



**Report Identification Number: NY-16-006**

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

**Issue Date: 7/26/2016**

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

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information



**Report Type:** Child Deceased  
**Age:** 16 year(s)

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

**Date of Death:** 01/21/2016  
**Initial Date OCFS Notified:** 01/22/2016

## Presenting Information

The 1/22/16 SCR report alleged that on 1/14/16 the 16-year-old SC was at his apartment building with another child in the building. It was suspected that the two children used pesticides. The SC overdosed and was found unresponsive that night around 11:00 PM by the other child's mother. The SC died on 1/21/16 as a result of that overdose. The mother had an extensive history with ACS and there was concern that SC used drugs. The roles of the surviving children, ages 15, 12 and 9 years old were unknown at the time.

## Executive Summary

The 16-year-old male child died on 1/21/16. The ME listed, the cause of the death as complications of acute intoxication by multiple drugs and the manner of death as accident (substance abuse). The 1/22/16 SCR report included the allegations of DOA/Fatality and IG of the child by the mother.

ACS' investigation showed on 1/14/16 the child and a 12-year-old male friend smoked marijuana and took pills in a stairwell of the building. Sometime later they were found unconscious in the stairwell by the mother of the 12-year-old friend.

The SC resided with his mother, female sibling, and two female half siblings. An unrelated adult female rented one of the three bedrooms in the apartment . Approximately 10:00 PM, the SC asked the mother for permission to visit the 12-year-old friend who lived in same the building. About an hour later, the parent of 12-year-old friend went to the SC's home regarding the whereabouts of the 12-year-old. The mother stated the SC was given permission to visit the 12-year-old's home and neither children was in SC's home. The parent checked the building's stairwell and observed the child and male friend on the floor of the stairwell, unresponsive and with green tongues. The parent attempted to provide medication to the 12-year-old, but the attempt was unsuccessful. The parent returned to the SC's home to inform the SC's mother of the condition and location of the two children. Both parents went to the stairwell and observed the child and his male friend were unresponsive. The parents alerted neighbors in the building about the children's condition.

The SC was initially transported by ambulance to Bronx Lebanon Hospital, but was transferred to Mt. Sinai on 1/15/16 where he was monitored by health care staff and maintained on respiratory machines. His condition did not improve and the SC succumbed to his injuries on 1/21/16.

The mother acknowledged the SC and the friends were often seen together. The mother said she observed the SC was "acting differently" a few weeks prior to the incident; however, she had no idea what the SC was doing.

The Specialist interviewed the SC's two friends separately. The 15-year-old friend denied being present at the time the children used drugs and said he did not use drugs. He explained he knew the SC and the 12-year-old were going to use drugs when the trio went to the store, returned to the apartment building, walked up the building's stairwell. ACS noted there were inconsistencies in the 15-year-old child's statement regarding the details of the incident when the 15-year-old friend denied the trio went to the store. Neither of the SC's friends were able to recall the specific



timeline of the events leading to the SC and the 12-year-old having been found unresponsive in the stairwell.

ACS offered bereavement and burial assistance to the mother. The mother continued participation in PPRS with New Alternatives for Children (NAC) for services. During the last home visit conducted on 5/24/16, the surviving siblings were observed and appeared well. The mother discussed summer recreational activities for the surviving siblings.

There were no concerns related to safety of the surviving children. During the investigation, ACS assessed the family home, obtained statements from the mother; PPRS service provider, LE, and ER staff.

On 4/6/15, ACS unsubstantiated the allegations of DOA/Fatality and IG of the child by the mother on the basis of no credible evidence to substantiate the allegations. There was no maltreatment or abuse by the mother that caused the fatality. The mother denied knowledge of the child's involvement with drugs.

As of 7/12/16, the case remains open for preventive services.

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? No

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:

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:

N/A

Required Actions Related to the Fatality

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



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

<b>Issue:</b>	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.
<b>Summary:</b>	For the 1/22/16 SCR report, ACS approved the 24-hour Fatality Report Summary on 1/27/16.
<b>Legal Reference:</b>	CPS Program Manual, VIII, B.1, page 2
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	For the 1/22/16 SCR report, the 24-hour Safety Assessment was approved on 1/25/16. The selected safety factors were not related to assessment of the surviving children. ACS inappropriately selected safety decision.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The 7-Day Safety Assessment was not approved within the required timeframe. ACS did not identify the safety factor that placed the children in immediate danger although the agency developed a safety plan for the family.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	The review revealed there was collateral contact with the hospital staff regarding the SC. However, there was no documentation of a collateral contact made to the SC's medical Dr., the EMS or other collateral to verify the official time of death.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Failure to provide notice of report
<b>Summary:</b>	During the review, a NOE was not provided to the father of the SC and sibling nor the fathers of the two half-siblings.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(f)



