



Report Identification Number: NY-16-082

Prepared by: New York City Regional Office

Issue Date: 2/3/2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships

| | | |
|----------------------------------|------------------------------------|------------------------------------|
| BM-Biological Mother | SM-Subject Mother | SC-Subject Child |
| BF-Biological Father | SF-Subject Father | OC-Other Child |
| MGM-Maternal Grand Mother | MGF-Maternal Grand Father | FF-Foster Father |
| PGM-Paternal Grand Mother | PGF-Paternal Grand Father | DCP-Day Care Provider |
| MGGM-Maternal Great Grand Mother | MGGF-Maternal Great Grand Father | PGGF-Paternal Great Grand Father |
| PGGM-Paternal Great Grand Mother | MA/MU-Maternal Aunt/Maternal Uncle | PA/PU-Paternal Aunt/Paternal Uncle |
| FM-Foster Mother | SS-Surviving Sibling | |

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 | TANF-Temporary Assistance to Needy Families | FC-Foster Care |
| MH-Mental Health | ER-Emergency Room | |



Case Information

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

Jurisdiction: New York
Gender: Male

Date of Death: 08/05/2016
Initial Date OCFS Notified: 08/05/2016

Presenting Information

The 8/5/16 report alleged on 8/3/16, the SM went to the store and left the 3-year-old SC in the care of her paramour. While the paramour was caring for the SC, he fed the SC a hot dog which he choked on. CPR was performed on the SC and he was taken to the hospital in cardiac pulmonary arrest. While at the hospital, the SC was found to have numerous bruises on his chest, head abdomen, arms, legs, and buttocks. The SM and paramour had no explanations for the SC having the bruises.

Executive Summary

The 3-year-old male SC died on 8/5/16. As of 1/26/17, NYCRO has not received the autopsy report.

The allegations of the 8/5/16 report were DOA/Fatality, IG, and L/B/W of the SC by the SM and her paramour.

At the time of the fatality, ACS was in the process of investigating the 8/3/16 reports. ACS found on 8/3/16 the SC was transported by EMS to Metropolitan Hospital (MH) emergency room; he was found to be unconscious and in cardiac arrest. LE informed ACS that the SM did not provide a consistent explanation about the case circumstances.

Prior to the fatality ACS had interviewed the SM who said on 8/2/16 she suddenly heard a loud noise and heard the SC cry. SM said she checked the SC and observed he was on the floor. She picked him up and saw a large reddish bruise on his face. SM said she believed the SC hit himself on the corner of the wooden bed. She described the bed as high off the floor. The SM said a neighbor advised her to apply butter and salt to the SC's injury and she followed the advice. At about 12:30 PM, she went to the hair salon and left the SC in the home with the paramour. She returned home at about 2:30 PM, and observed the SC in the living room watching TV and playing with toys. She said she cooked three hot dogs for lunch and then told the paramour she was going to the store and would shortly return. As she walked out of the home, she saw the paramour cut a hot dog to feed the SC. As she approached the store, the SM received a call at 3:20 PM. Her neighbor made the call and told her to return home as the SC was choking. She returned home and observed the paramour was holding the SC and he told her the SC choked on a hot dog. The SC's head was tilted back and his arms/legs appeared limp. She lifted the SC's head and placed her finger in his mouth to see if anything came out; nothing came out. The SM said she panicked and ran out of the building. She began yelling for assistance and a group of individuals approached. A neighbor told her she knew how to perform CPR, and immediately began to resuscitate the SC. The SM denied she or the paramour did anything to harm the SC.

LE informed ACS that preliminary police investigation showed there was no hot dog observed in the home. LE said neither hospital nor EMS staff found evidence that the SC choked from eating a hot dog. LE said there was nothing found in the SC's throat. The paramour was in custody on other charges as he was on parole from out of state. The paramour said the SM left the home about 9:30 AM to get her hair done and had not returned to the home. The paramour said he placed the SC in the living room to watch TV. He said he planned to prepare a meal. He said he was not preparing any hot dog. He checked the SC and observed he was gasping for air, and not breathing. The paramour said he laid the SC down and pumped on the SC's chest. He called out for an associate in the home and told him to



call the SM to come home. The associate called but there was no answer. He told him to find the SM which he did but returned without her; then later the SM arrived home.

