



**Report Identification Number: NY-16-037**

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

**Issue Date: 10/26/2016**

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	

**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
CPR-Cardio-pulmonary Resuscitation		

**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-Others	

**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	



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 year(s)

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

**Date of Death:** 04/13/2016  
**Initial Date OCFS Notified:** 04/15/2016

## Presenting Information

The SCR registered two reports regarding the death of these one and two-year-old female children. The first report dated 4/13/16 alleged that sometime prior to 6:30 P.M. on 4/13/16, the BM left the two children at home without any supervision for an undetermined length of time. At about 6:30 P.M., a fire started in the building in which the family resided. Between 6:40 P.M. and 6:59 P.M., the BM returned to the building and attempted to rescue the children but was unsuccessful. Both children sustained third-degree burns and were in cardiac arrest. EMS transported the children to the hospital where medical staff pronounced the one-year-old child dead at 7:30 P.M. The medical staff attempted to resuscitate the two-year-old child but later pronounced her dead at 10:20 P.M.

On 4/15/16, following the death of the two-year-old child, the SCR registered a subsequent report regarding the same incident.

## Executive Summary

On 4/13/16, these one and two-year-old female children died in a fire accident that occurred in the family's home. According to ACS' investigation, at approximately 6:30 P.M. on 4/13/16, the BM left the children home for approximately thirty minutes. While the BM was away, she left incense burning in the home with the children. The younger child was asleep in the bed in her room and the older child was awake playing with the BM's phone at the time. A fire began in the home and both children were trapped in the fire. Consequently, both children sustained third degree burns and were in cardiac arrest when EMS arrived at the home. EMS transported the children to the hospital where medical staff pronounced the one-year-old child dead at 7:30 P.M. The medical staff later pronounced the two-year-old child dead at 10:20 P.M. According to the fire marshal (FM), the fire was caused by burning incense. The FM deemed the fire an accident. The ME's report stated the one-year-old child's cause of death was smoke inhalation and the two-year-old child's cause of death was smoke inhalation and thermal burn. The ME determined the cause of death of the children to be homicide.

There were no surviving siblings; however, the BM was nineteen weeks pregnant at the time of the fatality. The BF and the BM had the deceased children and the BM's unborn child in common. The BF lived at a separate location from the BM and his two daughters but he was involved with the family.

On 4/13/16, ACS received the report and the Specialist contacted the EMS, NYPD, FDNY and medical staff. The information obtained from the collaterals was consistent throughout the investigation. The BM admitted to leaving her two daughters at home without any supervision at the time of the incident. The BF refused to provide any information about his family or the incident.

Following the incident, the Red Cross placed the BM in a New York City Department of Homeless Services shelter. She had since left the shelter and refused to provide any information about her well-being, prenatal care and whereabouts. She also declined services.



On 6/17/16, ACS substantiated the allegations of the report. ACS based its decision on the information obtained from the BM and the ME's report. At the time of the investigation conclusion, no arrest had been made but the criminal investigation was ongoing.

On 8/25/16, the BM gave birth to a female child. On 8/29/16, the SCR registered a report alleging DOA/Fatality, LS, B/S and IG of the two deceased children. The report also alleged LS and IG of the newborn. The BM was listed as the subject of the report. ACS is currently investigating the allegations of the 8/29/16 report.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
o 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? 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: There were no surviving siblings. The parents declined services and their whereabouts were unknown. ACS' continued engagement with the family was no longer necessary.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/13/2016

Time of Death: 10:20 PM

Time of fatal incident, if different than time of death: 06:30 PM

County where fatality incident occurred:

BRONX

NY-16-037

FINAL



# NYS Office of Children and Family Services - Child Fatality Report

Was 911 or local emergency number called? Yes

Time of Call: 06:40 PM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Playing
- Other
- Working
- Eating
- Driving / Vehicle occupant
- Unknown

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 2

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Other Household 1	Father	No Role	Male	51 Year(s)

### LDSS Response

On 4/13/16, the ACS Specialist initiated the investigation and contacted the hospital staff. The staff confirmed the report and provided the children's time of death.

