



Report Identification Number: NY-16-090

Prepared by: New York City Regional Office

Issue Date: Mar 23, 2017

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: 1 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 08/26/2016
Initial Date OCFS Notified: 08/26/2016

Presenting Information

On 8/26/16, the SCR registered a report alleging the mother found the one-month-old SC cold, limp and with no pulse. The report stated the mother had last seen the SC alive at 1:00 A.M. According to the report, the SC was a healthy child with no known preexisting medical condition. There was no plausible explanation for the SC's death. The report stated the SC was sleeping in a car seat and the air conditioner was strong. However, it was unknown this setting contributed to the SC's death.

Executive Summary

The SC was one-month old at the time of her death. The ME ruled the cause and manner of death as undetermined. The autopsy noted the SC was co-sleeping with an adult on a bed.

The mother had a history with ACS with reports dated 6/6/14, 4/1/15, 5/2/15 and 4/28/16. The allegations of these reports were PD/AM, LMC, EdN, IF/C/S and IG of the SC's siblings. Throughout the family's history the main concerns were the mother's mental health and her inability to care for her children; mostly, the 15-year-old sibling who had mental health issues, was a chronic run away and involved in criminal activity. The mother had discontinued her mental health treatment and was unable to ensure the 15-year-old sibling attended school or mental health treatment. The fathers of the siblings were incarcerated. ACS did not make efforts to contact them or send appropriate notifications.

During the 4/28/16 report, the mother was pregnant with the SC; and there was no contact with the father of her unborn child.

On 8/26/16, the SCR registered a report with allegations of DOA and IG of the SC by the mother.

The SC's father was present at ACS' initial contact with the mother. However, he was separated from the mother and had no child care responsibility for the SC. The siblings were not present at the time of the incident. ACS confirmed this information. ACS attempted to assess their safety within the required time frame, but the mother refused to provide information concerning their whereabouts.

The mother disclosed she had been co-sleeping with the SC as she did not like sleeping in the bassinet. The mother said she placed the SC to sleep at 11:00 P.M. on 8/26/16 after feeding the SC and found her unresponsive when she (mother) woke up at 7:00 A.M. on 8/26/16. The mother called 911 and EMS responded to the case address at 7:16 A.M. The mother did not provide details of the position in which she placed the SC to sleep.

ACS later learned the 8-year old was at the home of his father's ex- girlfriend with whom he had been staying since June 2016 and was assessed to be safe. The oldest sibling continued to be a chronic run away and the mother did not always know of this child's whereabouts.

On 8/30/16, ACS held a CSC but had not made contact with the 15-year old sibling. The next day, ACS filed an Article 10 Petition of Neglect at the Bronx Family Court on behalf of the siblings.



ACS requested an Order to Produce the 15-year-old sibling, possible Court Ordered Supervision (COS) or placement into foster care and a request for a Placement (Parole Status), for the 8-year-old sibling to the care of his father’s ex-girlfriend under COS.

ACS located the 15-year-old sibling without the Order to Produce and she was placed in a kinship home under the auspices of the Children’s Aid Society. The 8-year-old was released to the mother with PPRS and Court Ordered Supervision.

On 11/29/16, ACS unsubstantiated the allegation of DOA citing there was no information obtained to suggest the SC’s death was the result of abuse “intentionally inflicted.” However, ACS substantiated the allegation of IG of the SC by the mother citing that preliminary information obtained from the ME indicated that due to the mother co-sleeping with the SC, she could have likely contributed to the SC’s death as there was a possibility she could have rolled over on the child.

Although ACS filed a neglect petition concerning the surviving siblings, there were no allegations added for these children. The Family Court case remained active.