On 8/5/16, ACS filed an Article Ten Abuse petition in New York County Family Court (NYCFC) on behalf of the SC; naming the SM and paramour as respondents. The Family Court Legal Service (FCLS) informed NYCFC that the SC died on 8/5/16. FCLS argued that although the SC passed away, ACS would like to continue filing the petition. The judge permitted FCLS to proceed with the filing. ACS did not provide updated details about the legal case.

On 8/5/16, LE informed ACS that the SM was going out of state to stay with family members. LE asked that ACS not contact the SM nor family members as the criminal investigation was in process.

ACS did not obtain information from the SM's paramour who was a subject of the report, the paramour's parole officer, and the family Dr. who had provided medical care of the SC.

As of 1/26/17, ACS has not yet completed the investigation.

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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

N/A

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, signature or initials recorded (other than on FASP).

Explain:

NA

Required Actions Related to the Fatality

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



NYS Office of Children and Family Services - Child Fatality Report

| | |
|-------------------------|---|
| Issue: | Contact/Information From Reporting/Collateral Source |
| Summary: | The documentation did not reflect that the SM's paramour, who was a subject of the 8/5/16 report, and the family Dr. was interviewed. The paramour's parole officer was also not interviewed. |
| Legal Reference: | 18 NYCRR 432.2(b)(3)(ii)(b) |
| Action: | ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations 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: 08/05/2016

Time of Death: 12:36 PM

Time of fatal incident, if different than time of death: 03:20 PM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to respond to the scene?

Yes

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

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

2

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 3 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 27 Year(s) |



NYS Office of Children and Family Services - Child Fatality Report

| | | | | |
|----------------------------|--------|---------------------|------|------------|
| Deceased Child's Household | Other | Alleged Perpetrator | Male | 33 Year(s) |
| Other Household 1 | Father | No Role | Male | 26 Year(s) |

LDSS Response

On 8/8/16, the Metropolitan Hospital (MH) social worker (SW) stated the SC was brought in by EMS to MH ER. On 8/3/16 at 4:12 PM. When he arrived, he was found to be unconscious in cardiac arrest. The SC was resuscitated in the hospital. The SW observed the SC's face had a large bruise. The SW did not observe other parts of the SC's body. The SW had interviewed the SM who said she cooked a hot dog for the SC and later left the SC in the care of her paramour. The SM reportedly left the home to go to the store. After the SM left the home, she received a call from the paramour who said the SC had irregular breathing. The SM returned home and observed the SC gasping for air. The SM went out of the home and into the building elevator hoping to find someone to perform CPR. The SW said the SM denied the paramour had anything to do with the manner in which the SC was found. The SW said the SM explained that the SC had developmental and physical disabilities. The SM explained that the SC frequently fell due to the physical condition that prevented one of his feet from facing forward. The SM attributed the bruises on his legs and arms to falling as a result of the disability. According to the SM's account, the bruise to the SC's face was a result of the SC falling from the bed that morning. The scratches seen on the SC's body were from the SM accidentally scratching SC. The SC was transferred from MH to New York Presbyterian Hospital. The interview conducted on 8/8/15 did not reflect that the SW was asked if the explanation was plausible.

LE informed ACS that based on initial observation, the SC was found unconscious with green foam coming out of his mouth. The SC had a bruise on the face and scratches on his body. The SM was interviewed and she changed her account numerous times. LE said the SM initially stated she was getting her hair done when she received a call from her paramour who said the SC choked on a hot dog. The SM later said she was on the way to the store when the paramour called her and said the SC was choking on a hot dog. The SM then reported she was in the home when the SC began to choke. The SM also said the paramour did not have a cell phone. The SM did not respond to additional questions regarding the cell phone. According to witnesses, the paramour was observed outside with the SM when they initially exited the case address with the SC, but the paramour left after the FD and LE responded.

