



Report Identification Number: NY-20-080

Prepared by: New York City Regional Office

Issue Date: Feb 19, 2021

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: 5 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 08/30/2020
Initial Date OCFS Notified: 08/30/2020

Presenting Information

On 8/30/2020, between 11:30 A.M. and 11:45 A.M. the SM placed the SC down for a nap. Approximately 15 minutes later, the SM checked in on the SC and found her not breathing and turning blue. The MGM attempted CPR but was unsuccessful. The SC was transported to a hospital, where she was pronounced dead at 12:54 P.M. The SC was otherwise healthy, had no visible signs of bruises, marks or internal injuries. The SM and MGM had no explanation for the SC's death.

On 8/30/20, a subsequent report was registered alleging that at the time of the SC's death, the parents were under the influence of pills and other drugs. The parents have two other children ages 3 years old and 5 months.

Executive Summary

ACS initiated an investigation into the death of a five-month-old female, who died on 8/30/20, while in the care of the SM and MGM. The SM, along with her five-month-old female twins and three-year-old male children were visiting the MGM's home when the incident occurred. For the purposes of this report, the surviving male twin will be referred to as ST and the male sibling as SS. The ME has not yet made a determination on the cause and manner of the SC's death.

During this investigation, the SCR registered eight additional reports, three of those eight were suspended and the remaining five are subsequent. ACS sought the assistance of the FCLS regarding those reports.

ACS contacted LE, EMS, and hospital staff and obtained information regarding the SC's death. The medical staff reported the SC arrived at the ER via EMS at 12:03 PM and they found no sign of trauma, internal injury, or clear cause of death. EMS reported that upon their arrival to the home, LE met them at the door with the SC. LE reported they arrived at the home and observed the SM on the floor performing CPR on the SC. EMS arrived immediately and transported the SC to the hospital where she was pronounced dead at 12:54 PM on 8/30/20. LE reported they found no indication of drug use and the home was clean.

ACS learned from LE that the SM woke the twins at 5:00 AM, fed the ST; but the SC did not want to eat. She placed the SC to sleep on the adult bed, face down, covered with a comforter. She went back to sleep on the couch until 11:35 AM she awoke and observed the SC unresponsive. The SM told LE the SC preferred to sleep face down and that she often rolled over. At the time of the discovery, the ST was in her bassinet and the SS was sitting on the couch. The SM rode in the ambulance with the SC. The MGM left the ST and SS with a neighbor to go to the hospital. LE reported the case is pending the autopsy results.

The SM tested negative for drugs. Over eight years prior to the death of the SC, the parents had multiple DV incidents which resulted in the SF's removal from the home and an OP that would expire on 5/14/21. The SM reported she was no longer in a relationship with the SF and in spite of the OP, the SF continues to harass her. There was LE involvement. The SM no longer had the support of her family. The SM utilized a daycare provider for the children as she returned to work. The SM was engaged in services through her employer. ACS's attempts to contact the SF had been futile.

The pediatrician reported that the children met their developmental milestones and were up to date with their immunizations; there were no concerns regarding the care provided by the SM.



ACS has not yet made a determination; the investigation remained open at the time of the issuance of this report.

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

Explain:

ACS had not yet made a determination on the report at the time this Fatality report was written and the Investigation determination safety assessment was not approved.

Was the decision to close the case appropriate? Unknown

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:

The level of casework activity, which includes contact with the family and others from the receipt of the report to present was commensurate with case circumstances; however, the investigation was ongoing as of the writing of this report.

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: 08/30/2020

Time of Death: 12:54 PM

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

11:35 AM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

11:35 AM

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:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

How long before incident was the child last seen by caretaker? 6 Hours

At time of incident supervisor was:

- | | |
|---|--|
| <input type="checkbox"/> Drug Impaired | <input type="checkbox"/> Absent |
| <input type="checkbox"/> Alcohol Impaired | <input checked="" type="checkbox"/> Asleep |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Impaired by illness |
| <input type="checkbox"/> Impaired by disability | <input type="checkbox"/> 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	5 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Month(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	53 Year(s)
Other Household 2	Father	Alleged Perpetrator	Female	34 Year(s)

LDSS Response

The ACS Specialist initiated the investigation within the required timeframe and gathered information surrounding the circumstances of the SC's death from the SM and MGM. The details of their account of the incident that were given separately had no discrepancies. The SM stated she received regular prenatal care and although the twins were born prematurely at 32 weeks, they had no medical conditions. However, the SC was fussy the day before her death.

The SM stated she received CPR and Safe Sleep training prior to the twins' discharge. The SM had no explanation for the SC's death. The MGM added that although the SS slept across the bottom of the bed with the SC, he awoke earlier in the



morning as the SC was still asleep. The MGM stated the SC was fine.

From the beginning of the report, the Specialist made bi-weekly visits to assess the surviving children in their home and documented there were appropriate sleep accommodations and food. The Specialist also visited the MGM's home, where the incident occurred and the daycare provider.

