



Report Identification Number: NY-15-094

Prepared by: New York City Regional Office

Issue Date: 5/11/2016

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

Case Information



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Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: New York
Gender: Female

Date of Death: 11/22/2015
Initial Date OCFS Notified: 11/22/2015

Presenting Information

On 11/22/15, the SCR received additional information to an open CPS service case regarding the death of the two-month-old SC. The service case began on 8/25/15. The BM had a CPS case that was unfounded and the BM was referred for services. There were no allegations regarding the SC's death at this time.

On 12/17/15, the SCR registered a report that alleged DOA/Fatality, PD/AM and IG of the two-month-old female child and PD/AM and IG of the one-year-old sibling by the BM. The report alleged the two children were left in the care of the BM's friend without the BM checking to see if the sleeping arrangements were adequate. The BM's two children slept on a partially deflated air mattress. The friend found the SC unresponsive at 1:47 PM. The report added the friend took the SC to Brooklyn Hospital where she was pronounced dead at 3:05 PM. The report also alleged the BM's use of marijuana led to her poor judgment in leaving the SC with the friend. The babysitter was not named in the report.

Executive Summary

Prior to the receipt of the 12/17/15 SCR report ACS' Manhattan Field Office (MFO) had obtained information regarding the SC's death since it was reported on 11/22/15 as additional information to an open CPS service case. ACS continued to obtain information throughout the investigation of the 12/17/15 SCR report. The ACS Specialist made contact with the BM, the one-year-old SS, the BM's family, LE, and the ME, in addition to service providers. The BM informed the ACS Specialist that she had recently begun bereavement counseling at the Harlem Children's Zone in addition to being engaged in a drug treatment program and receiving clinical therapy. Throughout the investigation ACS documented the one-year-old SS was appropriately cared for by the BM. ACS also assessed the BM's five-year-old male SS who resided with his BF. The BF was granted legal custody of the five-year-old SS by Kings County Family Court in April, 2015. ACS assessed the SS to be well cared for by his BF and also documented the BM had little contact with the five-year-old SS.

On 3/23/16, ACS substantiated the allegations DOA/Fatality, PD/AM and IG of the SC and PD/AM, IG of the SS by the BM. ACS determined the BM allowed both children to sleep in an unsafe environment on a partially inflated air mattress, which was a safety hazard, especially for the two-month-old SC.

ACS initiated the investigation in a timely manner and made contacts with the appropriate collaterals; however, the 24-Hour Report and Safety Assessment were not completed timely.

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



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- 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? No, sufficient information was gathered to determine some allegations only.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

ACS has been involved with the BM prior to the fatality and has continued to provide services to the BM and SS.

Was the decision to close the case appropriate? N/A

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

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

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Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	The 24-Hour Safety Assessment was approved on 12/23/15, six days after the SCR report was registered.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	The Administration for Children’s Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities**Incident Information**

Date of Death: 11/22/2015

Time of Death: 05:05 PM

County where fatality incident occurred: New York

Was 911 or local emergency number called? No



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Did EMS to respond to the scene? No

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 01

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	01 Year(s)
Other Household 1	Other	No Role	Female	25 Year(s)
Other Household 1	Other Child	No Role	Male	3 Year(s)

LDSS Response

On 12/17/15, ACS initiated the investigation by visiting the BM's home where she was interviewed about the SC's death. The BM had just returned from out of state and had recently begun bereavement counseling.

The BM informed ACS that she wanted "to go out" and left the SC and SS with her friend. The BM stated she had never been in the home of the friend but had no concerns about how her friend cared for her own three-year-old male child. The BM added she would have used another friend to babysit but that friend's child was ill and she was unable to care for the BM's children.

The BM said she was on her way to meet the friend when she realized she had forgotten the travel bassinet for the SC but still continued without the bedding. The BM said she met the friend at a subway station and the friend told her the SC and SS would share a mattress. The BM said she would not have allowed the friend and her child to sleep on the same bed with the SC and SS. On the afternoon of the incident, the BM stated she received a telephone call from her friend who was at the Brooklyn Hospital telling her to come immediately and once she arrived the friend explained she had slept in the same bed with the SC, SS and her three-year-old child.