<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
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## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 01/21/2016

**Time of Death:** 09:13 PM

**Date of fatal incident, if different than date of death:** 01/14/2016

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

**County where fatality incident occurred:**

BRONX

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

Yes

**Time of Call:**

Unknown

**Did EMS to respond to the scene?**

Yes

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

**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?** No - Not needed given developmental age or circumstances

**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	Male	16 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Other Child	No Role	Female	12 Year(s)
Deceased Child's Household	Other Child	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	32 Year(s)

**LDSS Response**

According to the Social Worker (SW), the SC was admitted to Bronx Lebanon Hospital on 1/14/16 for drug overdose and was in critical condition before he was transferred to Mount Sinai Hospital on 1/15/16. The child was sedated and maintained on life support.

The doctor stated the SC's medical conditions resulted in the need for hospital staff to perform CPR on the SC before he died.

According to LE, it appeared the SC obtained drugs and supplied them to the friends. There were messages sent from the SC's mobile phone where he solicited and acquired marijuana and pills. On 1/22/16, LE closed their case.

The Specialist observed the sleeping arrangements were satisfactory. A tenant, who is listed as an unrelated household member occupied one of the bedrooms in the family's apartment. The home had in position functional carbon monoxide/smoke detectors and adequate supply of provisions for all the children.

The mother stated the SC associated with the two friends in the building. The mother acknowledged the SC had a mobile phone. The mother said in December, 2015 she observed the SC's behavior appeared different than his usual behavior. The mother said she had no idea what the SC was doing. The documentation did not reflect that ACS attempted to ascertain what efforts the mother made to monitor the SC's behavior in light of the observed behavioral changes. ACS staff observed the surviving sibling and half siblings. The mother was reluctant for the three surviving siblings to be interviewed; she did not want them to know of the SC's condition at the time.

An in-home nurse cared for the medically fragile 15-year old sibling, 5-days a week for 12 hours each day. A list of this sibling's prescribed medications was obtained. The list did not include the alleged pills ingested by the SC. Although the nurse's primary focus was to care for the sibling, she stated the SC often associated and played video games with two friends from in the same building. She expressed having had no concerns regarding the SC or the mother's ability to care for the SC, sibling and half siblings in the home.

The SC's female friend confirmed the SC asked her for money and she gave the SC money on 12/20/15. The SC did not state a reason for needing the money. She denied she used drugs with the SC.

The Specialist interviewed the 12-year-old male friend who was found unresponsive alongside the SC. The 12-year-old confirmed the SC came to his home on 1/14/16. The 12-year-old confirmed the SC, 15-year-old friend and he went into the building's stairwell and shared the marijuana. The 15-year-old left and the 12-year-old stayed with the SC in the stairwell. The 12-year old said he took two pills and he observed the SC took four pills. Both drugs were allegedly provided to the friend's by the SC.

ACS staff interviewed the household tenant who said the SC was often seen in the home with the two friends from downstairs playing video games. A neighbor of the family reported the SC was a good kid.

On 1/25/16, ACS confirmed the surviving sibling and half siblings regularly attended school. The school staff informed the Specialist the SC received related services in school, he worked hard in class, and was described as a good kid. Prior to the SC death, the school scheduled a meeting with the mother to discuss educational services for the SC. However, the mother informed the school she was unable attend due to issues in the home. The mother did not provide the school with the specific details of the issues she had in the home.



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On 1/26/16, a mental health consultant explained that the interaction of marijuana an anti-depressant would cause sedation. On 2/19/16, the ME stated no trauma was observed on the SC's body.

The PPRS staff stated the family was actively engaged since August 2014 and the SC was easy to engage. The agency provided counseling, educational services, medical and financial assistance to the family.

## Official Manner and Cause of Death

**Official Manner:** Accident

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

**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 New York City region.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
025162 - Deceased Child, Male, 16 Yrs	025163 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Unsubstantiated
025162 - Deceased Child, Male, 16 Yrs	025163 - Mother, Female, 38 Year(s)	DOA / Fatality	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

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



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Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

There was no documentation of the collateral contact of the responding EMS, the SC's nor the half-siblings medical provider.

**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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
The assessments were not approved within the specified timeframe.

**Fatality Risk Assessment / Risk Assessment Profile**



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	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"/>

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



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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input 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"/>

Additional information, if necessary:

The family received PPRS.

