



Report Identification Number: NY-23-112

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

Issue Date: Apr 22, 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: 17 year(s)

Jurisdiction: New York
Gender: Female

Date of Death: 11/12/2023
Initial Date OCFS Notified: 11/12/2023

Presenting Information

An SCR report alleged the 17-year-old child was diagnosed with mental health disorders and had a history of suicidal ideation and self-harming behaviors. The child needed to be hospitalized. The child cut herself and ingested unknown drugs. As a result, the child required a higher level of supervision and mental health treatment yet was not attending. On 11/10/23, the child was distraught and was self-isolating. The mother was aware and failed to seek emergency care. On 11/10/23, the mother gave the child medication for hip and back pain and did not supervise the child with the medication. As a result, the child intentionally ingested an unknown amount of medication. Around 6:50 AM, the mother found the child unresponsive on the floor and contacted 911. The child was transported to the hospital via ambulance. At 7:15 AM, the child was lethargic but obeying commands. The child's condition declined, and she died on 11/12/23 at 2:10 PM.

Executive Summary

This report concerns the death of the 17-year-old child that occurred on 11/12/23. A report was made to the SCR on the same day alleging that the child had diagnosed mental health disorders and had a history of self-harming, suicidal ideation and ingested unknown pills. On 11/11/23, the mother provided the child with a pain reliever and found the child unresponsive on the morning of 11/12/23. She was transported to the hospital and pronounced dead on 11/12/23. The child resided with her mother, and siblings, aged 13 and 16 years. The siblings were assessed to be safe with the mother. The father reported having a son who resided with him. Further details regarding this sibling remained unknown. At the time of the death, the family was receiving services through a community-based agency as there were previous concerns for the child's mental health and the 16-year-old sibling's behaviors.

The Administration for Children’s Services (ACS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. Law enforcement did not conduct a criminal investigation as there was evidence to support the death was due to suicide. An autopsy was performed; however, the autopsy report was not yet available at the time of this writing. The medical examiner noted the preliminary cause of death to be due to suicide and the manner of death was “over-ingestion of pills.”

The mother was interviewed and reported that on the night prior to the death, the child had “weird behaviors” and asked the mother for medicine to ease menstruation cramps. The record did not reflect how the child was acting “weird”. The mother provided her with over-the-counter medication. On the morning of 11/12/23, the mother discovered the child unresponsive on the bathroom floor with medication bottles beside her. She called 911 and the child was transported to the hospital where she was pronounced deceased. The mother did not have any indication that the child wanted to harm herself.

The 16-year-old sibling said the child paced in her room but denied anything was wrong. He went to bed after the child took the medication the mother provided. In the morning, he woke to the mother’s screaming. His recollection was consistent with that of the mother. The 13-year-old sibling was not home at the time of the fatal incident and did not have information to provide.

ACS contacted collaterals including the father, school staff and staff of the community-based agency. There were no concerns for the child’s mental health or the safety of the children. It was reported that the child appeared fine and happy prior to her death.



The allegations against the mother were unsubstantiated. The Investigation Conclusion Narrative stated that although the child was “elusive” on the night prior to her death, the mother did not have reason to believe the child intended to harm herself, and the medication bottle provided only had “a few left” in it. The Investigation Conclusion Narrative reflected that although the child had a history of suicidal ideation and suicide attempts, she stopped engaging in services through the community-based agency and the staff did not have concerns with the child discontinuing her enrollment.

ACS offered appropriate services to the family including bereavement counseling referrals and funeral assistance. The family accepted the services. The services case remained open at the time of this writing.

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:

The allegations were appropriately determined.

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:

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: 11/12/2023

Time of Death: 02:10 PM

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

Unknown

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs?

Yes

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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	17 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	40 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)
Deceased Child's Household	Sibling	No Role	Male	16 Year(s)
Other Household 1	Father	No Role	Male	46 Year(s)

LDSS Response

On 11/12/23, ACS received the fatality report from the SCR. Within the first 24 hours of the investigation, ACS contacted the source of the report, coordinated investigative efforts with law enforcement, notified the medical examiner of the death and documented a CPS history check. A home visit was made, and the siblings in the home were assessed to be safe.

