



Report Identification Number: NY-21-075

Prepared by: New York City Regional Office

Issue Date: Jan 10, 2022

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 9 year(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 07/06/2021
Initial Date OCFS Notified: 07/12/2021

Presenting Information

The SCR report alleged at about 1:40PM on 7/6/2021, the nine-year-old SC was playing in a reservoir, and she wandered into an area of the reservoir that was suddenly much deeper, and there was a current. The SC was unable to swim or to keep herself afloat in the deep water with the current. As a result, she drowned; she was pronounced dead at 2:40PM on 7/6/2021. A family-friend was responsible for her care and the care of the other children at the time. The family-friend was aware that the SC was unable to swim. The family-friend very regularly supervised the SC. The ten-year-old SS and the SC had been visiting at the home of the family-friend and her children from the weekend of 7/2/2021 up until 7/6/2021.

Executive Summary

On 7/6/2021, the SC died after she drowned in a reservoir at a public park. The SC and her 10-yo SS were in the care of the BM’s friend (who for the purpose of this report shall be referred to as the BMF) at the time of her death. Also present at the park were the BMF’s six children. The SC and the SS had been visiting the BMF’s home and her children from 7/2/2021 to 7/6/2021, and the BMF was responsible for their care and supervision. The younger SS was with her father and did not witness the incident. The father resided out of the home and was involved with his daughter.

The case documentation reflected at 1:40PM on 7/6/2021, the SC went into an area of the reservoir that had strong currents and deep water without the BMF’s knowledge. The SC was swept away by the currents. Once the BMF saw that the SC in distress, she called 911 and jumped into the water to save the SC but was unable to do so. FDNY/NYPD rescue team responded to the park and retrieved the SC’s body from the reservoir. The SC was then transported to the hospital where the medical staff pronounced her deceased. According to the ME, the cause of death was drowning (water found in lungs). The manner of death was accident.

On 7/7/2021, ACS received the report and initiated the CPS investigation in a timely manner. ACS interviewed the BM, hospital staff, LE, medical provider, and the BMF’s family. The information obtained by ACS did not reveal the BM was negligent regarding the SC’s death. Also, all the children present when the incident occurred were forensically interviewed. LE stated the children’s statements and that of the BMF’s corroborated the video evidence from the BMF’s phone. LE deemed the incident an accident and stated the reservoir had a fence that was about “waist high” but there were no signs prohibiting access to the reservoir. LE did not make any arrest and closed the criminal investigation.

Following the incident, the BMF left her home due to fear of retaliation by the BM and ACS was unable to locate the BMF and assess her children. Consequently, ACS filed for Order to Produce and later assessed the BMF’s six children to be safe in the care of their grandmother and aunt.

On 7/12/2021, ACS held a child safety conference, and the outcome was to provide services for the family. The BM declined services from ACS but accepted resources for herself and the SSs. The BMF also declined services.

During the investigation, the SCR registered multiple subsequent reports against the family. The BM reported she was being harassed by her boyfriend’s extramarital liaisons in the community. She showed ACS text messages, social media posts and NYPD reports confirming her accounts. She was able to secure a new apartment and relocated with her children.

On 9/15/2021, ACS UNSUB the allegations of the report due to lack of credible evidence. ACS based its decision on the



ME's report which ruled that the cause of death was drowning (water found in lungs). The manner of death was accident. Also, all the children present at the park, including the older SS attested to the BMF telling them not get into the water. They stated the BMF acted appropriately as she called 911 and attempted to rescue the SC.

Additionally, the BM and her boyfriend were not present when the SC died. The SC and the older SS were not in the care of their BM and the BM's boyfriend at the time. The BM's boyfriend did not have care taking role of the SC. The older SS denied ever being left in the care of the BM's boyfriend. Throughout the investigation, there were no safety concerns for the children involved in the case.

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? Yes

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

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

Explain:
ACS' decision to close the case appropriate. ACS assessed all the children involved in the case and deemed them to be safe and appropriately cared for by their respective caretakers.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information



Date of Death: 07/06/2021

Time of Death: 02:40 PM

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

01:40 PM

County where fatality incident occurred:

Richmond

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used 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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	9 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	43 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Other Household 1	Other - Family Friend	Alleged Perpetrator	Female	31 Year(s)
Other Household 1	Other Child - Family Friend's Child	No Role	Female	12 Year(s)
Other Household 1	Other Child - Family Friend's Child	No Role	Female	7 Year(s)
Other Household 1	Other Child - Family Friend's Child	No Role	Female	11 Year(s)
Other Household 1	Other Child - Family Friend's Child	No Role	Female	10 Year(s)
Other Household 1	Other Child - Family Friend's Child	No Role	Female	11 Year(s)
Other Household 1	Other Child - Family Friend's Child	No Role	Female	8 Year(s)

LDSS Response

On 7/7/2021, ACS visited the family. The BM stated the BMF was somehow culpable for the SC's death as she knew none



of the children could swim. The older SS repeated the account of the incident which was consistent with information that was already known. ACS deemed the SS safe in the home at the time of the visit. The younger SS was with her father. The BM agreed to engage in therapy for herself and the SSs.

On 7/8/2021, the ME reported that the cause of death was drowning (water found in lungs). The manner of death was accident. There were no signs of abuse to the SC.

On 7/8/2021, the BMF's landlord denied the BMF abused or neglected her children. The children always appeared well cared for and well groomed.