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 family continued to receive PPRS.

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

Explain:

The family received PPRS.

## 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? Yes



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

## 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)
08/06/2015	7763 - Sibling, Female, 14 Years	7762 - Mother, Female, 38 Years	Excessive Corporal Punishment	Unfounded	No
	7763 - Sibling, Female, 14 Years	7762 - Mother, Female, 38 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	7763 - Sibling, Female, 14 Years	7762 - Mother, Female, 38 Years	Inadequate Guardianship	Unfounded	
	7763 - Sibling, Female, 14 Years	7762 - Mother, Female, 38 Years	Lacerations / Bruises / Welts	Unfounded	
	7761 - Deceased Child, Male, 16 Years	7762 - Mother, Female, 38 Years	Inadequate Guardianship	Unfounded	
	7761 - Deceased Child, Male, 16 Years	7762 - Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unfounded	
	7761 - Deceased Child, Male, 16 Years	7762 - Mother, Female, 38 Years	Sexual Abuse	Unfounded	
	7763 - Sibling, Female, 14 Years	7762 - Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unfounded	
	7765 - Other Child - Half-Sibling, Female, 9 Years	7762 - Mother, Female, 38 Years	Inadequate Guardianship	Unfounded	
	7765 - Other Child - Half-Sibling, Female, 9 Years	7762 - Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unfounded	
	7764 - Other Child - Half-Sibling, Female, 12 Years	7762 - Mother, Female, 38 Years	Inadequate Guardianship	Unfounded	
	7764 - Other Child - Half-Sibling, Female, 12 Years	7762 - Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8422 - Other Child - Friend's child, Female, 17 Years	8423 - Other Adult - Friend, Female, 36 Years	Lacerations / Bruises / Welts	Unfounded	
	8425 - Other Child - Friend's child, Unknown, 5 Years	8423 - Other Adult - Friend, Female, 36 Years	Lacerations / Bruises / Welts	Unfounded	
	7761 - Deceased Child, Male, 16 Years	8423 - Other Adult - Friend, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	7763 - Sibling, Female, 14 Years	8423 - Other Adult - Friend, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8422 - Other Child - Friend's child, Female, 17 Years	7762 - Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8425 - Other Child - Friend's child, Unknown, 5 Years	7762 - Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8422 - Other Child - Friend's child, Female, 17 Years	8423 - Other Adult - Friend, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	



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8422 - Other Child - Friend's child, Female, 17 Years	7762 - Mother, Female, 38 Years	Sexual Abuse	Unfounded
7761 - Deceased Child, Male, 16 Years	8423 - Other Adult - Friend, Female, 36 Years	Sexual Abuse	Unfounded
7764 - Other Child - Half-Sibling, Female, 12 Years	8423 - Other Adult - Friend, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
7761 - Deceased Child, Male, 16 Years	8423 - Other Adult - Friend, Female, 36 Years	Inadequate Guardianship	Unfounded
7763 - Sibling, Female, 14 Years	8423 - Other Adult - Friend, Female, 36 Years	Inadequate Guardianship	Unfounded
7764 - Other Child - Half-Sibling, Female, 12 Years	8423 - Other Adult - Friend, Female, 36 Years	Inadequate Guardianship	Unfounded
8425 - Other Child - Friend's child, Unknown, 5 Years	8423 - Other Adult - Friend, Female, 36 Years	Inadequate Guardianship	Unfounded
7765 - Other Child - Half-Sibling, Female, 9 Years	8423 - Other Adult - Friend, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
8425 - Other Child - Friend's child, Unknown, 5 Years	8423 - Other Adult - Friend, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
7765 - Other Child - Half-Sibling, Female, 9 Years	8423 - Other Adult - Friend, Female, 36 Years	Inadequate Guardianship	Unfounded
8422 - Other Child - Friend's child, Female, 17 Years	8423 - Other Adult - Friend, Female, 36 Years	Inadequate Guardianship	Unfounded
8424 - Other Child - Friend's child, Male, 19 Months	8423 - Other Adult - Friend, Female, 36 Years	Inadequate Guardianship	Unfounded
8422 - Other Child - Friend's child, Female, 17 Years	7762 - Mother, Female, 38 Years	Inadequate Guardianship	Unfounded
8424 - Other Child - Friend's child, Male, 19 Months	7762 - Mother, Female, 38 Years	Inadequate Guardianship	Unfounded
8425 - Other Child - Friend's child, Unknown, 5 Years	7762 - Mother, Female, 38 Years	Inadequate Guardianship	Unfounded
8424 - Other Child - Friend's child, Male, 19 Months	7762 - Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unfounded
8424 - Other Child - Friend's child, Male, 19 Months	8423 - Other Adult - Friend, Female, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
8422 - Other Child - Friend's child, Female, 17 Years	8423 - Other Adult - Friend, Female, 36 Years	Sexual Abuse	Unfounded

