



Report Identification Number: NY-20-056

Prepared by: New York City Regional Office

Issue Date: Dec 18, 2020

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

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: 1 month(s)

Jurisdiction: New York
Gender: Female

Date of Death: 06/21/2020
Initial Date OCFS Notified: 06/21/2020

Presenting Information

On 6/21/20 at 5:00 AM, the SM fed the two-month-old SC and placed her to sleep in the Pack and Play. At 8:50 AM, she returned to feed the SC again and found her face up, her skin was purple in color and she was unresponsive. The SM called 911; EMS responded to the shelter and initiated CPR. At 9:02 AM, the SC was transported to the hospital where she was pronounced dead at 9:25 AM on 6/21/20. There were no suspicious injuries found on her body. The SC was an otherwise healthy child who died while in the care of the SM who gave no explanation for her death.

Executive Summary

The SCR report registered two reports regarding the death of this two-month-old female SC. On 6/21/20, ACS initiated the investigation and addressed the allegations of DOA/fatality and IG of the SC by the SM.

ACS assessed the SS was safe at the MA's home. ACS contacted the SM and informed her of an interview at the CAC the following day. ACS contacted the hospital where the SC was pronounced dead on 6/21/20, at 9:25 AM. ACS was informed the SC was found with no obvious marks or injuries; the physician reported no suspicions.

LE and the ME personnel reported the preliminary findings showed there was no evidence of criminality. After the autopsy was completed, the ME reported the cause and manner of death was pending tests results.

During separate interviews with ACS, the SM and SS gave similar accounts of the incident involving the SC's death. The SM said the SC was fed four ounces of formula every three to four hours and prior to her death she showed no signs of illness. The SM explained that the SC was placed on her back in the bassinet at 5:00 AM after she was fed. She said that at 8:50 AM, she went to feed the SC again and found her unresponsive. She stated she called 911 and EMS transported them to the ER. The SM reported no drug or alcohol use, and there were no concerns of domestic violence. The SM said she had family support and she received mental health treatment. She said she completed services and would consider bereavement counseling if needed; however, she enrolled the SS.

ACS learned from the SC's medical care provider that the SC had medical evaluations on 4/26/20, 5/1/20 and 5/8/20, she was healthy, and on 5/28/20 she was treated for an illness. There were no concerns regarding the SC's health or the care from the SM; the SM attended the scheduled medical appointments.

ACS obtained information from the school where the SS was enrolled and the shelter staff, and addressed minor concerns. The MA and other family members were interviewed and they reported the SM provided loving care and attention to the children.

ACS completed a safety assessment document on 7/26/20 and selected safety factors which did not correspond with the current circumstances. The SS remained in the SM's care and there were no identified safety factor that placed the SS in danger.

ACS had not yet made a determination on the case at the time this fatality report was issued.

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? N/A
- 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:

N/A

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The LDSS had not yet made a determination on the case at the time this fatality report was issued.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 06/21/2020

Time of Death: 09:25 AM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

08:55 AM



Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	62 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)

LDSS Response

ACS initiated the investigation of the SC's death within the required timeframe by contacting the hospital, LE, ME, and EMS.

ACS interviewed medical personnel who said the SC, SM and SS arrived at the ER via EMS at 9:02 AM on 6/21/20. The FDNY reported the SM called 911 at 8:52 AM; EMS arrived and observed the SM performing CPR.

The medical personnel found no suspicious injuries on the SC and noted she appeared healthy. Per the medical professional's account, the SM informed the hospital that at 5:00 AM, she fed the SC and placed her to sleep in the Pack and Play. At 8:50 AM, she returned to feed her and found her face up, purple in color and unresponsive. She called 911 and was instructed to initiate CPR. The medical professional informed ACS that the SC was pronounced dead at 9:25 AM on the same day. The hospital noted the SM was extremely hysterical.

On 6/21/20, the LE and ME's office reported the preliminary findings showed there was no evidence of criminality. On 6/23/20, the ME reported the SC appeared to have been asleep in the prone position, opposing the SM's account. The ME explained that the SC had a pre-existing medical condition. The complete report was pending.

ACS visited the MA's home and interviewed the SS, she was deemed safe and comfortable. She had no bruises or marks that indicated maltreatment or abuse. The SS stated she was sad because her sister was in heaven.