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

Explain:

Initial: No or insufficient collateral contacts made, Child not seen or interviewed, Strengths in the family not identified and Key information not obtained.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	Questions in the RAP were not consistent with the information gathered during the investigation.
Legal Reference:	18 NYCRR 432.2(d)
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	Timely/Adequate 24 Hour Assessment
Summary:	Not completed timely and the selection of the information documented was convoluted.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	Timely/Adequate Seven Day Assessment
Summary:	There was one 7 day safety assessment completed on 11/27/16, this was closed to the completion of the investigation. The information documented in the safety assessment was convoluted.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	The report was not completed timely and the documentation was not focused on specifically responding to the questions asked. ACS documented all progress notes into the report.
Legal Reference:	CPS Program Manual, VIII, B.1, page 2
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	Failure to Provide Notice of Indication
Summary:	ACS made no efforts to contact the siblings' father and therefore, the NOI were not issued to them.
Legal Reference:	18 NYCRR 432.2(f)(3)(xi)
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	Failure to provide notice of report
Summary:	ACS made no efforts to contact the siblings' father, therefore, no NOE was issued for them.



Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	The 30 Day was approved on 11/28/16, which was towards the end of the investigation. No 30 Safety Assessment was completed.
Legal Reference:	CPS Program Manual, VIII, B.2, page 4
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	ACS selected "7-Day Safety Assessment" for what should have been the Determination Safety Assessment. In addition, the comments for the safety factors did not support the selected safety factors.
Legal Reference:	18 NYCRR 432.2 (b)(3)(iii)(b)
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/26/2016

Time of fatal incident, if different than time of death: 07:49 AM

County where fatality incident occurred: BRONX

Was 911 or local emergency number called? Yes

Time of Call: 07:15 AM

Did EMS to 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

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



Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Other Household 1	Father	No Role	Male	39 Year(s)

LDSS Response

ACS initiated the investigation by contacting the NYPD, medical staff, ME, and family members.

On 8/26/16, ACS met with the mother outside the home; she refused to give information about the surviving siblings whereabouts. The mother allowed ACS to complete a home assessment and had the SC's father escort ACS to the home.

ACS observed the family resided in a two-bedroom apartment. The mother slept in one bedroom with the SC. ACS observed there was a bassinet for the SC that appeared to be unused as there was a diaper bag and wipes placed in it. The other bedroom was assigned to the 15 -year- old sibling. The 8 -year-old sibling slept in a twin size bed located in a hallway of the home. ACS noted there were holes in the walls, which they learned were caused by a physical altercation between the mother and the 15-year -old sibling. The date of the alleged altercation was not documented.

The SC's father informed ACS he ended his relationship with the mother due to the 15-year-old sibling's behavior. The father said he had recently fathered a child with his current girlfriend who resided in the vicinity. The father also said he had six other children with former partners. ACS did not obtain any details about these children.

On 8/29/16, ACS observed the 8-year-old sibling in the home of his father's ex-girlfriend and he appeared to be well cared for and safe. The ex-girlfriend indicated she had a good relationship with the mother and the child's father. The ex-girlfriend indicated the 8-year-old child's father had been incarcerated since the child was a "baby." There was no inquiry to obtain contact information for the father or paternal relatives. There was no concerns from this sibling's school staff.

According to the information provided by the NYPD the ME indicated the death had been ruled "non-suspicious". The NYPD indicated it appeared the mother was co-sleeping with the SC and it was possible the mother could have rolled over



on the SC or the SC could have been suffocated by the sheets that were wrapped around the SC.

The physician from St. Barnabas Hospital stated the SC was pronounced dead at 7:49 A.M. and there was no external trauma on the SC's body. The physician said the SC was sleeping in a car seat with the air condition on very strong. It was unclear whether this information was provided by the mother. However, the physician also noted the mother admitted to the NYPD that she had been co-sleeping with the SC.

The EMS liaison stated the mother called 911 at 7:15 A.M. and EMS was at the scene by 7:16 AM. The liaison stated the EMTs observed the SC had blood dripping from her nose and her body was stiff. The mother told the EMTs she had last seen the SC alive at 1:00 A.M. when she last fed the child and then placed her to sleep on the bed.