The Specialist also interviewed the BM's friend who supervised the SC and SS on the night of the incident. The friend



stated she had never babysat for the BM prior to the incident nor had the BM been in her home. The friend stated she informed the BM the SC would be on an air mattress because there were no other sleeping provisions in the friend's apartment. The friend said she was aware of safe sleep but had slept with her three-year-old when he was younger without incident. The friend told the Specialist she had made a barrier for the SC and the other children were not near her when she awoke in the morning and fed the SC then put her back on the air mattress at 8:06 AM. ACS did not document what the friend used to make the barrier. The friend went back to sleep until 1:47 PM and noticed the SC's lips were purple and asked an adult male friend who had slept on the floor who knew CPR to perform it on the SC. The friend did not call an ambulance stating "it would take too long" and she took the SC to the hospital, arriving at 2:33 PM.

During this investigation, ACS contacted LE, DA, hospital medical staff, family members and various service providers and made a drug program referral for the BM who tested positive for an illicit drug after the death of the SC. The DA and LE informed ACS no criminal charges would be sought because LE considered the death an accident. ACS also assessed the five-year-old SS who resides with his BF who has legal custody which was granted by Kings County Family Court in April, 2015. The BF and five-year-old SS were not involved with the BM or one-year-old SS; the BM has little contact with the five-year-old SS.

On 3/11/16, ACS substantiated the DOA/Fatality, PD/AM and IG of the SC and PD/AM/IG of the SS by the BM. ACS' determination cited the BM's poor judgment by allowing the children to be allowed to sleep in an unsafe environment on a partially deflated air mattress. The determination also stated the mother's use of drugs may have impacted her ability to provide adequate care for the SS which required her to engage in a substance abuse treatment program. The report mentioned the BM's drug abuse history but the only report involving the BM involvement with drugs was unfounded on 8/28/15. Based on ACS documentation, the mother did admit to using an illicit drug after the death of the SC and she tested positive for a drug screening on 1/16/16. However, there is no documentation that established drug use by the BM prior to the incident played any role in the SC's death.

The case remains open for services for the BM and SS.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: The ACS investigation adhered to previously approved protocols for joint investigation.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: There is no OCFS approved CFRT in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation
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			Outcome
027341 - Deceased Child, Female, 2 Mons	027342 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
027341 - Deceased Child, Female, 2 Mons	027342 - Mother, Female, 28 Year(s)	DOA / Fatality	Substantiated
027345 - Sibling, Male, 01 Year(s)	027342 - Mother, Female, 28 Year(s)	DOA / Fatality	Substantiated
027345 - Sibling, Male, 01 Year(s)	027342 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
027345 - Sibling, Male, 01 Year(s)	027342 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACS made all of the appropriate collateral contacts during this investigation. The two fathers of the BW's children are both incarcerated.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain:
 The 24-Hour Child Fatality Report was completed on 12/22/15 and the co-requisite Safety Assessment was approved on 12/23/15, six days after the SCR report was registered.

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



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foster care at any time during this fatality investigation?				
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: No removal of the SS necessary. The mother has engaged in multiple services.				

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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input checked="" type="checkbox"/>	<input 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 BM is currently participating in a drug treatment program and individual clinical counseling. The SS is receiving EI



services in addition to daycare and play therapy. ACS also has worked with the BM to identify reliable family resources who can assist with the SS if necessary.

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 one-year-old SS is young and is unaware of the death of the SC.

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

Explain:

The BM is engaged in bereavement and drug counseling in addition to clinical therapy.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
Was there an open CPS case with this child at the time of death? Yes
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? No
Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
With neither of the issues listed noted in case record
With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Table with 6 columns: Date of SCR Report, Alleged Victim(s), Alleged Perpetrator(s), Allegation(s), Status/Outcome, Compliance Issue(s). Row 1: 08/26/2014, 8916 - Sibling, Male, 4, 8915 - Mother, Female, Lack of, Indicated, No



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Years	27 Years	Supervision	
8916 - Sibling, Male, 4 Years	8915 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated

Report Summary:

On 8/26/14, the SCR registered a report that alleged LS and IG because the BM failed to adequately supervise her four-year-old son while in the park. The SC wandered away and the BM did not know where the child was for approximately 10 minutes. ACS initiated the investigation timely and established the incident described by the SCR report did occur. In addition the investigation revealed the SC also ran into the street putting himself immediate danger of serious harm. On 10/24/14, ACS substantiated the allegations of the report.

