



## Report Identification Number: NY-20-013

Prepared by: New York City Regional Office

Issue Date: Jul 03, 2020

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 10 year(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** 01/26/2020  
**Initial Date OCFS Notified:** 01/27/2020

## Presenting Information

According to the OCFS-7065, the child had difficulty breathing and the mother contacted 911 for assistance. EMS responded and transported the child to the local hospital where she was pronounced dead.

## Executive Summary

This ten-year-old medically fragile female child died on 1/26/20. As of 7/3/20, NYCRO had not yet received a copy of the autopsy report.

The family had an open preventive services case at the time of the child's death. The case was opened on 11/17/15 after ACS found the BM needed mental health and support services. The family also had an open investigation that began on 12/20/19.

ACS continued the 12/20/19 investigation and found that on 1/26/20, at approximately 3:10 PM, the child was in the care of the BM in the home. The BM was required to closely supervise the child, who had developmental disabilities, was non-verbal, unable to walk, required a wheelchair for mobility, and a medical device for feeding. The BM was attending to the child's daily needs when she observed the child experienced difficulty with her breathing and there was fluid flowing from her nose. The BM contacted 911 for medical assistance, received CPR instructions from the operator and attempted to resuscitate the child. EMS responded to the home and transported the child to the local hospital where they arrived at approximately 3:50 PM. The child received treatment for cardiac arrest until she was pronounced dead at 4:00 PM. ACS findings showed, shortly after the BM learned of the child's death, she misused prescription medication and was hospitalized for observance and treatment.

The child had 9-year-old twin and one adult female SS. The twin SS were out of the home at the time the child experienced the medical emergency on 1/26/20. According to ACS, the twin SS were in the care of the MGM who accompanied them to an activity. The MGM reportedly learned of the incident when the BM contacted her by telephone. The MGM provided temporary care of the twin SS to enable the BM to receive treatment for her illness. The adult SS and father did not reside in the child's home. ACS maintained contact with the BM and SS, assessed household conditions and completed the required safety assessments.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Services Cases. The information regarding the child's death was reported to OCFS under Chapter 485 of the Laws of 2006.

ACS interviewed LE who stated no criminal charges were filed as the police investigation was pending the results of the final autopsy report. ACS contacted the ME's office and was informed the preliminary autopsy findings showed the child had no injuries.

ACS provided referrals for burial assistance, bereavement and mental health services to the BM. The family accepted the referrals and the BM enrolled the twin SS in play therapy. Between March and June of 2020, the family received PPRS. The case planner maintained ongoing contact through video conferencing as the BM temporarily resided with the MGF out of New York state.



As of 7/3/20, the case remained open for PPRS.

## 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? 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

There were no allegations pertaining to the child's death.

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:

As of 7/3/20, the case was open for services.

## 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: 01/26/2020

Time of Death: 04:00 PM

Time of fatal incident, if different than time of death: 03:08 PM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: 03:12 PM

Did EMS 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**

**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	No Role	Female	10 Year(s)
Deceased Child's Household	Mother	No Role	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Other Household 1	Father	No Role	Male	44 Year(s)
Other Household 2	Sibling	No Role	Female	18 Year(s)

### LDSS Response

ACS interviewed LE on 1/26/20. During the interview, ACS verified EMS transported the child to the hospital where she was pronounced dead. ACS learned that the BM became ill and was also transported to the hospital for treatment. LE provided police observations of the home conditions, and assessment of the twin SS. LE said the family had medical provisions for the child and the SS appeared healthy.

On 1/26/20, the SCR registered a report that included the allegation of IG of the twin SS by the BM and adult SS.

ACS initiated the 1/26/20 investigation by attempting to interview the BM, SS, MGM and MGF in the hospital. ACS noted the interviews did not occur because, the BM misused prescribed medication and became ill, and the SS, MGM and MGF were too distraught to discuss the child's death. The MGM informed ACS that on 1/26/20, at approximately 11:45 AM, she visited the BM's home and accompanied the twin SS to an event in the neighborhood. She said the BM remained in the home to provide care of the child. The MGM was out of the home when the BM contacted her by telephone and said the child needed urgent medical care.

ACS obtained information from collateral contacts and verified the BM and MGM contacted 911 for assistance. ACS interviewed medical professionals, who said upon arrival at the hospital the child was listed as being in cardiac arrest and then pronounced dead. The medical professional said, prior to 1/26/20, the child was examined at the hospital for treatment of her pre-existing medical conditions.

On 1/27/20, the ME informed ACS that the preliminary autopsy results showed the child had no signs of injuries, her body was clean with no signs of trauma, and there was food in her stomach and intestine indicating she was fed. The ME said



the autopsy was pending further testing.

On 1/31/20, an ACS progress note reflected the case was referred to the District Attorney's office. The documentation did not include additional details.

ACS obtained Family Court Legal Services (FCLS) consultation and discussed the BM's misuse of prescribed medication and allegation of IG of the twin SS. The FCLS attorney determined there was no evidence of neglect at the time of the consultation.