On 4/14/16, the Specialist visited the hospital to obtain additional information regarding the fatalities. The medical staff reported that no marks or bruises could be seen on the children due to the severity of the burns on their bodies. The Specialist was unable to interview the BM due to language barrier. The case notes reflected language services in the BM's language were not available at the time of the hospital visit.

On the same date, ACS documented the children received medical care at North Central Hospital and their immunizations were current. Later that same date, the investigative consultant (IC) reported the criminal investigation was pending further studies.

On 4/15/16, the fire marshal (FM) confirmed the fire incident in the family's home was caused by burning incense. The marshal deemed the fire accidental.

Between 4/14/16 and 4/25/16, the Specialist made several unsuccessful efforts to contact the BF who did not respond to any requests for contact or make himself available for an interview.



On 4/27/16, the Specialist interviewed the BM utilizing language services at the shelter address where she had been placed by the Red Cross. She provided an account of the incident which was consistent with the information that was already known.

On 4/29/16, the Specialist conducted a follow-up interview with the BM at the ACS' Bronx Field Office. Language services were available for the interview at the time. The BM admitted to being away from the home prior to the incident for approximately thirty minutes. She stated she thought the MU was in the home at the time she left. She admitted to not making any child care arrangement with the MU prior to her exiting the home. She denied burning incense in the home and leaving the children in the home alone in the past. The BM declined the Specialist's offer of services.

Between 4/25/16 and 5/27/16, the Specialist continued unsuccessful attempts to interview the BF who did not respond to requests to contact the Specialist.

On 5/24/16, the shelter staff reported that the BM was discharged from the shelter and had reunited with family members.

On 5/27/16, the Specialist visited the case address to attempt to obtain additional information from the BM's neighbors; however, the neighbors did not provide any new information regarding the incident.

On 6/10/16, the BM confirmed she had left the shelter and was residing with relatives but she refused to provide any information about the address, her well-being, prenatal care or the death certificate for the children. She directed the Specialist to speak to the BF. The BM continued to decline offers for services. The Specialist then contacted the BF who confirmed he was the BF of the deceased children but did not provide any information about his family or the incident.

On 6/16/16, the ME reported that the one-year-old child's cause of death was smoke inhalation and the two-year-old child's cause of death was smoke inhalation and thermal burns. Both children's death was ruled as a homicide.

On 6/17/16, the DA reported that the criminal investigation was ongoing. The DA did not provide any other information about the investigation.

Also on 6/17/16, ACS substantiated the allegations DOA/Fatality, B/S, and LS of the SC by the BM. During the investigation, ACS found credible evidence the children were not adequately supervised at the time of the incident which caused the death of the two children.

During the investigation, ACS documented the BM had been the subject of a report dated 3/2/15. The report did not involve her children and ACS determined the BM was not a person legally responsible for the children named in that report and on 4/22/15, the allegation of IG against the BM was unfounded.

## Official Manner and Cause of Death

**Official Manner:** Homicide

**Primary Cause of Death:** From an injury - external cause

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

## Multidisciplinary Investigation/Review



# NYS Office of Children and Family Services - Child Fatality Report

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

**Comments:** The investigation adhered to approved protocols for joint investigation.

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

**Comments:** New York City does not have an OCFS approved Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
030442 - Sibling, Female, 1 Year(s)	030441 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated
030442 - Sibling, Female, 1 Year(s)	030441 - Mother, Female, 27 Year(s)	Lack of Supervision	Substantiated
030442 - Sibling, Female, 1 Year(s)	030441 - Mother, Female, 27 Year(s)	Burns / Scalding	Substantiated
030442 - Sibling, Female, 1 Year(s)	030441 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
030444 - Deceased Child, Female, 2 Year(s)	030441 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated
030444 - Deceased Child, Female, 2 Year(s)	030441 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
030444 - Deceased Child, Female, 2 Year(s)	030441 - Mother, Female, 27 Year(s)	Lack of Supervision	Substantiated
030444 - Deceased Child, Female, 2 Year(s)	030441 - Mother, Female, 27 Year(s)	Burns / Scalding	Substantiated

