1026 hearing regarding the sibling to collect evidence regarding the child's death. The case was heard in the Bronx Family Court on 10/07/22 and the child was remanded to the maternal great grandmother. The mother and the sibling's father were allowed supervised visitation. On 10/11/22, the 1026 was vacated due to ACS not finding sufficient evidence that the mother and sibling's father had caused the child's death by neglect or by abuse.	

### 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 checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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:

An Early Intervention intake was completed for the sibling; however the sibling did not qualify for services. The family



was on a wait list for bereavement counseling at the time of case closure and was given community-based referrals.

**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? Yes**

**Explain:**

The sibling was referred to play therapy for counseling, the parents declined.

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

**Explain:**

ACS offered bereavement services and the parents accepted. Burial assistance and homemaking services were offered and they declined.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	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)
07/19/2021	Deceased Child, Female, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	Yes

**Report Summary:**

An SCR report alleged the sibling's father and the mother hit the SC, and on at least one occasion the sibling's father choked the SC. It was unknown if the SC sustained any injuries.

**Report Determination:** Unfounded

**Date of Determination:** 09/17/2021

**Basis for Determination:**

The allegations of Inadequate Guardianship and Choking/Twisting/Shaking were unsubstantiated against the mother and sibling's father. The investigation revealed no evidence or medical documentation the SC was harmed, and the SC had no visible marks or bruises. ACS found no credible evidence to support the allegations and the case was closed.

**OCFS Review Results:**

The investigation was initiated timely, and the source was contacted. A CPS history check was completed timely. Written notice was provided timely. The 7-day Safety Assessment was completed inaccurately and untimely. The father of the SC was not sent written notice or contacted.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-day Safety Assessment was completed untimely on 7/27/21. The safety assessment reflected there were safety factors present; however, there were no safety factors documented in the progress notes.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ACS will document and approve all assessments in the required time frame and accurately reflect the safety factors that are present.

**Issue:**

Failure to provide notice of report

**Summary:**

The record did not reflect ACS made efforts to identify the SC's father or send written notice of the report.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

ACS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/08/2021	Deceased Child, Female, 5 Years	Other Adult - Sibling's Father, Male, 33 Years	Choking / Twisting / Shaking	Unsubstantiated	Yes
	Deceased Child, Female, 5 Years	Other Adult - Sibling's Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the sibling's father was physically abusive to the then 5-year-old subject child. The sibling's father was beating and choking the child. There were no other details, and the mother had an unknown role.

**Report Determination:** Unfounded

**Date of Determination:** 07/13/2021

**Basis for Determination:**

The allegations of Inadequate Guardianship and Choking/Twisting/Shaking were unfounded against the sibling's father. There were no marks or bruises observed on the SC's body and the SC appeared to be comfortable and safe with the sibling's father.

**OCFS Review Results:**

The investigation was initiated timely, and the source was contacted. A CPS history check was completed timely. The family was seen, a home visit was made, and safe sleep was observed. The 7-day Safety Assessment was completed timely. Written notice was not provided timely to all required adults.

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

**Issue:**

Failure to provide notice of report

**Summary:**

The record did not reflect ACS sent written notice of the report to the father of the SC.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

ACS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of



Existence letter if contact information is available.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/25/2021	Deceased Child, Female, 5 Years	Other Adult - Siblings Father, Male, 33 Years	Choking / Twisting / Shaking	Unsubstantiated	Yes
	Deceased Child, Female, 5 Years	Other Adult - Siblings Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**  
An SCR report alleged the sibling's father was choking and beating the SC. The SC had visible red marks on her neck from being choked. The SC was afraid of the sibling's father. No further details were known.

**Report Determination:** Unfounded **Date of Determination:** 05/24/2021

**Basis for Determination:**  
The allegations of Inadequate Guardianship and Choking/Twisting/Shaking against the sibling's father were unsubstantiated. The SC was observed and had no marks or bruises on her neck or on any other areas of her body. The SC was not observed to be fearful of the sibling's father.

**OCFS Review Results:**  
ACS initiated the investigation timely, and the source was contacted. A CPS history check was completed timely. The family was seen, and a home visit was made. The 7-day Safety Assessment was completed accurately and timely. Collaterals were contacted and had no concerns for the family. The record did not reflect written notices were provided to the required adults or that the father of the SC was fully interviewed.

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

**Issue:**  
Failure to provide notice of report  
**Summary:**  
The record did not reflect ACS provided written notice of the report to the required adults on the report.

**Legal Reference:**  
18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**  
ACS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

**Issue:**  
Adequacy of face-to-face contacts with the child and/or child's parents or guardians  
**Summary:**  
The SC's father was listed on the report as a parent and the record did not reflect he was fully interviewed.

**Legal Reference:**  
18 NYCRR 432.1 (o)

**Action:**  
ACS will make casework contacts in accordance with the following regulation: Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

Date of SCR	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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Report					
11/06/2020	Deceased Child, Female, 4 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 4 Years	Other Adult - Siblings Father, Male, 33 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Deceased Child, Female, 4 Years	Other Adult - Siblings Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the sibling's father was physically aggressive with the SC, he squeezed the SC's fingers and scratched her neck in January of 2020 for unknown reasons. The sibling's father had hit and choked the SC out of anger because the SC did not go to sleep or eat her dinner. The SC was afraid of the sibling's father, and it was unknown if the SC sustained any injuries. The mother was aware but failed to protect the SC. The role of the sibling was unknown.

**Report Determination:** Unfounded**Date of Determination:** 01/05/2021**Basis for Determination:**

The allegations of Inadequate Guardianship and Choking/Twisting/Shaking were unsubstantiated against the siblings father. The allegation of Inadequate Guardianship against the mother was unsubstantiated. The SC denied being hit or choked by the siblings father and was not afraid of him. The SC was observed and had no marks or bruises.

**OCFS Review Results:**

ACS initiated the investigation timely, and the source was contacted. A CPS history check was completed timely. The family was seen, and a home visit was made. The 7-day Safety Assessment was completed accurately and timely. Collaterals were contacted and written notices were provided timely.

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

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

1/26/18-3/20/18- The maternal grandmother was unsubstantiated for Inadequate Guardianship regarding the subject child.  
 7/5/2019-8/29/2019 The mother was unsubstantiated for Lack of Medical Care regarding the subject child.

**Known CPS History Outside of NYS**

There was no known CPS History outside of New York State.

**Preventive Services History**

From 5/24/21-7/13/21 ACS opened a preventive services case for further exploration of the family's service needs. The mother, sibling's father, and the SC were engaged with community-based services for counseling. ACS confirmed the family was engaged in services and the case was closed.

**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