



Report Identification Number: NY-23-086

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

Issue Date: Feb 13, 2024

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

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	DA-District Attorney	
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	SXTF-Sex Trafficking
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 8 year(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 09/07/2023
Initial Date OCFS Notified: 09/12/2023

Presenting Information

On 09/12/23, the Administration for Children's Services (ACS) received additional information from the SCR stating the 8-year-old was on hospice care and died as a result of a terminal illness. At the time of the death, the family had an open CPS investigation alleging the 5-year-old sibling had injuries. ACS notified the New York City Regional Office via the OCFS 7065 Agency Reporting Form.

Executive Summary

This report concerns the death of the 8-year-old child that occurred on 09/07/23. On 09/12/23, ACS received notification from hospital staff that the 8-year-old child had died. At the time of his death, there was an open CPS investigation for the family. The child resided with his mother, the grandparents, and the siblings, aged 5 and 11 years. The siblings were assessed as safe throughout the investigation.

The child had been diagnosed with a terminal illness on 10/08/22 and received appropriate medical care. The child succumbed to his illness and passed away at the hospital. It remained unknown if an autopsy was performed. The record did not note the official cause and manner of death.

Following the death, ACS visited the family's home and assessed the siblings. The family members did not provide additional information regarding the death. The family was offered bereavement services; however, the mother declined the services on behalf of the family, noting they supported one another. The case was closed on 09/29/23.

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:**
 - **Safety assessment due at the time of determination?** N/A

Determination:

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



appropriate?

Explain:

The decision to close the case was appropriate.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record notes a consultation took place, but no details noted.

Explain:

Casework activity was commensurate with case circumstances.

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: 09/07/2023

Time of Death: Unknown

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

County where fatality incident occurred: Queens

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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: Hospitalized

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	No Role	Male	8 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	57 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	47 Year(s)



Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Other Household 1	Other Adult - 5-year-old sibling's father	No Role	Male	33 Year(s)

LDSS Response

On 09/12/23, ACS learned from hospital staff that the child passed away on 09/07/23 as a result of his terminal illness. Hospital staff reported that on 07/13/23, the child was assessed, and it was anticipated that the child would die within 3 months. The child was on hospice care at the time of his death.

A home visit was made on 09/13/23 and the siblings were assessed as safe. The 5-year-old sibling was unaware of the death at that time. The 11-year-old sibling did not respond to questions ACS asked. The grandmother stated it was hard to lose a family member and agreed with the mother that they had a strong support system.

ACS determined the death was not a result of abuse or maltreatment. As the family did not need ACS intervention, the case was closed.

Official Manner and Cause of Death

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

Multidisciplinary Investigation/Review

Was the fatality referred to an OCFS approved Child Fatality Review Team?No
Comments: Queens County does not have an OCFS approved Child Fatality Review Team.

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities



Child Fatality Report

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

The family was offered bereavement services and grief counseling referrals, but they were declined.

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 as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Explain as necessary:

The children did not need to be removed.

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The mother declined bereavement services on behalf of the family.

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:

The mother was offered referrals for bereavement services on behalf of the children, yet declined.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

**Explain:**

ACS offered the mother bereavement services; however, she declined on behalf of the adults stating that they were supporting one another.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes

Was the child acutely ill during the two weeks before death? Yes

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)
07/13/2023	Sibling, Female, 5 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 5 Years	Grandparent, Female, 47 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Grandparent, Male, 57 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Aunt/Uncle, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Mother's Partner, Male, 41 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 27 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

An SCR report alleged the 11-year-old sibling was physically violent toward the 5-year-old sibling. The mother, her partner, the grandparents and aunt failed to intervene during the incidents. As a result, the 11-year-old sibling continued to physically harm the 5-year-old sibling. The older sibling would hit and punch the younger sibling in the stomach, causing pain. The younger sibling had a scab on her ankle. On at least 1 occasion, the mother hit the younger sibling in the face and split her lip.

Report Determination: Unfounded

Date of Determination: 09/29/2023

Basis for Determination:

The Investigation Conclusion Narrative stated that the family reported an adult always supervised the children and that the children play-fought. The younger sibling sustained a scratch to her leg while playing outside. The mother did not hit the younger sibling. The mother's partner was not deemed a person legally responsible for the siblings.

OCFS Review Results:

The investigation was initiated timely, and home visits were made. The family was interviewed, and the children were assessed. The 7-day Safety Assessment was completed timely. Notice of Existence letters were provided timely. The child died of a medical condition during the investigation. The record contained inaccurate information.