On 8/9/16, the EMS liaison said EMS received the call at about 3:40 PM. The SM told EMS the SC fell off the bed. The SM said she left the SC in the care of her paramour to go the store. Upon seeing the SC choking, the SM tried to clear the SC's throat. At the time, the SC was eating a hot dog. The SC was found with bruises to his arms, legs, abrasions on his neck, side and the right side of his head seemed deformed.

On 8/9/16, the BF informed ACS he received a call from the PGM who stated the SC was in the hospital. ACS also interviewed the PGM and MGM.

On 8/19/16, the Assistant District Attorney (ADA) informed ACS the case was under investigation. There were no criminal charges filed but there were concerns about the SM and paramour's accounts. The ADA noted an inconsistency based on the SM's account of her whereabouts leading up to the time the SC was brought to the hospital. There were video surveillances that located the SM in places contrary to the SM's account. The ADA was unaware of the whereabouts of the SM and paramour. The paramour had been on parole. It seemed that the SM was a member of a gang. A shotgun and marijuana were found in the home.

On 9/12/16, ACS met the SM in the New York County Family Court (NYCFC). She said she was represented by an attorney and declined to speak with ACS. ACS had interviewed the SM prior to the SC's death on 8/4/16. The paramour



NYS Office of Children and Family Services - Child Fatality Report

arrived to the NYCFC. He was approached by LE and was arrested prior to his appearance. The arrest was related to the guns found in the home.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

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 investigation adhered to previously approved protocols for joint investigations.

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

Comments: There is no OCFS approved Child Fatality Review Team in NYC.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--------------------------------------|--|-------------------------------|--------------------|
| 034301 - Deceased Child, Male, 3 Yrs | 034303 - Other - Mother's Paramour, Male, 33 Year(s) | DOA / Fatality | Pending |
| 034301 - Deceased Child, Male, 3 Yrs | 034303 - Other - Mother's Paramour, Male, 33 Year(s) | Inadequate Guardianship | Pending |
| 034301 - Deceased Child, Male, 3 Yrs | 034303 - Other - Mother's Paramour, Male, 33 Year(s) | Lacerations / Bruises / Welts | Pending |
| 034301 - Deceased Child, Male, 3 Yrs | 034302 - Mother, Female, 27 Year(s) | DOA / Fatality | Pending |
| 034301 - Deceased Child, Male, 3 Yrs | 034302 - Mother, Female, 27 Year(s) | Inadequate Guardianship | Pending |
| 034301 - Deceased Child, Male, 3 Yrs | 034302 - Mother, Female, 27 Year(s) | Lacerations / Bruises / Welts | Pending |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| All children observed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



NYS Office of Children and Family Services - Child Fatality Report

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Alleged subject(s) interviewed face-to-face? | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Daycare Provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pediatrician | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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 did not interview the SM's paramour, who was a subject of the 8/3/16 and 8/5/16 reports, and the family physician.

| |
|--|
| Fatality Safety Assessment Activities |
|--|

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| |
|---|
| Legal Activity Related to the Fatality |
|---|

Was there legal activity as a result of the fatality investigation?

Family Court Criminal Court Order of Protection

| Family Court Petition Type: FCA Article 10 - CPS | | |
|--|---|---------------------------------|
| Date Filed: | Fact Finding Description: | Disposition Description: |
| 08/05/2016 | There was not a fact finding | There was not a disposition |
| Respondent: | 034302 Mother Female 27 Year(s) | |
| Comments: | ACS filled an Article Ten Abuse petition in NYCFC; the SM and her paramour were named as the respondents. Family Court Legal Service (FCLS) informed the Family Court that the SC died on 8/5/16. FCLS argued that although the SC passed away, ACS would like to continue with the filing of the | |



NYS Office of Children and Family Services - Child Fatality Report

petition. The Family Court allowed FCLS to proceed with the filing on basis that there was risk to the deceased child's siblings as the paramour may have another child and the respondent SM could have another child.