On 2/26/20, ACS contacted the office of a medical specialist who provided care of the child beginning June of 2019. ACS learned that the medical records showed the child had a routine examination on 12/12/19. The records showed the medical specialist noted there were no new developments and no concerns.

On 3/6/20, ACS met with the BM, MGM and twin SS. During the meeting, the BM provided school records for the twin SS, a letter from the BM's medical provider who reportedly stated the BM did not need follow up mental health services, and other relevant documents. The BM said the family resided with the MGM where they received support. The MGM informed ACS that she was a resource for the BM and twin SS.

ACS observed the BM and twin SS in the MGM's home on 3/11/20. ACS found the BM and MGM provided a minimum degree of care to the SS. ACS noted there were no hazardous conditions in the MGM's home.

ACS established telephone contact with the adult SS and her father, who resided in two separate locations. The adult SS said she had no concerns about the care the BM provided the children. This father said he continued to provide support and financial resources for the family.

On 3/26/20, ACS substantiated the allegation of IG of the twin SS by the BM on the basis of credible evidence. ACS unsubstantiated the allegation of IG by adult SS.

On 3/31/20, ACS interviewed LE who said the criminal investigation was pending the results of the final autopsy report.

During the period from March through June of 2020, the BM and twin SS resided with the MGF out of New York State. ACS observed and interviewed the family via video conference.

### 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 reviewed by an OCFS approved Child Fatality Review Team?**No

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

### CPS Fatality Casework/Investigative Activities



# Child Fatality Report

	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"/>
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"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

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



<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain:</b> The family received PPRS.				

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> 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.

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 checked="" type="checkbox"/>	<input 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"/>



# Child Fatality Report

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

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**

The children received bereavement and case management services.

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

**Explain:**

The family received bereavement, case management and support services.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was the child ever placed outside of the home prior to the death?</b>	Yes
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	Yes
<b>Was the child acutely ill during the two weeks before death?</b>	Yes

## 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)
12/20/2019	Deceased Child, Female, 10 Years	Mother, Female, 35 Years	Educational Neglect	Unsubstantiated	No
	Deceased Child, Female, 10 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 10 Years	Mother, Female, 35 Years	Lack of Medical Care	Unsubstantiated	

**Report Summary:**

The 12/20/19 report alleged the child had excessive school absences and was tardy in the academic year. The child had developmental disabilities and received therapeutic services in school. Due to the excessive absences, the child did not receive medical services which were required. The BM was aware and did not ensure the child attended school. The BM allegedly avoided service providers for an unknown reason. The roles of the SS were unknown.

**Report Determination:** Unfounded

**Date of Determination:** 02/27/2020

**Basis for Determination:**

ACS unsubstantiated the allegations of the report on the basis of no credible evidence. ACS explained that the information gathered from medical and school professionals showed the child received regular medical care. The BM provided medical records for the child's school absences and the school had no concerns. ACS found the BM provided a minimum degree of care to the child and SS.

**OCFS Review Results:**

ACS did not locate the family until 12/26/19 as the BM, child and twin SS were in the PGF's home out of New York State. ACS contacted the child welfare professionals who conducted a courtesy home visit to the MGF's home. The child welfare professionals observed the family and noted there were no concerns. The BM, child and twin SS returned to Brooklyn and ACS observed and engaged them in BM's the home on 1/13/20. The BM denied the allegations of the report. She provided records that showed the child's school absences were due to medical issues. ACS observed the twin SS and child and noted they were well-groomed and free of injuries. The sleeping arrangements were satisfactory.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/22/2018	Deceased Child, Female, 9 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Female, 9 Years	Mother, Female, 34 Years	Lacerations / Bruises / Welts	Substantiated	
	Deceased Child, Female, 9 Years	Mother, Female, 34 Years	Swelling / Dislocations / Sprains	Substantiated	

**Report Summary:**

The 6/22/18 report alleged the child had special needs, was non-verbal and had limited hand motion. The child had swelling to the left eye with a cut to the upper corner of the eyes. The injury was suspicious in nature and was sustained in the care of the BM. The three SS had unknown roles.

**Report Determination:** Indicated

**Date of Determination:** 08/21/2018

**Basis for Determination:**

ACS substantiated all the allegations of the report on the basis of credible evidence that showed as a result of the BM's direct action and/or inaction, the child sustained injuries to the face. The BM did not take measures to prevent the child from sustaining the injuries.

**OCFS Review Results:**

ACS interviewed the BM and SS and observed the child. The BM said she did not have an explanation for the child's injuries. ACS found the child had bruises above and under her left eye. ACS reviewed the child's medical records that showed on 6/20/18, medical professionals examined and treated the child for the injuries.

The child received special medical PPRS and home attendant services. The BM did not attend her own mental health program, and she was non-compliant with scheduled home visits. The BM's relatives assisted with providing the children's basic needs.

ACS did not provide the Notice of Indication to the BM who was the subject of the 6/22/18 report.

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

**Issue:**

Failure to Provide Notice of Indication

**Summary:**

ACS did not provide a Notice of Indication to the BM, who was a subject of the report.