On 6/22/20, ACS interviewed the SM at the CAC and the SM said on the day before the SC's death, they attended an event at the MA's home. The SC was in the care of the MA's relative, MA and herself. She said there were no concerns at the time they were in the MA's home. The SM, SS and SC arrived home at approximately 2:00 AM on 6/21/20. She put the SC in the bassinet, and there were no concerns. At 5:00 AM, the SC drank 4 ounces of her milk and the SM placed her on her back in her bassinet. At 8:50 AM, she discovered the SC unresponsive. The SM reported the BF visited the SC



weekly and the father of the SS was not involved in her life; his whereabouts were unknown.

The SS was interviewed at the CAC and her account was similar to the SM's explanation. The SS disclosed that the SM sometimes co-slept with the SC, and she (the SS) was disciplined physically. The SM was counseled on discipline.

ACS contacted the SC's health care provider on 6/24/20, and it was reported that the SC received immunization and was healthy. On 5/28/20, the SC was seen for illness and the SM complained the home was too hot. The SC was treated for the illness and the medical professional contacted the shelter on behalf of the family requesting an air conditioner. The SC was scheduled for a follow up visit on 6/26/20.

On 6/22/20, ACS contacted the shelter and learned that the SM and SS began to reside in the shelter unit on 2/12/20. It was reported the shelter personnel observed toys and blankets in the Pack n Play and when the issue was addressed, the SM stated the SC slept in the bassinet that was on top of the Pack n Play. The home was untidy with clothes strewn throughout the bed and floor. The children were clean and appropriately dressed. The SM did not follow through with some administration requirements.

On 6/22/20, ACS interviewed the MA who confirmed the SM's account of the events that took place the day prior to the SC's death. She stated the SM was a happy and good mother who loved her children. On 6/30/20, ACS documented the SS was enrolled in remote learning and was promoted.

On 7/10/20, ACS interviewed the case manager (CM) from the provider agency where the SM was engaged in services and learned that the SM requested discharged from the program because her court involvement had ended. She declined bereavement counseling.

ACS had not yet made a determination on the case at the time this report was issued.

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? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055788 - Deceased Child, Female, 62 Day(s)	055821 - Mother, Female, 22 Year(s)	DOA / Fatality	Pending
055788 - Deceased Child, Female, 62 Day(s)	055821 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Pending

CPS Fatality Casework/Investigative Activities



Child Fatality Report

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	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: The SM enrolled the SS in the appropriate services.				

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: On the day of the incident, the SM sent the SS to stay with the MA.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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? Yes

Explain:

The SM enrolled the SS in bereavement counseling.

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

Explain:

The SM declined services for herself.

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?** 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)	Allegation Outcome	Compliance Issue(s)
03/22/2019	Sibling, Female, 6 Years	Unrelated Home Member, Male, 55 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 6 Years	Unrelated Home Member, Male, 55 Years	Sexual Abuse	Substantiated	
	Sibling, Female, 6 Years	Grandparent, Female, 58 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The report alleged the unknown male kissed the SS in a sexual manner. It was unsure how or if the unknown male was related to the family; however, he resided in the home in the past month. The SS disclosed the information on 3/20/19.

Report Determination: Indicated

Date of Determination: 05/17/2019

Basis for Determination:

ACS found that the MGM did not comply with court orders, as she allowed two individuals to reside in her home without ACS' knowledge. The SS disclosed being inappropriately touched by one of the individuals, who were the MGM's friends that the MGM denied lived in the home in spite of the SS's disclosure.

OCFS Review Results:

ACS determined the SA allegation based on the interviews with the SS and the behaviors the SS displayed, despite the SS made no disclosure in the interview at the CAC. ACS then took the appropriate action as a result of the findings in the investigation, ACS filed an Article Ten Neglect petition in New York County Family Court on behalf of the SS and the remand was granted. The SS was placed in the care of the MA.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/18/2018	Sibling, Female, 5 Years	Grandparent, Female, 56 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Female, 5 Years	Grandparent, Female, 56 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Grandparent, Female, 56 Years	Lack of Medical Care	Substantiated	

Report Summary:

The SS was prescribed medication for a medical condition; however, the MGM opted to apply holistic remedies. The MGM refused to use the recommended apparatus. The SS grabbed other children and herself in school and again the MGM was advised to have the SS evaluated. The MGM initiated the evaluation and did not follow through.

Report Determination: Indicated

Date of Determination: 01/07/2019

Basis for Determination:

ACS found that the MGM was not consistent with filling the SS's prescription and verifying the school had the medication in an event it was needed. ACS observed the home conditions and found the home was not sanitary, and the MGM consistently refused to allow housing officials into the home to complete necessary repairs to ensure the SS's safety.

