



**Report Identification Number: NY-18-083**

**Prepared by: New York City Regional Office**

**Issue Date: Jan 25, 2019**

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 8 month(s)

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

**Date of Death:** 03/18/2015  
**Initial Date OCFS Notified:** 08/09/2018

## Presenting Information

The 8/9/18 SCR report alleged approximately 4 years ago, the SC was dropped while being held by the SM or SF. The report also alleged the SC was transported to the hospital where she received extensive medical care and remained hospitalized until she died. The cause of death was blunt force trauma to the head. Both parents denied being responsible for dropping the SC, making the SC's death suspicious.

## Executive Summary

The 8-month-old female child (SC) died on 3/18/15. ACS contacted the ME, who reported no autopsy was completed.

The allegations of the 8/9/18 report were DOA/Fatality and IG of the SC by the parents.

ACS findings showed the SC died in St. Mary's Hospital in Queens, New York. ACS found the SC had pre-existing medical conditions and received care in a nursing home/long term care facility. The SM informed ACS that she did not want to discuss the trauma and pain of losing the SC; however, she provided official records concerning the SC. The documentation reflected the death was due entirely to natural causes. ACS verified the SC was pronounced dead by the attending physician. The time of death was listed as 2:45 PM on 3/18/15. At the time of the SC's death, there were no SS or other children in the SM or SF's household.

On 8/10/18, the ME's office confirmed there was no autopsy ordered or completed, but the office received a request for cremation. The ME's office explained that the SC's death was either possibly anticipated or the cause of death was clear.

On 8/13/18, ACS held two conferences and discussed the case circumstances as the SM had two CHN: 3-yo male and 2-yo male (referred to as SS). The preventive services staff had been working with the SM and SS since October 2017. The SF had visits for two hours with the SS. The SS met with a medical specialist and both CHN received therapeutic services.

On 8/17/18, ACS interviewed the SF by phone. ACS informed the SF that new reports were registered regarding the family. ACS did not discuss the circumstances surrounding the SC's death. The SF said he did not reside with the SM. He did not take the SS to visit his home.

On 8/20/18, the Certified Alcohol Substance Abuse Counselor (CASAC) coordinator said the SM tested positive for marijuana. The SM did not have to return to the coordinator but was expected to complete additional drug testing.

On 11/1/18, the SM said the MA found the SC's death certificate. Subsequently, the family provided a copy of the SC's death certificate to ACS.

The 24-Hour safety assessment for the 8/9/18 report was not completed until 8/13/18.

On 11/28/18, ACS Unsub the allegations of DOA/Fatality and IG of the SC by the SM and SF on the basis the SC's death certificate stated the SC died on 3/18/15 of natural causes.

## 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

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:

NA

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The 24-Hour safety assessment for the 8/9/18 report was not completed until 8/13/18.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a PIP 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.
<b>Issue:</b>	Required data and official documents
<b>Summary:</b>	ACS did not update the CPS Investigation Summary to include persons relationships with the family or the SC. Two female individuals were listed as having an unknown role and ACS did not clarify the relationship with the family or SC.
<b>Legal Reference:</b>	428.3(b)(2)(i)
<b>Action:</b>	ACS must submit a PIP 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:** 03/18/2015

**Time of Death:** 02:45 PM

**County where fatality incident occurred:**

Queens

**Was 911 or local emergency number called?**

No

**Did EMS respond to the scene?**

No

**At time of incident leading to death, had child used alcohol or drugs?**

N/A

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Child was hospitalized

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

**At time of incident supervisor was:** Not impaired.

**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	8 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	18 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)

### LDSS Response

On 8/10/18, ACS interviewed the father of the two SS. The father said he no longer had a relationship with the SM. He said he had suspicion of abuse/maltreatment of the SS by the SM. The documentation reflected the father's words were slurred. He denied he misused drugs or alcohol. It was unclear whether he had new information about the SC's death.

On 8/11/18, ACS visited the home and observed the SS in the care of a family friend as the SM was not in the home. The friend informed ACS he did not witness the SM misuse drugs or mistreat the CHN. The SM returned to the home and ACS addressed the allegations of the 8/9/18 SCR report. The SM denied she dropped the SC and she said she did not hit the SC. The SM produced copies of the hospital records, funeral documentation, and burial information for the SC. ACS reviewed



the documentation and noted a death certificate was issued, but it was in the possession of the MGM. The SM denied marijuana use. Later, ACS verified the SC was born with pre-existing medical conditions and died in the hospital.