**Report Summary:**

The 8/6/15 report alleged that the mother and her friend lived together in a one-bedroom apartment with their seven children. The friend was a prostitute who forced her 17-year-old daughter to do sexual acts on men and engage in sexual acts with the mother's 16-year-old son; against their will. The mother's 13-year-old daughter had a medical condition and the mother was anxious to collect money upon the child's death. The mother removed the child's feeding tube to prevent her from eating, then hit and pushed the child out of bed when the child soiled herself. The mother and friend drank alcohol to the point of intoxication. The 13 and 5-year-old children had bruises on the body.

**Determination:** Unfounded

**Date of Determination:** 09/21/2015



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**Basis for Determination:**

ACS unsubstantiated the allegations of IG, SA, L/B/W, IF/C/S, XCP and PD/AM stemming from the 8/6/15 report on the basis of lack of credible evidence. The mother and her friend submitted drug screening and both tested negative for all substances. The home was observed to be clean, appropriate and had beds for each family member. The 17 and 16 year old children both denied having been forced to engage in sex acts with one another. The 13 and 5-year-old children were observed and had no bruises. The children denied having been hit. The 14-year-old was bed ridden and observed with no bruises. The visiting nurse who cared for the child 12 hours a day denied the allegations.

**OCFS Review Results:**

The results of this review showed ACS entered timely progress notes, made diligent efforts and completed adequate casework to meet the case requirements. ACS obtained relevant information from schools, medical and PPRS agency. There was sufficient and relevant face-to-face casework contact with parent, child, siblings and in-home service provider.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/29/2015	7753 - Other Child - Half-Sibling, Female, 12 Years	7755 - Mother's Partner, Male, 23 Years	Inadequate Guardianship	Indicated	No
	7754 - Other Child - Half-Sibling, Female, 9 Years	7755 - Mother's Partner, Male, 23 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

The 5/29/15 SCR report alleged that the morning of 5/29/15, the mother and the parent substitute had a verbal altercation that escalated. The parent substitute threw a cell phone at the mother. The phone missed the mother and struck the 12-year-old half sibling around the eye area. There were no visible injuries at the time. The situation occurred in close proximity to the 10-year-old half sibling. The mother's role was unknown.

**Determination:** Indicated

**Date of Determination:** 07/27/2015

**Basis for Determination:**

ACS substantiated the allegation of IG of the two half siblings by the parent substitute due to findings of credible evidence. ACS noted that on 5/29/15, the parent substitute and the mother engaged in a verbal altercation where the parent substitute threw a phone and broke the the household television. The altercation occurred in the presence of the two half siblings and the cell phone almost hit the 12-year-old half sibling. The mother received an order of protection against the parent substitute and the mother stated that she had not seen or heard from him since the incident. The mother had the assistance of the PPRS agency worker.

**OCFS Review Results:**

Results of this review showed ACS entered timely progress notes, made diligent efforts and pertinent casework and collateral contacts with schools, medical and PPRS agency. There was sufficient and relevant face-to-face casework contact with parent, child, siblings and in home service provider.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/05/2014	7743 - Sibling, Female, 13 Years	7742 - Mother, Female, 37 Years	Inadequate Guardianship	Unfounded	No

**Report Summary:**

The 8/5/14 report alleged that the 13-year-old sibling was a special needs child in a vegetative state, bed ridden and had a home health aide 12 hours a day, everyday. The mother expressed being overwhelmed with the child's care and was in



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need of assistance with caring for the child.

**Determination:** Unfounded

**Date of Determination:** 09/18/2014

**Basis for Determination:**

ACS unsubstantiated the allegation of IG on the basis that the mother provided adequate guardianship for all the children. The children were not neglected in the home. The mother was at the LDSS office at the time of the call. The mother was not home at the time of the call; however, she had not left the children unattended. There was no abuse occurring in the home. The PPRS agency continued to work with the family until their goals were attained.