The mother was interviewed on 11/13/23. She reported that the day prior to the death, she came home from work and the child was doing chores. The child had "weird behaviors" but would not tell the mother whether anything was wrong. The



mother stated the child “appeared worried.” The record did not reflect further details regarding this. The mother recalled that around 9:00 PM, the child said she had back pain and the mother gave her a bottle containing over-the-counter pain medication. The bottle was noted to be almost empty, but the exact amount remained unknown. The mother then went to bed and around 6:00 AM, she found the child unresponsive on the floor with medication bottles. The mother called 911, and the child was transported to the hospital. The child was noted to have previously been prescribed medication for her mental health; however, she had discontinued taking it. The mother said a picture of the man who sexually abused the child was found in the home and she wondered if the picture may have “triggered” the child. Additionally, suicide letters were discovered in the home.

The siblings were interviewed. The 16-year-old sibling reported on 11/11/23, he saw the child pacing around her bedroom, but she denied anything was wrong. The sibling knew the child took a pain reliever, but specifics were not noted. The sibling went to bed and was awoken at 6:00 AM on 11/12/23 to the mother’s screams. The 13-year-old sibling was not home at the time of the fatal incident and did not have additional information.

ACS gathered information from a hospital nurse. She said the mother found the child unresponsive on the bathroom floor and called 911. At that time the child arrived at the hospital, she was awake, but refused to answer questions. The child was not on prescription medication and refused to attend mental health services.

The father recalled seeing the child on 11/06/23, and that he did not have concerns. He reported to ACS that the mother “needed to be more flexible” regarding the children but did not provide examples.

School staff described the child to be a “good kid” and that the mother met the child’s needs and there were no concerns. School staff had no indication the child was going to harm herself. Staff from the community-based agency working with the family said the child’s individual case was closed, and the reason for closure remained unknown. There were no concerns for the mother’s care of the children and that the family was cooperative and engaged in services.

The family was provided with burial assistance and offered bereavement services. The mother and 16-year-old sibling accepted the referrals. The 13-year-old sibling declined therapy services. After all casework requirements were met, the investigation was closed timely on 1/11/24.

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066668 - Deceased Child, Female, 17 Year(s)	066669 - Mother, Female, 40 Year(s)	DOA / Fatality	Unsubstantiated
066668 - Deceased Child, Female, 17	066669 - Mother, Female, 40	Inadequate	Unsubstantiated



Child Fatality Report

Year(s)	Year(s)	Guardianship	
066668 - Deceased Child, Female, 17 Year(s)	066669 - Mother, Female, 40 Year(s)	Lack of Medical Care	Unsubstantiated
066668 - Deceased Child, Female, 17 Year(s)	066669 - Mother, Female, 40 Year(s)	Lack of Supervision	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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harm, were the safety interventions, including parent/caretaker actions adequate?				
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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"/>

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 were not 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 family remained working with community-based services. Bereavement services and burial assistance were provided.

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 siblings were referred to counseling services, which the mother accepted.

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

Explain:
 The mother accepted bereavement services, and was engaged in them at the time of this writing.

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? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/26/2022	Deceased Child, Female, 16 Years	Mother, Female, 38 Years	Inadequate Guardianship	Far-Closed	No



Sibling, Female, 12 Years	Mother, Female, 38 Years	Inadequate Guardianship	Far-Closed
Sibling, Male, 14 Years	Mother, Female, 38 Years	Inadequate Guardianship	Far-Closed
Deceased Child, Female, 16 Years	Mother, Female, 38 Years	Lack of Supervision	Far-Closed
Sibling, Female, 12 Years	Mother, Female, 38 Years	Lack of Supervision	Far-Closed
Sibling, Male, 14 Years	Mother, Female, 38 Years	Childs Drug / Alcohol Use	Far-Closed

Report Summary:

An SCR report alleged on 07/25/22, the SM left the siblings, then aged 12 and 14 years, in the care of the then 16yo SC. The SC was in treatment for drug abuse and required a higher level of supervision. The SC was an unfit caregiver. The SC provided the then 12yo SS with marijuana edibles. As a result, the SS vomited, hyperventilated, experienced anxiety, weakness, and had an elevated heartrate. The SM was aware that on an unknown date, the SS used marijuana. The SS had a history of behavioral concerns, requiring a higher level of supervision.