On 8/14/18, the SM informed ACS of a DV incident that involved the PS. The SM contacted LE, who arrested the PS. ACS escorted the family to the MGM's home. The MGM and SM agreed the SS would temporarily reside with the MGM.

On 11/1/18, ACS visited the home and observed the SM and 2-yo SS. The SM said the 3-yo SS was with the MGM. The SM said she considered filing for joint custody with MGM for the 3-yo SS. The SM said she went to court to establish paternity of the 2-yo SS.

A review of CPS history showed since the SC's death on 3/18/15, the SCR registered reports dated 10/19/15, 9/18/17, 12/4/17, 2/3/18, 8/2/18, 8/10/18 and 8/13/18. The allegations of the reports were a combination of B/S, IG, LS, L/B/W, PD/AM, and S/D/S pertaining to the SS. The 9/18/17 and 12/4/17 reports were IND and the 10/19/15, 2/3/18, 8/2/18, 8/10/18 and 8/13/18 reports were UNF. On 12/27/18, the SCR registered a report regarding the family. The 12/27/18 investigation had not yet been determined, and the preventive services case remained open at the time of issuance of this fatality report.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

### 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
048720 - Deceased Child, Female, 8 Mons	048723 - Father, Male, 18 Year(s)	Inadequate Guardianship	Unsubstantiated
048720 - Deceased Child, Female, 8 Mons	048723 - Father, Male, 18 Year(s)	DOA / Fatality	Unsubstantiated
048720 - Deceased Child, Female, 8 Mons	048722 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated
048720 - Deceased Child, Female, 8 Mons	048722 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine



All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:**

The documentation did not reflect whether ACS made diligent efforts to make face-to-face contact with the SF. The SS were unable to effectively communicate with ACS.

**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 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"/>

**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"/>
<b>Explain:</b> The family received preventive services.				

### 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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> According to ACS, there were no CHN living with the SC at the time of the fatality. There was no removal regarding the SS.				

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>





<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> N/A							

**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 children in the household at the time of the fatality.

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

**Explain:**

There was no LDSS involvement with the family at the time of the fatality.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- 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? Yes

### 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/12/2013	Other Child - Foster Child, Male, 2 Years	Other - MGM, Female, 58 Years	Excessive Corporal Punishment	Unsubstantiated	Yes
	Other Child - Foster Child, Male, 2 Years	Other - MGM, Female, 58 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Foster Child, Male, 2 Years	Other - MGM, Female, 58 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Other Child - Foster Child, Male, 2 Years	Aunt/Uncle, Female, 19 Years	Excessive Corporal Punishment	Unsubstantiated	
	Other Child - Foster Child, Male, 2 Years	Aunt/Uncle, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Foster Child, Male, 2 Years	Aunt/Uncle, Female, 19 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Other Child - Foster Child, Male, 2 Years	Mother, Female, 18 Years	Excessive Corporal Punishment	Unsubstantiated	
	Other Child - Foster Child, Male, 2 Years	Mother, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Foster Child, Male, 2 Years	Mother, Female, 18 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

The 12/12/13 report alleged the adults in the home hit the 2-yo foster child (FC) about his head and body causing him to sustain bruising.

**Report Determination:** Unfounded

**Date of Determination:** 02/10/2014

**Basis for Determination:**

ACS unsubstantiated the all the allegations of the 12/12/13 report on the basis of no credible evidence. ACS added that the CHN, who resided in the home, received a minimum degree of care.

**OCFS Review Results:**

ACS findings showed that the FM, who was the MGM of the SC, denied hitting the FC. The FM said she had an OP against the mother of the FC. The FM explained that on 12/9/13, the mother of the FC engaged in an altercation with the SM and her paramour. ACS verified there was LE involvement in the case. The CPS Investigation Summary reflected the SM was listed as a guardian. The documentation did not reflect whether ACS made diligent efforts to contact the SM's paramour to verify that the SM did not reside with the FM. ACS did not contact the foster care agency to discuss the case circumstances.



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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The documentation did not reflect whether ACS made diligent efforts to contact the foster care agency CP or the supervisor. ACS did not contact the SM 's paramour to verify that the SM did not reside with the FM.

**Legal Reference:**

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

**Action:**

ACS must submit a PIP 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 SF were not known to the SCR and 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.

**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