



**Report Identification Number: NY-20-052**

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

**Issue Date: Dec 01, 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:** 12 year(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 06/09/2020  
**Initial Date OCFS Notified:** 06/09/2020

## Presenting Information

On 6/9/20, the SM left the twelve-year-old male child (SC) unsupervised in the bathtub for an unknown amount of time to get the child toys. Subsequently, the SM returned to the bathroom and found the SC submerged in water. The SM moved the SC from the bathtub, placed him on the floor two rooms away and covered him with a blanket. The SC had already succumbed to his death at this time. The SC had developmental delays and seizures.

## Executive Summary

ACS initiated the investigation of the twelve-year-old male SC who died while in the care of his mother on 6/9/20. The ACS Specialist contacted EMS, the hospital, and LE to obtain information regarding the incident. According to the EMS account, they arrived at the case address at 5:13 PM and observed the SC's extremities appeared dark in color and his fingers appeared pale white. The hospital personnel said the SC arrived at the ER with no pulse. The physician observed old marks on his neck from a procedure when he was younger.

LE reported the SM placed the SC in the bathtub at approximately 4:00 PM. The SC beckoned to the SM to give him a toy and she went to retrieve it from another room. She stayed approximately five minutes and when she returned she found him lying on his side with his face close to the water. She initiated CPR and called 911. EMS responded and transported the SC to the hospital. LE found no criminal intent and no charges were filed. The SM and the SC were home alone; the SS was at the daycare. ACS assessed the SS in the care of the MGM and founded him safe.

ACS interviewed the SM at the case address, and she gave details that led to the fatal incident similar to that reported by LE and medical personnel. The SC was born prematurely; he had developmental disabilities, physical limitations and medical conditions. The SC asked to take a bath as it kept him cool; he showed no signs of distress so she placed him in the tub. She had never left him unsupervised during his baths; this was a one time incident. The SM explained that she returned and found him unresponsive, she took him out of the bathtub and attempted cardiopulmonary resuscitation (CPR); he did not respond. Although she was trained, she thought she was doing it incorrectly, so she called 911. The operator instructed her to continue chest compressions only; open the door, then resume compressions.

The SC was nonverbal and he received therapeutic services in school. A home attendant (HA) provided care to him weekdays 4:00 PM to 12:00 AM, and weekends 8:00 AM to 8:00 PM. On the day of the incident, the HA was not in the home. The BF did not reside with the family; he last visited the children on 6/6/20.

On 6/09/20, ACS filed an Article Ten Neglect petition in Bronx County Family Court on behalf of the SS. The court remanded the SS to ACS and released him to the MGM; however, the petition was later withdrawn; the SC was returned to the care of the SM. On 7/8/20, the family declined services.

ACS interviewed the MGM, MA, and other collateral contacts who reported the SM was a good mother. The school reported no concerns, the SC's health had improved. The school was aware of the SC's medical condition and they had medicine in case it was needed. The HA reported the SC needed constant supervision and the SM took good care of him.

The Office of the ME reported the SC had no signs of abuse or maltreatment. He was found to be small in stature and weight that was consistent with premature birth.



ACS unsubstantiated the allegation of DOA/Fatality of the SC and IG of the SS by the SM citing lack of credible evidence. The ME reported preliminary findings that showed the SC's medical conditions may have contributed to his death which was deemed accidental. ACS noted the SM had adequate provisions for the children. ACS substantiated the allegations of IG and LS citing the SC needed constant supervision and the SM left him in the tub for five or more minutes unsupervised.

## 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:

N/A

## 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: 06/09/2020

Time of Death: 05:49 PM



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

05:00 PM

**County where fatality incident occurred:**

Bronx

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

Yes

**Time of Call:**

05:08 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

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Bathing

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

**How long before incident was the child last seen by caretaker? 5 Minutes**

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

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	Aunt/Uncle	No Role	Female	22 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	12 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Other Child - cousin	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)

### LDSS Response

On 6/9/20, ACS investigated the SCR report by interviewing the SM who gave her account of the incident. The SC asked for a bath and at 4:00 PM, the SM placed him in the bathtub with the water running on his back. He pointed/gestured to the other room, and the SM understood he wanted his toy. She left him sitting unattended, in the water that was about an inch in depth. She searched the closet that took five minutes. She returned and found the SC lying to his left side not underwater; she carried him to the bedroom and laid him on the bed and then on the floor and covered him with a towel. She observed his lips were blue in color which happened when he had an episode. She initiated CPR but he did not respond, she called 911. The SM reported no drug or alcohol use.