The Specialist interviewed medical staff of the hospital where the SC was pronounced dead on 8/30/20. The staff reported no suspicions regarding the death. The ME's final report is pending. LE found no evidence of criminality.

According to the ACS' case documentation, the SF was known to ACS in a report where he physically assaulted the SM in the presence of the SS on 9/11/19; the SF was arrested and charged with Assault and Harassment. The IG allegation of the SS by the SF was substantiated. ACS noted the pattern of DV, and the SM declined services stating the SF was no longer in the home. The SF declined to be interviewed by ACS as he stated he was no longer involved in the children's lives. During the 8/30/20 investigation, the SF was known to be homeless.

The Specialist referred the SM to counseling and DV services; however, the SM declined and opted for services through her employer. The Specialist assisted with having the locks on the door changed and provided the SM with a daycare voucher. The Specialist assisted the SM in developing a safety plan.

As of the writing of the report ACS did not yet made a determination.

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)?Yes

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056291 - Deceased Child, Female, 5 Mons	056293 - Mother, Female, 26 Year(s)	DOA / Fatality	Pending
056291 - Deceased Child, Female, 5 Mons	056294 - Grandparent, Female, 53 Year(s)	DOA / Fatality	Pending
056291 - Deceased Child, Female, 5 Mons	056295 - Father, Female, 34 Year(s)	DOA / Fatality	Pending
056291 - Deceased Child, Female, 5 Mons	056293 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Pending
056291 - Deceased Child, Female, 5 Mons	056294 - Grandparent, Female, 53 Year(s)	Inadequate Guardianship	Pending



Child Fatality Report

056291 - Deceased Child, Female, 5 Mons	056295 - Father, Female, 34 Year(s)	Inadequate Guardianship	Pending
056291 - Deceased Child, Female, 5 Mons	056293 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Pending
056291 - Deceased Child, Female, 5 Mons	056295 - Father, Female, 34 Year(s)	Parents Drug / Alcohol Misuse	Pending
056292 - Sibling, Female, 5 Month(s)	056293 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Pending
056292 - Sibling, Female, 5 Month(s)	056293 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Pending
056292 - Sibling, Female, 5 Month(s)	056295 - Father, Female, 34 Year(s)	Inadequate Guardianship	Pending
056292 - Sibling, Female, 5 Month(s)	056295 - Father, Female, 34 Year(s)	Parents Drug / Alcohol Misuse	Pending
056296 - Sibling, Male, 3 Year(s)	056293 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Pending
056296 - Sibling, Male, 3 Year(s)	056293 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Pending
056296 - Sibling, Male, 3 Year(s)	056295 - Father, Female, 34 Year(s)	Inadequate Guardianship	Pending
056296 - Sibling, Male, 3 Year(s)	056295 - Father, Female, 34 Year(s)	Parents Drug / Alcohol Misuse	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

The SF declined an interview.

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

Explain:

Appropriate services were offered; however, the mother opted for services through her employer.

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"/>
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Explain as necessary:
 ACS assessed that the children were not in immediate danger and did not need to be removed.

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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 SS were not aware of the incident and ACS assessed no services were needed for these children.

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



fatality? No

Explain:

The family declined services through ACS; the mother opted for services through her employer.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/14/2018	Sibling, Male, 1 Years	Mother, Female, 24 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Sibling, Male, 1 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 32 Years	Excessive Corporal Punishment	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 32 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	



Sibling, Male, 1 Years	Father, Male, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
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Report Summary:

The report alleged that on a daily basis, the SM abused alcohol, marijuana and cocaine while she cared for the now three-year-old SS. While under the influence and during mood swings, the SM allegedly flicked the SS in his back, stepped on his foot and slapped him across the face, which left a red mark that lasted 2 days. The SM punished the SS for not walking fast enough. The SS often went hungry and begged others for food. The SM was aggressive to the SF in the presence of the SC and the SF did not intervene.

Report Determination: Unfounded**Date of Determination:** 07/31/2018**Basis for Determination:**

The allegations against the SM and SF were unsubstantiated. The SM was never observed to physically discipline the SS who was not seen with marks or bruises by the pediatrician, family, or shelter staff. All of his basic needs were met and he received appropriate treatment for his medical condition. ACS wrote that the SF did not reside in the shelter with the SM and the SS; he was not a caregiver; however, they did activities together and spent time together.

OCFS Review Results:

The investigation was thorough. ACS initiated the investigation in a timely manner and made the appropriate collateral contacts. Information obtained from collaterals was assessed and incorporated into the decisions made during the investigation of the report.

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

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

The MGM was known as the subject to a report that was registered on 11/23/2010. The allegation of IG of the SM by the MGM was indicated. The MGM reported she locked the SM out of the home without making a plan for her because the SM was not adhering to house rules.

Known CPS History Outside of NYS

There was no know CPS History outside of NYS.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

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