Have any Orders of Protection been issued? No

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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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:
ACS opened the Family Services Stage of the case on 8/5/16. The mother did not make herself available for services. The paramour was incarcerated. There were no surviving siblings or other children in the household.

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? N/A



Explain:

There were no surviving sibling or other children residing in the home.

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

Explain:

According to the ACS case record, the SM informed ACS that she was being represented by an attorney and she declined to speak with ACS.

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? N/A

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) |
|--------------------|---------------------------------------|---|-----------------------------------|----------------|---------------------|
| 08/03/2016 | 13740 - Deceased Child, Male, 3 Years | 13738 - Mother, Female, 27 Years | Lacerations / Bruises / Welts | Pending | Yes |
| | 13740 - Deceased Child, Male, 3 Years | 13738 - Mother, Female, 27 Years | Swelling / Dislocations / Sprains | Pending | |
| | 13740 - Deceased Child, Male, 3 Years | 13743 - Other Adult - Mother's Paramour, Male, 33 Years | Inadequate Guardianship | Pending | |
| | 13740 - Deceased Child, Male, 3 Years | 13743 - Other Adult - Mother's Paramour, Male, 33 Years | Swelling / Dislocations / Sprains | Pending | |
| | 13740 - Deceased Child, Male, 3 Years | 13743 - Other Adult - Mother's Paramour, Male, 33 Years | Lacerations / Bruises / Welts | Pending | |
| | 13740 - Deceased Child, Male, 3 Years | 13738 - Mother, Female, 27 Years | Inadequate Guardianship | Pending | |

Report Summary:

The 8/3/16 report alleged that on 8/3/16 at approximately 3:30 PM the 3-year-old SC was unconscious. He had a gash on



NYS Office of Children and Family Services - Child Fatality Report

his head and it was swollen. He also had bruises and cuts all over his body that were in different stages of healing and suspicious in nature. At the time of the incident the SM had gone to the store and left the SC in the care of her paramour. The paramour called the SM and she came home. The SM had the SC outside when help arrived. As soon as help came, the paramour ran from the scene. The SM was very uncooperative. She had inconsistent explanations as to what happened. Her initial explanation was that the SC fell off the bed and the other, he was choking.

Determination: Undetermined

OCFS Review Results:

ACS obtained information from LE, the hospital social worker and medical staff. LE said the SM's account changed several times. LE said the SM stated she was out of the home, then the SM said she was in the apartment. The SM also said she was on her way to the store and her paramour called to let her know that the SC was choking on a hot dog. The attending Dr. said the SC was in critical condition. The Dr. explained that the SC had multiple bruising on his body in various stages of healing, a brain injury, traumatic frontal bleeding (preliminary), and blood collection on the left lung (preliminary). Subsequently ACS learned the SC died on 8/5/16.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

During the 8/3/16 investigation, ACS inappropriately completed 8/10/16 safety assessment. In this safety assessment, ACS selected safety factors that placed the SC in immediate danger. However, in the associated comments, ACS listed the SC's date of death as 8/5/16. Further, ACS noted there were no surviving siblings and no other children in the home.

Legal Reference:

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

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations 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.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

The ACS case record did not reflect that the agency obtained information from the SM's paramour who was a subject of the report, the family physician and the paramour's parole officer.

Legal Reference:

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

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations 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.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|---------------------------------------|----------------------------------|-----------------------------------|----------------|---------------------|
| 08/03/2016 | 13783 - Deceased Child, Male, 3 Years | 13781 - Mother, Female, 27 Years | Swelling / Dislocations / Sprains | Pending | Yes |
| | 13783 - Deceased | 13782 - Other Adult - Mother's | Lacerations / | Pending | |

| | | | |
|---------------------------------------|---|-----------------------------------|---------|
| Child, Male, 3 Years | Paramour, Male, 33 Years | Bruises / Welts | |
| 13783 - Deceased Child, Male, 3 Years | 13781 - Mother, Female, 27 Years | Inadequate Guardianship | Pending |
| 13783 - Deceased Child, Male, 3 Years | 13781 - Mother, Female, 27 Years | Lacerations / Bruises / Welts | Pending |
| 13783 - Deceased Child, Male, 3 Years | 13782 - Other Adult - Mother's Paramour, Male, 33 Years | Inadequate Guardianship | Pending |
| 13783 - Deceased Child, Male, 3 Years | 13782 - Other Adult - Mother's Paramour, Male, 33 Years | Swelling / Dislocations / Sprains | Pending |