On 9/15/16, the CPS team met with the mother at the Bronx Field Office. The mother reported that on 8/25/16, the SC was fine. The mother said she last fed the SC at 11:00P.M. the previous evening and placed the SC to sleep with her on her queen size bed. The mother said she usually used the bassinet during the day. This account was not consistent with the information the mother reported to ACS, but due to her lack of cooperation this matter was not addressed.

During this investigation, the mother was linked to PPRS and on 9/28/16 ACS made the required joint home visit with the PPRS case planner. It was also learned the mother was in the process of being evicted and needed help in securing housing.

On 11/29/16, ACS indicated the report against the mother.

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 investigation conducted by a Multidisciplinary Team (MDT)?No

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

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
030862 - Deceased Child, Female, 1 Mons	030863 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Pending
030862 - Deceased Child, Female, 1 Mons	030863 - Mother, Female, 33 Year(s)	DOA / Fatality	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

N/A

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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------



danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?

Explain:
The mother did not make the surviving siblings available to ACS within the first 24 hours. The safety assessments did not reflect they were completed appropriately as the type were not properly selected, safety decisions and/or safety factors were not consistent with the case circumstances.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<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"/>

Explain as necessary:
N/A

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:
08/30/2016	Adjudicated Neglected	There was not a disposition
Respondent:	030863 Mother Female 33 Year(s)	
Comments:	<p>FCLS offered the mother an ACD for the 8-year-old sibling with 6 months ACS supervision on the condition that she complied with mental health treatment, make certain the 8-year-old sibling attend school on a regular basis and on time, accept and comply with all ACS' visits, and reasonable referrals. The mother did not accept the terms of the preferred ACD.</p> <p>The mother cited ACS had done nothing to help the 15 year old sibling since their involvement with the family. The mother further stated she was not in need of mental health services. Based on the mother's response the Specialist was called to testify and the hearing was adjourned to 3/8/17.</p> <p>At this time the 15-year-old sibling was in detention for an unrelated matter. Therefore, ACS was directed to monitor this child' upon her release and placement. The Specialist was also directed to explore a Voluntary Placement Agreement with the mother.</p>	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



resources							
Other	<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:
Article 10 Petition filed.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? 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? Yes
- 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)	Status/Outcome	Compliance Issue(s)
04/28/2016	14342 - Sibling, Female, 15 Years	14341 - Mother, Female, 32 Years	Educational Neglect	Unfounded	Yes
	14342 - Sibling, Female, 15 Years	14341 - Mother, Female, 32 Years	Inadequate Guardianship	Unfounded	
	14342 - Sibling, Female, 15 Years	14341 - Mother, Female, 32 Years	Lack of Medical Care	Unfounded	

Report Summary:

The SCR registered a report alleging the 15-year-old sibling had not attended school for the 2015/2016 school year and was not receiving any other form of education. The report also alleged the sibling had significant mental health issues, had not been taking her prescribed medications or attending therapy. The report alleged that as a result, the sibling was hostile, aggressive and violent towards others. The report alleged the BM was aware of the sibling's condition and failed to address the child's needs.

The BM was 6 months pregnant with the SC (listed in the fatality report) and was off her psychotropic medications.

Determination: Unfounded

Date of Determination: 06/16/2016

Basis for Determination:

ACS unsubstantiated the allegations of EdN, LMC and IG of the 15 year old sibling by the BM. ACS based the determination on the BM's alleged efforts to meet the SC's needs. The SC was not receiving clinical services because she refused to go to therapy.

Based on the information gathered there was credible evidence to indicate this report. The BM made arrangements for the 15-year-old child to stay with someone, but refused to identify this person or provide an address or contact information for this person to assess the home. The BM refused to work with ACS for the benefit of the sibling who was not attending school or receiving mental health services.

OCFS Review Results:

NYCRO's review found this was not a thorough investigation. Prior to the report, the BM arranged for the sibling to stay with a relative. However, she did not provide ACS with a name, address or contact information for the person who was allegedly caring for the child. There was no relevant collateral contacts concerning the BM's and/or the sibling's mental health providers or the schools the sibling had attended or planned to attend. There was no assessment of safety and/or risk completed for the 15 year old sibling. In addition, there was no inquiry concerning the fathers of the children including that of the unborn child (SC).