EMS received the call at 5:08 PM and arrived at the case address 5:13 PM; they observed the SC supine on the floor and the SM performing CPR. The SM said she stepped away for a few minutes and returned to find the SC submerged. EMS



found the SC pulseless.

On 6/9/20, ACS held a CSC that resulted in a remand for the SS on the following day. On 6/11/20, ACS received preliminary findings from the ME stating that the SC was found with no signs of maltreatment or abuse and his medical condition may have contributed to his demise. On 7/7/20, ACS withdrew the petition and the SS was returned to the SM's care. ACS assessed the SS and the cousin and deemed them safe.

On 6/15/20, the DA informed ACS no charges were pending against the SM. The physician reported the SC arrived at 5:23 PM without a pulse, and he was pronounced dead on 6/9/20.

ACS made collateral contact with the relatives, HA, medical and day care providers and school staff. There were no concerns reported regarding the care the SM gave to the children.

ACS documented the children had adequate provisions and guardianship. ACS provided the family with referrals for bereavement counseling and parenting skills (video sessions) but they declined services.

On 8/8/20, ACS substantiated the allegations of IG and LS of the SC by the SM. The SM was aware of the SC's medical conditions and based on his vulnerability, she should not have left the child unsupervised. ACS unsubstantiated the allegation of DOA/fatality of the SC by the SM. ACS explained that the ME reported the SC's medical conditions may have contributed to his demise. ACS unsubstantiated the allegation of IG of the SS by the SM stating the SM had provisions and met the minimum degree of care.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Comments:** The ACS case documentation did not state that the fatality investigation was conducted by an MDT.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055352 - Deceased Child, Male, 12 Yrs	055353 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
055352 - Deceased Child, Male, 12 Yrs	055353 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
055352 - Deceased Child, Male, 12 Yrs	055353 - Mother, Female, 28 Year(s)	Lack of Supervision	Substantiated
055354 - Sibling, Male, 5 Year(s)	055353 - Mother, Female, 28 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 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"/>
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"/>

### 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 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



## Child Fatality Report

	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 checked="" type="checkbox"/>	<input 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 declined 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> The Family Court remanded the SS to the MGM's care and later returned him to the SM.				

## Legal Activity Related to the Fatality

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

 Family Court Criminal Court Order of Protection

## Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/10/2020	There was not a fact finding	Withdrawn
<b>Respondent:</b>	055353 Mother Female 28 Year(s)	
<b>Comments:</b>	ACS received from the ME a report that the SC's medical conditions may have contributed to his demise. The SM provided adequate care of the SS.	

## Services Provided to the Family in Response to the Fatality



# Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 family declined services.

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

Explain:

The SM was provided with burial assistance.

## 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

There is no CPS investigative history in NYS within three years prior to the fatality.

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

On 8/22/14, the SCR registered a report that alleged the SC had complex chronic medical conditions that required medication. The SC missed numerous medical appointments. There was concern that the SC ran out of medication. The SM refused the home instruction and did not enroll the SC in school. The allegations of the report were IG, LMC and EdN of the SC by the SM.

ACS' investigation revealed the SM did not take the SC to the medical appointments until LDSS became involved. On 10/21/2014, the allegations were substantiated and ACS provided the family with preventive services.

On 9/17/2015, the SCR registered a report that alleged the SC did not receive home school instruction and was behind academically.

ACS' investigation revealed the SC attended a different school since April of 2015. Collateral contact revealed the SC was enrolled in the appropriate school setting. The allegation of EdN of the SC by the SM was unsubstantiated. ACS substantiated the allegation of LMC as the investigative findings showed the SM missed several of the SC's medical appointments.

## Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

## Preventive Services History

On 10/21/14, the case was referred for medically fragile preventive services. There was an ongoing concern regarding the SM's ability to keep up with the children's medical appointments due to issues with DV between the SM and BF and unstable housing; the SM left the shelter stating the conditions were deplorable. She left the MGM's home and she stayed at a friend's home temporarily. ACS attempted to file an Article Ten Neglect petition in Family Court; however it was deferred. The family received services with a provider agency and a community-based organization. ACS monitored the SM's compliance with the medical appointments. The services case was closed in May of 2016

## 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