Report Summary:

The 8/3/16 report alleged the 3-year-old SC was taken to the hospital by ambulance for cardiac arrest on 8/3/16. The adults provided no explanation for this. The SC also had bruises to the right side of his face, his right arm, and both legs. He also had a scratch to his face. It was suspected that the SC had been abused. The primary caretakers were the SM and her paramour.

Determination: Undetermined

OCFS Review Results:

ACS established contact with LE, the hospital social worker and medical staff. LE said the SM's account changed several times. LE said the SM stated she was at a location out of the home, then she said she was in the apartment, and she later she said she was on her way to the store and her paramour called to let her know that the SC was choking on a hot dog.

The attending Dr. said the SC was in critical condition. The SC had multiple bruising on his body in various stages of healing, a brain injury, traumatic frontal bleeding (preliminary), and blood collection on the left lung (preliminary). ACS learned the SC received medical care until he was pronounced dead on 8/5/16.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 8/10/16 Safety Assessment for the 8/3/16 report was inadequate as it reflected safety factors that placed the SC in immediate danger of serious harm. In the associated comments listed the SC's date of death as 8/5/16. ACS also noted there were no surviving sibling or other children in the home.

Legal Reference:

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

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations 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.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

The ACS case record did not reflect that the agency obtained information from the SM's paramour who was a subject of the report, the family's Dr., and the paramour's parole officer.

Legal Reference:

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



NYS Office of Children and Family Services - Child Fatality Report

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations 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.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|---|--|-------------------------|----------------|---------------------|
| 12/27/2013 | 13676 - Deceased Child, Male, 11 Months | 13673 - Other - MGGM, Female, 74 Years | Inadequate Guardianship | Unfounded | Yes |

Report Summary:

The 12/27/13 report alleged on 12/27/13, a verbal argument between the MGGM and SM escalated into a physical altercation while in the presence of the SC, who was then 11 months old. During the incident, while the SM was holding the SC, the MGGM smacked the SM repeatedly and then hit the SM with a stick. This was ongoing. The SC had not sustained any current or past injuries.

Determination: Unfounded**Date of Determination:** 02/25/2014**Basis for Determination:**

ACS based the determination on the SM's statement that reflected the MGGM did not hit her with a stick and neither was the SM holding the SC in her arms when the argument ensued. The SM also said the SC was approximately 10 feet away playing with toys on his stroller.

OCFS Review Results:

The investigation was initiated timely. ACS interviewed the MGM and SM. The MGGM said the SM became disrespectful. The MGGM admitted she smacked the SM. The MGGM said she used her hands and because of her long nails, she may have scratched the SM. The SC was in his walker in the living room, not in the SM's arms. After LE was called and before LE responded, the SM and SC left the apartment. The SM and SC relocated to a shelter. ACS did not contact the family physician despite the SC not feeling well and having been prescribed medication. The documentation reflected that although LE was involved, they were not interviewed to obtain more information regarding the incident.

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

Contact/Information From Reporting/Collateral Source

Summary:

ACS did not contact the family Dr. despite the SC not feeling well and having been prescribed medication. Also, the documentation reflected that although LE was involved, they were not interviewed to obtain more information regarding the incident.

Legal Reference:

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

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations 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.

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

The SM and her paramour were not known to the SCR or ACS as subjects more than three years prior to the fatality .



Known CPS History Outside of NYS

There was no known history outside of NYS.

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.

Casework Contacts

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Were face-to-face contacts with the child in the child's placement location made with the required frequency? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Are there any recommended prevention activities resulting from the review? Yes No