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

Issue:

Failure to provide notice of report

Summary:

The CONNECTIONS Event list reflected that the NOE were not issues to the children's fathers.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Appropriateness of allegation determination

Summary:

ACS unsubstantiated the allegations of the report without considering the information gathered. The documentation of this investigation did not reflect the mother made any effort to secure the sibling return to school or receive clinical services. The mother was not willing to provide ACS with verifiable information concerning the whereabouts of the 15 year old sibling.

Legal Reference:

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended,

and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

ACS documented information based on what was reported by the mother. In addition, the progress notes of the home visits did not include a description of the home, the documentation of the collateral contact with one of the sibling's former school and a former Specialist was vague. There was no inquiry to identify the father of the unborn child or his role in the family.

Legal Reference:

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

ACS did not properly assess the safety and/or risk of the 15 year old sibling. ACS did not confirm who the child was residing with or the conditions of this home. ACS did not assess the possibility of a higher level of care as she had discontinued her mental health services and was not taking her medication or attending school. This child had several recent hospitalizations.

Legal Reference:

18 NYCRR 432.2 (b)(3)(iii)(b)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The safety factors selected in this safety assessment was not supported by the comments. ACS listed there was judicial intervention as a controlling intervention, but this was not reflected in the documentation.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

ACS made no relevant collateral contacts. The mother's ability to care for the siblings without taking her medication was not explored with her former mental health provider. The safety/risk of the sibling was not explored with her former mental health providers. The information the mother provided concerning her efforts to get the sibling to attend school

was not verified.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Assessment as to need for Family Court Action

Summary:

ACS failed to properly assess the need to take Court Action concerning the mother's negligent behavior of the 15-year old sibling. Regardless of the mother's arrangement to have this child reside with another person, she was responsible for the child's education and mental health., which the child was not receiving. The history reflects a pattern of neglect by the mother pertaining to this child.

Legal Reference:

SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Review of CPS History

Summary:

The documentation and the manner in which decisions were made in this case reflect there was no detailed review of the child welfare history. The mother's hostile attitude and lack of to cooperation with ACS for the benefit of the 15 year old sibling's revealed a pattern of neglect concerning this child's education and mental health needs.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/21/2015	14332 - Sibling, Female, 15 Years	14331 - Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Unfounded	Yes
	14332 - Sibling, Female, 15 Years	14331 - Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	14332 - Sibling, Female, 15 Years	14331 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unfounded	
	14332 - Sibling, Female, 15 Years	14331 - Mother, Female, 31 Years	Educational Neglect	Unfounded	
	14333 - Sibling, Male, 6 Years	14331 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	



14333 - Sibling, Male, 6 Years	14331 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unfounded
--------------------------------	----------------------------------	-------------------------------	-----------

Report Summary:

The report alleged the BM was not making sure the 15 year old attended school and the child had not attended school in 2 months. The report alleged the 15 year was verbally abusive toward the BM and the MGM. The report also alleged the BM the mother had a clinical diagnosis and was impaired by the use of drugs and alcohol, therefore was not capable of caring for her children. The report also noted the 15 year old was recently assaulted by twenty individuals and the incident had been posted of social media.

Determination: Indicated	Date of Determination: 07/14/2015
---------------------------------	--

Basis for Determination:

ACS substantiated the allegation of IG of the 15 year old by the BM based on the BM's failure to provide guidance and set limits for the child.

ACS unsubstantiated the allegations of IF/C/S, PD/AM and EdN of the 15 year old as the BM and the child indicated the BM provided for the child's needs. The BM denied the use of drugs and alcohol. ACS documented the BM completed paperwork for the child to receive transportation to and from school.

ACS unsubstantiated the allegations of PD/AM and IG of 7 year old based on the mother's account noting she did not use drugs or alcohol. ACS also noted the mother provided adequate supervision and care for the 7 year old.