Determination: Indicated **Date of Determination:** 10/24/2014

Basis for Determination:

ACS determined the BM was unable to provide the SC with adequate supervision substantiated the allegations LS and IF of the four-year-old by the BM.

OCFS Review Results:

The determination was appropriate given the specifics of the case.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/29/2015	8909 - Sibling, Male, 4 Years	8908 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	8909 - Sibling, Male, 4 Years	8908 - Mother, Female, 28 Years	Inadequate Guardianship	Unfounded	

Report Summary:

On 6/29/15, the SCR registered a report that alleged PD/AM and IG of the then 1-year-old surviving sibling by the BM. The BM was pregnant with the SC at the time of the investigation. ACS began the investigation timely and contacted the appropriate collaterals to obtain information. ACS documented the 1-year-old was well cared for and the her Dr had no concerns regarding any drug use by the BM. In addition, the shelter CW stated there were no incidents of the BM being under the influence of drugs or alcohol and there were no concerns for the 1-year-old child. The BM also has a 5-year-old male child who resides with his BF who has legal custody. The BM has no contact with this child.

Determination: Unfounded **Date of Determination:** 08/28/2015

Basis for Determination:

On 8/28/15, ACS unsubstantiated the allegations PD/AM and IG of the then 1-year-old surviving sibling by the BM. ACS documented there was no credible evidence to support the allegation and the child was well cared for. ACS also determined there was no credible evidence the BM used drugs or drank alcohol.

OCFS Review Results:

ACS conducted a thorough investigation, made the necessary contacts and appropriate determination given the information obtained during the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/08/2015	8912 - Sibling, Male, 4 Years	8911 - Mother, Female, 28 Years	Excessive Corporal Punishment	Unfounded	No



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8912 - Sibling, Male, 4 Years	8911 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated
8912 - Sibling, Male, 4 Years	8911 - Mother, Female, 28 Years	Lacerations / Bruises / Welts	Indicated
8912 - Sibling, Male, 4 Years	8911 - Mother, Female, 28 Years	Swelling / Dislocations / Sprains	Unfounded

Report Summary:

On 2/8/15, the SCR registered a report that alleged the BM struck the four-year-old SS in the eye because he was misbehaving. ACS had the child evaluated at the CAC and there was no credible evidence the BM struck the child. ACS made contacts with all of the pertinent collaterals in the position to provide information during this investigation.

Determination: Indicated**Date of Determination:** 04/09/2015**Basis for Determination:**

On 4/9/15, ACS substantiated the allegation IG of the four-year-old SS by the BM. ACS determined the BM would punish the SC by locking him in the closet when he was afraid. ACS unsubstantiated the allegations XCP and S/D/S.

OCFS Review Results:

Although the determination narrative supports unfounding the allegation L/B/W of the four-year-old SS by the BM, ACS substantiated this allegation on the investigation conclusion.

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

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

No CPS history more than three years old.

Known CPS History Outside of NYS

The BM informed ACS she had an unfounded CPS case in Sarasota County, Florida but there is no documentation ACS confirmed the outcome of this prior investigation with Sarasota County CPS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 08/25/2015

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

	Yes	No	N/A	Unable to Determine
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Family Assessment and Service Plan (FASP)

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

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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

Action:	OCFS is recommending that the ACS Supervisory Teams review with the Specialists the CONNECTIONS Step-by-Step Guide: Training for CPS workers (rev 3/1/07) page 204, which addresses Safety Assessments, and to review the Safety Assessments submitted for this report.
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Are there any recommended prevention activities resulting from the review? Yes No