OCFS Review Results:

ACS documented the MGM failed to give access to the home, in 18 separate requests, to do repairs. ACS made the appropriate decision to ask the court to remove the SS. She was placed in the care of the MA.

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/04/2018	Sibling, Female, 5 Years	Mother, Female, 18 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 5 Years	Grandparent, Female, 56 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Female, 5 Years	Grandparent, Female, 56 Years	Sexual Abuse	Unsubstantiated	
	Sibling, Female, 5 Years	Grandparent, Female, 56 Years	Inadequate Food / Clothing / Shelter	Substantiated	

Report Summary:

The SCR report alleged that since the SS was placed in the MGM's care, she displayed overly sexual behaviors which were beyond her age and maturity level. The MGM was aware of the SS's behaviors and did not seek a medical evaluation.

Report Determination: Indicated**Date of Determination:** 10/26/2018**Basis for Determination:**

ACS substantiated the allegations of IF/C/S and IG of the SS on basis of credible evidence.

ACS unsubstantiated the allegations of LMC and SA on the basis of no credible evidence.

OCFS Review Results:

ACS addressed the allegations of the report with the MGM, and obtained relevant information through the medical and school collateral contacts. The investigative findings reflected the MGM took the SS to the physician and followed up with appointments regarding the SS's medical condition. However, there were hazardous conditions in the home, some of which required repairs. The MGM did not make herself available for the home repair.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/30/2018	Sibling, Female, 7 Years	Grandparent, Female, 58 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

The SCR report alleged the MGM exhibited signs of mental instability as she appeared disheveled, and confused and she refused to get a mental health evaluation. The MGM was given custody of the five-year-old SS after the SM was hospitalized.

Report Determination: Unfounded**Date of Determination:** 06/19/2018**Basis for Determination:**

ACS unsubstantiated the allegation IG of the SS by the MGM stating although the MGM's behavior was difficult, they found no harm or neglect shown towards the SS.

OCFS Review Results:

ACS took appropriate action to verify the SS received a minimum degree of care. The case was active in New York County Family Court. ACS requested an entry order because the MGM made it difficult for the ACS Specialist to enter the home and the order was granted on 5/18/18. ACS entered the home and documented the SS's basic needs were met. The PPRS continued.

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



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

This family was involved in five CPS investigations from 6/18/15 to 9/1/16, three were indicated, one was unfounded and one was merged into an ongoing investigation. The allegations of the indicated reports were IG, LS and PD/AM of the SS by the SM and MGM. The concerns were unsanitary living conditions, the SS was left in the home without supervision and the SM tested positive for marijuana. The investigations revealed the MGM and SM had untreated mental health conditions.

On 7/8/16, ACS filed an Article Ten Neglect petition in New York County Family Court on behalf of the SS because there were hazardous conditions in the home (in which the SS resided) and the MGM and SM refused required repairs. In 2017, an investigation revealed the MGM left the SS in the care of the SM, who was involved in altercations in the presence of the SS placing her at risk of harm. After placement in the MGM's care, the SS displayed inappropriate behaviors. The MGM was aware of the behaviors and did not obtain a medical evaluation. The MGM allowed an unauthorized male to live in and sell drugs from her apartment.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Preventive Services History

On 08/14/15, ACS opened a preventive services case for the family and addressed multiple concerns that the SM and MGM discussed, such as; maintenance of their mental health treatments, their incompatibility, unsanitary living conditions and failure to address the SS's medical needs.

On 7/25/16, ACS opened a preventive services case for the family and provided PPRS. The SM received case management services through a provider agency until ACS closed the case on 3/20/20.

Foster Care Placement History

On 7/8/16, ACS filed an Article Ten Neglect petition on behalf of the SS due to the SM's lack of the mental health treatment and hazardous living conditions. The SS was placed in the care of the MGM on 11/29/16 and she was not to be left alone with the SM; however, the investigation revealed she was left in the care solely with the SM and she was replaced with the MA. The SS returned to the MGM's care in 2017 and the SM was given nine months supervision. On 11/19/18, the SS was placed with the MA due to LMC and IG. On 1/18/19 she returned to the MGM. On 3/22/19, she was placed with the MA and on 4/5/19 returned to the MA. On 5/17/19, the SS returned to the SM with Family Court stipulations; the SM complied resulting in a final discharge.

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