On 7/8/2021, ACS assessed the 5-yo SS in her father's home. The father denied any concerns with the BM's ability to care for their daughter or her siblings. ACS assessed the SS to be well groomed and free of any suspicious marks or bruises. There were no health or safety concerns in the home.

On 7/12/2021, ACS held a CSC. The outcome of the CSC was to provide services for the family.

On 7/13/2021, ACS requested a warrant from the Family Court for the BMF to produce her children after ACS was unable to locate the BMF and assess her children.

On 7/14/2021, ACS assessed the BMF's children virtually, and deemed them safe in the care of their grandmother and aunt. The children's grandmother denied the BMF was negligent for the SC's death. She stated the BMF was at an undisclosed location and was not accepting calls or visitors due to fear for her safety. She stated the BMF reported her children's father was physically assaulted as members of the community were blaming her for the SC's death.

On 7/14/2021, LE stated the incident appeared accidental as there were no signs that warned the BMF or the children about the dangers of the reservoir. The BMF reported she had warned the children against going into the water. The video footage on the BMF's phone corroborated her statements. LE also received the children's statements that confirmed the BMF tried to save the SC.

On 8/6/2021, ACS met with the BMF at a public location and assessed her children to be safe. The BMF declined services from ACS. ACS encouraged the BMF to explore clinical health services as she reported having some reactions to water.

Between 8/19/2021, and 9/2/2021, ACS made casework contacts with the BM and the BMF. There was no new information regarding the fatality. The DA did not charge the BMF, and the criminal investigation had been closed. There were no safety concerns for the SSs or the BMF's children. The BM secured a new apartment and had since relocated with her children. ACS submitted order request for beds for the BMF's children.

On 9/15/2021, ACS UNSUB the allegations of the report due to lack of credible evidence.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality referred to an OCFS approved Child Fatality Review Team? No



Comments: There is no OCFS approved Child Fatality Review Team in New York City.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057823 - Deceased Child, Female, 9 Yrs	057828 - Other - Family Friend, Female, 31 Year(s)	DOA / Fatality	Unsubstantiated
057823 - Deceased Child, Female, 9 Yrs	057828 - Other - Family Friend, Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
057823 - Deceased Child, Female, 9 Yrs	059272 - Mother, Female, 41 Year(s)	DOA / Fatality	Unsubstantiated
057823 - Deceased Child, Female, 9 Yrs	059272 - Mother, Female, 41 Year(s)	Inadequate Guardianship	Unsubstantiated
057823 - Deceased Child, Female, 9 Yrs	059271 - Mother's Partner, Male, 43 Year(s)	DOA / Fatality	Unsubstantiated
057823 - Deceased Child, Female, 9 Yrs	059271 - Mother's Partner, Male, 43 Year(s)	Inadequate Guardianship	Unsubstantiated
057823 - Deceased Child, Female, 9 Yrs	059271 - Mother's Partner, Male, 43 Year(s)	Lack of Supervision	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



Child Fatality Report

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious 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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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed 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"/>

Legal Activity Related to the Fatality

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



Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input 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"/>

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 BM declined services.

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

Explain:

The BM and the BMF declined services.

History Prior to the Fatality

Child Information

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

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

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)
04/04/2018	Sibling, Female, 23 Months	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 23 Months	Mother, Female, 38 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 8 Years	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 6 Years	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 23 Months	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 8 Years	Mother, Female, 38 Years	Lack of Supervision	Substantiated	
	Deceased Child, Female, 6 Years	Mother, Female, 38 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 23 Months	Mother, Female, 38 Years	Lack of Supervision	Substantiated	

Report Summary:

On 4/4/18, the BM left three children home alone for at least 15 minutes. The children were not mature enough to be alone. While left home alone, they opened the door for strangers. They were also playing around with the phone and dialing numbers.

Report Determination: Indicated

Date of Determination: 05/30/2018

Basis for Determination:

The BM left the children home with no adult supervision. The children were too young to utilize proper judgment. The children dialed 911 as a prank when they were alone. The call was recorded as an assault in progress with a weapon. Police responded to the home and found the children home alone. The children reported that the BM went shopping for clothing.

The BM declined PPRS services; however, she accepted a referral for daycare for the now deceased SC. The SC was enrolled in DC.

OCFS Review Results:

Based on the information obtained by ACS during the investigation, NYCRO agrees with the determination to SUB the allegations of the report against the BM.

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

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

The family friend did not have any SCR history; however, the BM was listed as a subject in an UNF report dated



8/21/2015. The allegations of the reports were B/S, IFCS, L/B/W, LS, PD/AM, and SxAB of the BM's then 2, and 3-yo children. According to the report, the BM abused marijuana and other drugs daily to the point that she could not care for her children. The BM and the two unrelated home members (UHM) hit the 3-yo child and had left bruises on the child as a result. The UHMs had engaged in sexual acts in the presence of the children and the children had begun to repeat sexual acts on each other. The UHMs had also engaged in physical disputes with each other in the presence of the children.

ACS visited the family, interviewed the children and other collaterals. The children did not disclose any form of abuse in the home. ACS observed the children to reside in adequate housing. There were no safety or health hazards observed in the home. The children were observed to have appropriate clothing for the weather. The home was in good conditions, utilities were in order and the family had more than enough food.

On 10/20/2015, ACS unsubstantiated the allegations of the report due to a lack of credible evidence. ACS kept the case open in as the family was receiving advocate preventive services from a community-based agency at the time.

Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.

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