## CPS Fatality Casework/Investigative Activities

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



# NYS Office of Children and Family Services - Child Fatality Report

Was a death-scene investigation performed?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

**Additional information:**

The Specialist visited the home a few hours prior to the incident. It was not possible to visit the home after the incident because of the fire and LE declared it a crime scene.

The BM refused to sign HIPPA form for ACS to contact the dr.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Legal Activity Related to the Fatality**

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

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>





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Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

There were no surviving siblings.

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

Explain:

The BM declined bereavement and supportive services offered by ACS.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? 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



# NYS Office of Children and Family Services - Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/01/2016	10423 - Sibling, Female, 1 Years	10421 - Mother, Female, 27 Years	Burns / Scalding	Indicated	No
	10423 - Sibling, Female, 1 Years	10421 - Mother, Female, 27 Years	Lack of Supervision	Indicated	
	10422 - Deceased Child, Female, 2 Years	10424 - Unrelated Home Member, Male, 30 Years	Inadequate Guardianship	Unfounded	
	10422 - Deceased Child, Female, 2 Years	10421 - Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	10422 - Deceased Child, Female, 2 Years	10421 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	
	10423 - Sibling, Female, 1 Years	10421 - Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	10423 - Sibling, Female, 1 Years	10421 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	
	10423 - Sibling, Female, 1 Years	10424 - Unrelated Home Member, Male, 30 Years	Inadequate Guardianship	Unfounded	
	10422 - Deceased Child, Female, 2 Years	10425 - Unrelated Home Member, Male, 30 Years	Inadequate Guardianship	Unfounded	
	10423 - Sibling, Female, 1 Years	10425 - Unrelated Home Member, Male, 30 Years	Inadequate Guardianship	Unfounded	
	10422 - Deceased Child, Female, 2 Years	10421 - Mother, Female, 27 Years	Burns / Scalding	Indicated	
	10422 - Deceased Child, Female, 2 Years	10421 - Mother, Female, 27 Years	Lack of Supervision	Indicated	

**Report Summary:**

The BM had been staying with an unrelated home member (UHM) since September 2015. On 3/31/16, the UHM pushed the two-year-old child with excessive force, causing the child to get her hand stuck in a door jam. The UHM and another unrelated home member (UHM2) punched the child and her one-year-old female sibling with excessive force.

On 4/13/16, ACS visited the home and deemed the children safe. Later that same day, the BM left the children home alone for approximately thirty minutes. While the BM was away, a fire began in the home and the children died as a result of injuries sustained in the fire. ACS added the allegations B/S, IG and LS of the two children by the BM.

**Determination:** Indicated **Date of Determination:** 06/01/2016

**Basis for Determination:**

ACS substantiated the allegations B/S, IG and LS of the two children by the BM. The BM admitted to living the children unsupervised in the home for about half an hour.

The allegation IG was unsubstantiated against the UHMs. The BM provided an inconsistent account of the incident and later retracted her claim that the UHMs had hit her children. She also stated the incident was an accident. The children did not suffer any physical injury. ACS also determined the UHMs were not persons legally responsible for the children.

ACS unsubstantiated the allegation IFCS of the children by the BM. There was no credible evidence to the children did not have adequate food, clothing or shelter.



# NYS Office of Children and Family Services - Child Fatality Report

**OCFS Review Results:**

ACS conducted the investigation appropriately.

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

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

The family did not have any CPS history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

The family did not have any known CPS history outside of NYS.

**Required Action(s)****Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

**Preventive Services History**

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

**Casework Contacts**

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Required Action(s)****Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes  No



## Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

## 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