OCFS Review Results:

NYCRO's review revealed the BM continued to neglect the 15 year old child's mental health, supervision and educational needs. The child was assaulted by 20 individuals and the BM failed to report the incident to the NYPD. The BM allowed the child to stay with friends and family members to divert her responsibilities. The BM behaved eratically making demands on ACS to place the child in a "lock up" facility. ACS contacted the mobile crisis (MC), but the BM was evasive with the MC, and threatended to hit the child. The BM had unrealistic expectations and violent expressions towards the child. ACS did not explore with the BM's clinical provider her (BM) ability to properly care for the children.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

ACS selected a safety decision that stated there were safety factors present the placed the children in impending danger of serious harm; however, did not document a safety plan. Also, ACS' did not list any safety factors to reflect the safety of impending or immediate danger of serious harm.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Failure to Provide Notice of Indication

Summary:

The CONNECTIONS event list did not reflect that a NOI was sent to the children's father.

Legal Reference:

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

Action:



ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Failure to provide notice of report

Summary:

The CONNECTIONS event list did not reflect the NOEs were issued to the mother or the children's fathers.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

ACS selected a safety decision that reflect there was safety factors present that placed the children in immediate and imminent danger of serious harm, but did not select safety factors to support the immediate and impending danger.

Legal Reference:

18 NYCRR 432.2 (b)(3)(iii)(b)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/01/2015	14225 - Sibling, Female, 13 Years	14224 - Mother, Female, 31 Years	Educational Neglect	Indicated	Yes
	14225 - Sibling, Female, 13 Years	14224 - Mother, Female, 31 Years	Lack of Medical Care	Indicated	

Report Summary:

The SCR registered a report alleging the 14 year old sibling had excessive absences and lateness at school and was failing 2 subjects. The report alleged the 14 year old sibling had a clinical diagnosis and had not been attending school. The report indicated the BM was aware of these issues, but failed to address these concerns. ACS's investigation confirmed the allegations of the report.

During this investigation the 14 year old made attempts to hurt herself, but there was no crises intervention to address this incident.

Determination: Indicated **Date of Determination:** 05/31/2015

Basis for Determination:

ACS substantiated the allegations of LMC and EdN of the 14 year old by the BM. ACS documented school records revealed the 14 year old had been absent 51 days and late 71 times from the current school year. Also, the BM failed to follow up on referrals from the school to have the 14 year old placed in a residential setting. ACS also documented the mother failed to seek clinical treatment for the 14 year old who displayed behavior that placed the child at risk of serious harm.



ACS had information to add and indicate these allegation for the 6 year old.

OCFS Review Results:

NYCRO’s review noted the Specialist witnessed verbal disputes between the BM and 14 year old. Throughout this investigation, the BM constantly made suggestions to have the 14 year old placed and would send her to different family and friends without properly planning for the child’s safety. At times the BM was unaware of the 14 year old’s whereabouts. ACS made collateral contacts; however, did not make relevant inquires to determine the source of the mother/child’s conflict.

The investigation revealed the BM lacked the ability to follow up with a plan for her two children. The BM did not follow up with school recommendations for the 6 year old and niether child had routine medical care.

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

Issue:

Failure to Provide Notice of Indication

Summary:

The CONNECTIONS event list does not reflect that a NOI was issued to the mother.

Legal Reference:

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

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Failure to provide notice of report

Summary:

The CONNECTIONS event list did not reflect the NOE were sent to the children's fathers.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Timely/Adequate Seven Day Assessment

Summary:

ACS noted there were safety factors that placed the children in immediate and impending danger of serious harm; however, did not select any safety factors to support this decision.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Predetermination/Assessment of Current Safety and Risk

**Summary:**

ACS selected a safety decision that reflect the children were in immediate danger of serious harm. However, the comments to support the selection of safety factors did not specify how the mother's behavior impacted her ability to care, protect of meet the children's needs. Also, ACS did not list a safety plan to address the safety concerns.