OCFS Review Results:

The case was tracked FAR, and the source was contacted. A home visit was made, and family members were interviewed. The 7-day Safety Assessment was completed timely. All parents were provided with written notice.

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)
10/25/2021	Sibling, Male, 11 Years	Father, Male, 42 Years	Educational Neglect	Unsubstantiated	Yes

Report Summary:

An SCR report alleged the then 11-year-old sibling did not attend school in the 2021-2022 school year. As a result of not attending, the sibling fell behind in classes. The father was aware and failed to address the concerns.

Report Determination: Unfounded

Date of Determination: 12/15/2021

Basis for Determination:

The allegation was unsubstantiated. The Investigation Conclusion Narrative stated the sibling did not attend school due to not having the required vaccines. The father scheduled an appointment, and the sibling was vaccinated. The sibling began attending school.

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 inaccurately.

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

Issue:

Adequacy of Documentation of Safety Assessments

Summary:

The 7-day Safety Assessment was completed inaccurately as it reflected the father was unwilling or unable to protect the sibling. Information to support selecting this Safety Factor was not documented.

Legal Reference:

18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

Action:

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/07/2021	Deceased Child, Female, 14 Years	Mother, Female, 38 Years	Choking / Twisting / Shaking	Unsubstantiated	Yes
	Deceased Child, Female, 14 Years	Mother, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 14 Years	Mother, Female, 38 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Female, 14 Years	Mother, Female, 38 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Female, 14 Years	Other Adult - Mother's then partner , Male, 41 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 14 Years	Other Adult - Mother's then partner , Male, 41 Years	Sexual Abuse	Substantiated	
	Sibling, Female, 10 Years	Mother, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Mother, Female, 38 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

An SCR report alleged the SC had a history of suicidal ideation which she received treatment for. The SM and SC were in verbal and physical altercations. The SM slapped the SC in the face, slapped her back and placed her hands around the SC's neck. There were no visible injuries. On 01/06/21, the SC attempted suicide by taking her medication and someone else's medication while she was unsupervised. A few months prior, the SM was physically aggressive to the 10yo SS, causing a black eye. Two years ago, the SM's former boyfriend lived in the home and sexually assaulted the SC.

Report Determination: Indicated

Date of Determination: 03/12/2021

Basis for Determination:

The Investigation Conclusion Narrative stated the SM's former boyfriend sexually abused the SC in 2015. The SC previously reported the boyfriend touched her genitals. The SM sought medical attention for the SC. The SM and SC were in a physical altercation and the SC was held to a wall. The children did not have marks or bruises.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. Home visits were made, and family members were interviewed. Written notice was provided untimely. The record did not reflect attempts to contact the SM's former boyfriend.

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

Issue:

Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:

The record did not reflect attempts to contact the SM's former boyfriend, who was a subject of the report.

Legal Reference:

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

Action:

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.



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

01/13/15-03/15/15 The SM and another adult were substantiated for IG and SXAB regarding the child and siblings.

Known CPS History Outside of NYS

There is no known CPS history outside of New York.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 05/01/2023

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)



	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 Services were provided to the family by two community-based agencies. There is not a requirement for the community-based agency to record activity with the family in Connections; therefore, it was unable to be reviewed.

Preventive Services History

On 01/13/15, a Preventive Services Case was opened as a result of a petition that was filed against the mother and her then boyfriend. The boyfriend sexually abused the child and the mother failed to intervene and allowed him to remain in the home. The family followed the court order and the mother's boyfriend moved out of the home. The family was provided with casework counseling, case management services and they were referred to therapy. The mother engaged in parenting training and domestic violence services. The case was closed on 02/04/16 as the court order expired and the family was succeeding.

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