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

**Issue:**

Case record contains information that is relevant, useful, factual and objective

Summary:

The case record was inaccurate as the child's date of death was documented as 05/25/18.

Legal Reference:

18 NYCRR 428.1(a) and 18 NYCRR 428.1(b)(1)

Action:

ACS records must contain information that is relevant, useful, factual and objective to best reflect accuracy throughout documentation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/23/2023	Deceased Child, Male, 7 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 10 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 7 Years	Grandparent, Female, 46 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Grandparent, Female, 46 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Grandparent, Female, 46 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 7 Years	Other Adult - Grandmother's Partner, Male, 56 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Other Adult - Grandmother's Partner, Male, 56 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Other Adult - Grandmother's Partner, Male, 56 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged the mother and grandparents failed to safely care for the child, and 4 and 10-year-old siblings. The children came home from school and there was no adult to care for them. The mother worked overnight, leaving the children unsupervised for approximately 7 hours. The 10-year-old sibling took care of the other children; however, she was too young to adequately supervise them. The grandparents were tired and did not tend to the children.

Report Determination: Unfounded

Date of Determination: 03/24/2023

Basis for Determination:

The allegation of Inadequate Guardianship was unsubstantiated as there was not a fair preponderance of evidence to be substantiated. The children were left in the care of the grandmother and her partner while the mother worked and were not left unsupervised.

OCFS Review Results:

The investigation was initiated timely. A CPS history check was documented. Home visits were made. The family and collateral contacts were interviewed. The 7-day Safety Assessment was completed timely.

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)
10/03/2022	Deceased Child, Male, 7 Years	Mother, Female, 26 Years	Lack of Medical Care	Unsubstantiated	No

Report Summary:

An SCR report alleged since the beginning of the 2022-2023 school year, the subject child was exceedingly lethargic and was not coordinated. The mother failed to seek appropriate medical attention.

Report Determination: Unfounded**Date of Determination:** 12/01/2022**Basis for Determination:**

The allegation was unsubstantiated. The Investigation Conclusion Narrative stated that there was no evidence to show the mother was unwilling or unable to meet the child's needs. The child received regular and consistent medical care. Medical records showed no evidence of neglect or abuse.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. A CPS history check was documented timely. The Safety Assessments were completed with accuracy. Home visits were made, and collaterals were contacted.

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)
04/20/2021	Sibling, Female, 2 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 2 Years	Mother, Female, 24 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 2 Years	Other Adult - 4-year-old Sibling's Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Other Adult - 4-year-old Sibling's Father, Male, 30 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

An SCR report alleged on 04/18/21, the then 2-year-old sibling had a 4" long bruise on the left side of her back. There was no explanation for the injury, making it suspicious. The sibling's father was responsible for the care of the sibling during the time the injury was sustained. A subsequent report was received on 04/21/21 and alleged the sibling had an oval-shaped bruise on her back, sustained while in the care of the mother and her father.

Report Determination: Unfounded**Date of Determination:** 06/19/2021**Basis for Determination:**

The allegations were unsubstantiated. The Investigation Conclusion Narrative stated no evidence revealed the parents caused the injury to the sibling. The parents provided adequate medical care for the injury.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. Home visits were made and interviews with the family and collateral contacts were documented. A CPS history check was completed timely as was the 7-day Safety Assessment.

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

Date of SCR	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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Child Fatality Report

Report					
01/22/2021	Sibling, Female, 2 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 2 Years	Mother, Female, 24 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

An SCR report alleged that the then 2-year-old sibling had bruises on her thighs, a scratch on her arm and pink marks that were inflicted. The bruises were sustained when the sibling was in the care of the mother. The mother caused the injuries either directly or indirectly from inadequate guardianship.

Report Determination: Unfounded**Date of Determination:** 03/23/2021**Basis for Determination:**

The allegations of Inadequate Guardianship and Lacerations/Bruises/Welts against the mother were unsubstantiated. The sibling was observed in the home and was observed to be happy and content. The mother was observed to be patient with the siblings. The Investigation Conclusion Narrative stated there was no credible evidence to support the allegations as the sibling was not observed to have marks or bruises.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. A home visit was made, and the family was interviewed. A CPS history check was documented, and Safety Assessments were completed. Collateral contacts were made.

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of New York.

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