Legal Reference:

18 NYCRR 432.1(aa)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/06/2014	14221 - Sibling, Female, 13 Years	14223 - Mother, Female, 30 Years	Lack of Supervision	Unfounded	Yes
	14222 - Sibling, Male, 6 Years	14223 - Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	
	14221 - Sibling, Female, 13 Years	14223 - Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	14221 - Sibling, Female, 13 Years	14223 - Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	
	14222 - Sibling, Male, 6 Years	14223 - Mother, Female, 30 Years	Lack of Supervision	Unfounded	
	14222 - Sibling, Male, 6 Years	14223 - Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

The report alleged the BM abused marijuana and alcohol to impairment on a daily basis while caring for the siblings. The report stated the BM would hit and swear at the siblings. The report also alleged the BM would leave the 6 year old who had developmental issues with the 13 year old sibling who had a history of behavioral issues, was recently arrested and missed several days of school.

The family had moved into the case address 3 months prior to the report from a family shelter. The siblings' BF's were incarcerated, one was in Florida (FL). Efforts to contact the BF's were not made. ACS did not explore whether the BM had ever resided in FL.

Determination: Unfounded

Date of Determination: 08/15/2014

Basis for Determination:

ACS unsubstantiated the allegations of IG, PD/AM and IF/C/S of the two siblings by the BM. ACS documented the BM submitted to a drug assessment and the result was negative for drugs and alcohol. ACS also documented the mother was properly supervising the siblings.

OCFS Review Results:

NYCRO's review revealed the siblings had poor attendance record. The BM attributed this problem to the 6 year old not having bus service and the 15 year old's behavior being "out of control." ACS did not explore the BM's efforts to take the 6 year old to school until the bus service was arranged. The 15 year old had behavioral problems and would often run away. There was no assessment to determine whether the BM's own clinical issues and her recreational use of marijuana were interfering with her ability to properly meet her children's needs. The BM seemed critical of the 13 year old sibling's behavior and did not seem overly concern about this child running away from home.

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

Issue:
Failure to provide notice of report

Summary:
The CONNECTIONS event list did not reflect the Notices of Existence were issued for the children's fathers. The mother indicated the children's fathers were incarcerated. The specialist was instructed to attempt to contact the fathers; however, no attempts were documented.

Legal Reference:
18 NYCRR 432.2(b)(3)(ii)(f)

Action:
ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:
Timely/Adequate 24 Hour Assessment

Summary:
The children were not assessed with the required timeframe.

Legal Reference:
SSL 424(6);18 NYCRR 432.2(b)(3)(i)

Action:
ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:
Timely/Adequate Seven Day Assessment

Summary:
The 7-Day Safety Assessment reflected ACS found safety factors existed, but did not rise to the level of immediate or impending danger. The documentation at the time of the approval did not reflect any safety factors.

Legal Reference:
SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:
ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:
Overall Completeness and Adequacy of Investigation

Summary:
ACS documented information provided by the mother verbatim, but did not explore how it impacted on the family. ACS did not explore the incident that lead to the 13 year old sibling's hospitalization or why the mother did not use the 6 year old sibling's income to take him to school until the DOE arranged for bus service.

Legal Reference:
SSL 424(6); 18 NYCRR 432.2(b)(3)

Action:
ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will



take to address this issue.

Issue:

Appropriateness of allegation determination

Summary:

ACS did not address the allegations of the report individually as it pertained to each child. In addition, ACS did not fully assess/consider information from collaterals to make the determination for the reported allegations. ACS did not consider adding the allegation of Educational Neglect. The mother's explanation for the children's excessive absences was not explored fully.

Legal Reference:

FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

ACS did not contact the children's fathers, family members, pediatrician, NYPD or former shelter staff to gather relevant information about the family.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

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

No history for this period. However, the mother was mentioned as a subject of a report as an unrelated family member on 8/21/15 for allegations of IF/C/S and PDAM. The allegations were unfounded as ACS determined the mother was not a PLR for the maltreated child.

Known CPS History Outside of NYS

The family had no 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.

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