**Legal Reference:**

18 NYCRR 432.2(f)(3)(xi)

**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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/27/2017	Deceased Child, Female, 8 Years	Mother, Female, 34 Years	Educational Neglect	Unsubstantiated	Yes
	Deceased Child, Female, 8 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 8 Years	Mother, Female, 34 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Female, 8 Years	Mother, Female, 34 Years	Lack of Medical Care	Substantiated	

**Report Summary:**

The 11/27/17 report alleged the child had excessive school absences. As a result, the child was behind academically, and missed her required therapeutic nursing monitoring. The BM was aware but failed to correct the concern.

**Report Determination:** Indicated

**Date of Determination:** 02/16/2018

**Basis for Determination:**

ACS substantiated IG and LMC of the child by the BM on the basis the BM did not follow up with recommend care and was non-compliant with developmental disabilities services for the child for over one year. ACS added that the child did not receive the required homemaking services to address her daily hygiene needs.

ACS unsubstantiated the allegations of EN and L/B/W on the basis of no credible evidence.

**OCFS Review Results:**

ACS visited the home, interviewed and observed all household members, and assessed the home conditions. ACS obtained information from the child's physician and school officials. The investigative findings showed the BM informed ACS she was not using her medication as prescribed. ACS observed the BM's medication in the home. During the interviews with collateral contacts, ACS obtained information that showed the BM did not follow up with the required medical assessment, hygiene needs, and home attendant services to address the child's development needs.

ACS did not provide the Notice of Indication to the BM, who was the subject of the 11/27/17 report.

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

**Issue:**

Failure to Provide Notice of Indication

**Summary:**

ACS did not provide the Notice of Indication to the BM who was the subject of the 11/27/17 report.

**Legal Reference:**

18 NYCRR 432.2(f)(3)(xi)

**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.

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP did not reflect the child was in the care or custody of a substitute caretaker (formerly or informally) prior to the current report date.

**Legal Reference:**

18 NYCRR 432.2(d)

**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 BM was a subject in six reports dated 8/4/08, 8/18/09, 11/17/09, 4/21/10, 3/22/12 and 3/20/15. Four of the six reports, dated 8/4/08, 11/17/09, 4/21/10 and 3/22/12, were indicated. The two remaining reports were unfounded.

The allegations of the six reports were a combination of EN, IG, LMC, L/B/W,LS, M/FTT and XCP. ACS investigated the reports and substantiated the allegations on the basis of credible evidence.

**Known CPS History Outside of NYS**

There was no known CPS history outside of NYS.

**Services Open at the Time of the Fatality**

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

**Date the preventive services case was opened: 11/27/2015**

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

**Date the Child Protective Services case was opened: 11/27/2015**

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

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

**Casework Contacts**



# Child Fatality Report

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

### Services Provided

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

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
<b>Was the most recent FASP approved on time?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If not, how many days was it overdue?</b> The most recent FASP was due 12/24/19 and it was approved on 4/19/20.				
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

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

### Provider

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

**Additional information, if necessary:**  
The family received PPRS.

### Required Action(s)



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

Yes  No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	SCO did not contemporaneously enter progress notes. Some events occurred on 4/12/19 and 4/16/19 but were not entered until 6/10/19.
<b>Legal Reference:</b>	18 NYCRR 428.5
<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>	Timeliness of completion of FASP
<b>Summary:</b>	The FASP was due on 12/24/19 and was completed on 4/19/20.
<b>Legal Reference:</b>	18 NYCRR428.3(f)
<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.

### Preventive Services History

The family received preventive services beginning 2008. Between 2008 and 2009, the BM received parenting education, anger management, mental health and therapeutic services. Between 2010 and 2014, the family received Court Ordered Services under an Article Ten Neglect petition that was filed in Family Court on behalf of the child and SS. The BM was the respondent. The family received Early Intervention, therapeutic, medical, Family Preservation (intensive home-based) and support services. ACS closed the case after the agency addressed the safety concerns.

On 11/27/15, ACS opened a preventive services case for the family after the agency found evidence of abuse/maltreatment of the child and SS by the BM. The family received Court Ordered Services and PPRS. The family participated in developmental disabilities and nursing services for the child, mental health for the BM, and monitoring of school and medical needs of the child and SS.

The BM was not always compliant with the service plan and she did not make the family available for some of the scheduled home visits. The provider agency did not enter progress notes contemporaneously.

The preventive services case was open when ACS received notification of the child's death.

### Foster Care Placement History

The Family Court issued an OP on behalf of the child and SS against the BM on 12/1/15. Subsequently, the judge remanded the child and SS to ACS on 12/7/15. The child and SS resided in kinship care with the MGM until they were released to the BM in April and May 2016.

### Legal History Within Three Years Prior to the Fatality

### Was there any legal activity within three years prior to 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:
02/26/2018	There was not a fact finding	Suspended Judgment
<b>Respondent:</b>	054028 Mother Female 35 Year(s)	
<b>Comments:</b>	ACS filed an Article Ten Neglect petition in Family Court on 2/26/18 on behalf of the child and SS, naming the BM as the respondent. The judge released the children to the BM with LDSS supervision.	

**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