**OCFS Review Results:**

Results of this review showed ACS entered timely progress notes, made diligent efforts and pertinent casework and collateral contacts with schools, medical and PPRS agency. There was sufficient and relevant face to face casework contact with parent, child, siblings and in home service provider.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/30/2014	7526 - Other Child - Half-sibling, Female, 7 Years	7501 - Mother, Female, 37 Years	Inadequate Guardianship	Unfounded	Yes
	7526 - Other Child - Half-sibling, Female, 7 Years	7501 - Mother, Female, 37 Years	Educational Neglect	Indicated	

**Report Summary:**

The 1/30/14 SCR report alleged that the 7-year-old female half sibling had a history of poor school attendance. The child was absent 32 days and was failing as a result. The mother was advised numerous times, however, failed to ensure the child's educational needs were met. The role of the three siblings were unknown.

**Determination:** Indicated

**Date of Determination:** 03/31/2014

**Basis for Determination:**

ACS IND the allegation of EdN of the 7-year-old half sibling's by the mother on the basis that the mother was aware of the child's educational needs and poor school attendance. ACS noted that it was the mother's responsibility to ensure the child attended school when the bus was missed. The allegation of IG was Unsub on the basis that the mother had a service provider in the home to assist with the care of the 12-year-old sibling. The mother provided adequate guardianship for the children in the home.

**OCFS Review Results:**

The ACS staff interviewed the mother who said the school bus did not pick up the half sibling to transport her to school. ACS staff observed and engaged the children in the home and contacted their respective schools to obtain information about attendance and academic performance. The school staff said the younger half sibling had poor academic performance. The ACS case record did not include the official school and medical records for the male child and two half siblings. ACS obtained updated information for the medically fragile sibling. ACS did assess the seriousness of the domestic violence concerns to determine the level of services the family required.

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

**Issue:**

Failure to Provide Notice of Indication

**Summary:**

The CONNECTIONS records did not reflect whether ACS provided a Notice of Indication to the mother who was listed as the subject of the 1/30/14 report.

**Legal Reference:**



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

**Action:**

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

ACS did not obtain official school and medical records for the 14-year-old child and the 10-year-old half sibling.

**Legal Reference:**

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

**Action:**

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

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

The mother was listed as the subject in 12 reports dated 1/17/06, 8/6/08, 7/3/09, 7/17/07, 7/20/09, 1/11/10, 4/20/10, 9/28/10, 12/02/10, 3/10/11, 2/6/12 and 5/20/12. The allegations of the reports were IG, L/B/W, XCP, IF/C/S, PD/AM, LMC and LS.

ACS indicated the four reports dated 8/6/08, 7/3/09, 9/28/10 and 3/10/11 and the agency substantiated the allegation of IG of the children by the mother. The mother was a Non-Confirmed Subject in the 7/3/09 report. The three reports dated 7/10/09, 7/17/09 and 7/20/09 were merged with the 7/3/09 report and ACS consolidated the investigation.

ACS unfounded the five reports dated 1/11/10, 4/20/10, 12/2/10, 2/6/12 and 5/20/12 and the agency unsubstantiated the allegations of these reports. The family received PPRS services to address domestic violence concerns and female sibling's medical needs.

**Known CPS History Outside of NYS**

There was no CPS history outside of NYS.

**Services Open at the Time of the Fatality**

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes**

**Date the preventive services case was opened: 03/18/2014**

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes**

**Date the Child Protective Services case was opened: 03/18/2014**

**Evaluative Review of Services that were Open at the Time of the Fatality**



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	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Additional information, if necessary:

The family was engaged in PPRS services provided by New Alternatives for Children (NAC).

## Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	Results of this review showed progress notes were not entered within the required timeframe.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)



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<b>Action:</b>	ACS must request a corrective action plan from New Alternatives for Children (NAC) within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
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## Preventive Services History

As a result of the 7/3/09 investigation, ACS found the family needed domestic violence services. The family also required support services to monitor the medical needs and parental supervision of the children. ACS opened the Family Services Stage on 8/26/09 and the Graham-Windham agency was assigned case planning responsibility. The mother gave birth to a female infant in March 2010. This infant remained in the hospital throughout her lifetime. The infant received treatment in the Montefiore Hospital where she was pronounced dead on 6/23/10. The Graham-Windham agency provided referrals and advocacy assistance with medical, education, financial and housing providers. The FSS stage was closed on 2/15/13 after the family no longer needed services.

During the 1/30/14 investigation the mother agreed to accept PPRS. ACS opened the FSS stage of the case on 3/18/14 and the New Alternatives for Children (NAC) agency was assigned case planning responsibility. NAC agency provided assessments, referrals and advocacy assistance with medical, education, financial and housing needs. The NAC staff observed the mother and the four children in the home on 1/8/16. The SCR registered an Additional Information report about the family on 1/16/16. According to the information provided to the SCR, the 16-year-old child was hospitalized on 1/14/16 and he was in critical condition.

## 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