

Report Identification Number: NY-14-133

Prepared by: New York City Regional Office

Issue Date: 6/8/2015

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.

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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
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	MN-Medical Neglect	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		

Case Information

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Report Type: Child Deceased
Age: 7 year(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 12/09/2014
Initial Date OCFS Notified: 12/09/2014

Presenting Information

The seven-year-old child suffered from chronic asthma. On 12/8/14, while in the care of the maternal great aunt, (MGA) the child was sick and had trouble breathing. The MGA failed to treat or seek medical treatment for the child during the entire day. The child's condition worsened to the point where she stopped breathing and as a result passed away on 12/9/14 at 3:45 A.M. The roles of the mother, cousin and sibling were unknown.

Executive Summary

The seven-year-old female child died on 12/9/14 after suffering a severe asthma attack. The autopsy report determined the manner of death was natural and the cause of death was acute bronchial asthma. As of 5/29/15, NYCRO has not yet received a copy of the ME's report.

The allegations of the 12/9/14 report were DOA/Fatality, MN, PD/AM and IG of the SC by the BM and MN, PD/AM and IG of the surviving sibling by the mother. The allegations against the MGA for the SC were DOA/Fatality, MN, and IG and MN and the allegation of IG for the surviving sibling.

ACS' investigative activities included obtaining information from collaterals and family members residing in the home; medical information from Jacobi Hospital, the ME's Office, school staff, the SC's medical provider, the EMS liaison, LE, and service agency providers.

According to ACS' findings, on 12/8/14, the SC had been ill and she went to bed at 8:00PM. On 12/9/14 the SC awoke at 3:00AM because she could not breathe and told the surviving sibling who called out for the maternal great uncle (MGU) who took the child into his bedroom and called 911 at 3:17AM. The 911 operator gave the MGU instructions to try to keep the SC conscious; however, the SC remained non responsive. The MGU called 911 a second time and the MGA also called the BM on her cellphone to tell her to come home because the SC was very ill. The EMS arrived at the home at 3:30AM and provided emergency treatment. The BM left her paramour's apartment and arrived at the home the same time as EMS. The SC's condition deteriorated and she was transported to Jacobi Hospital where she died at 4:20AM.

On 12/9/14, ACS visited the family and interviewed the BM, surviving sibling, the MGA and MGU and adult male cousin, all of whom reside in the apartment. ACS obtained information from the BM and family regarding the SC's medical condition, the administering of medications and the mother's quality of care of her two children in addition to her past ACS investigations.

During the investigation ACS learned the BM missed numerous asthma specialist appointments for the SC and surviving sibling and often did not return for follow up appointments. The SC's attending physician explained the BM had been trained in administering medications to the SC and using a machine for asthma treatments; however, the BM was supposed to supervise the child's use of medications and treatments. It was revealed the SC and surviving sibling often took their own medication and used the nebulizer without supervision. The investigation also revealed the BM was a habitual marijuana and alcohol abuser. ACS documented the BM "smelled of alcohol," on two occasions while interviewing the BM during the investigation.

On 12/16/14, ACS filed an Article 10 Neglect petition in the Bronx Family Court and the surviving sibling was released to the BM with nine months of court ordered supervision and mandated engagement in services.

ACS maintained contact with the BM and surviving sibling throughout the investigation with home visits, school visits and made significant collateral contacts for information. ACS also made appropriate service referrals for services which were engaged through the auspices of New York Foundling and Odyssey House. ACS has monitored closely the mother's services participation.

On 4/29/15, ACS substantiated the allegations of the 12/9/14 report against the BM because of an ongoing pattern of neglect of the two subject children. The case remained open because the BM and surviving sibling are engaged in court mandated services.

The allegations DOA/Fatality, MN and IG against the MGA were unsubstantiated. ACS' determination narrative stated the MGA was not a person legally responsible for the SC. The narrative also stated the MGA had health issues which prevented her from caring for the SC or surviving sibling.

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:

Casework activity was appropriate for this investigation.

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:

Mo. accepted services which began on 3/18/15.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/09/2014

Time of Death: 04:20 AM

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:

03:17 AM

Did EMS to respond to the scene?

Yes

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

Child's activity at time of incident:

Sleeping

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? 7 Hours

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

2

At time of incident supervisor was: Not impaired.

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	Aunt/Uncle	No Role	Female	34 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	64 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Female	64 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim		8 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	027 Year(s)
Deceased Child's Household	Other Adult	No Role	Male	20 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)

LDSS Response

On 12/9/14, the ACS Specialist called the school nurse who stated the SC was constantly in need of asthma medication and that the BM was not ensuring the SC took her prescribed medication. Additionally, the BM had been called numerous times about the SC's health. The nurse stated there was contact with the SC twice on 12/8/14. The child came to the nurse's office with breathing difficulties in the morning and afternoon. The nurse administered asthma medication to the SC.

On the same date, the Specialist called the EMS liaison who provided the EMS timeline. EMS received the call for assistance at 3:19AM and the ambulance arrived at the home at 3:30AM. EMS technicians immediately performed an emergency intervention and, according to EMS records, the SC's condition worsened before they arrived at Jacobi Hospital (JH) at 3:53AM.

ACS then called LE and the detective assigned to the case stated there is no action planned regarding the death of the SC.

ACS also called and obtained information from a MA who stated the BM has a history of marijuana and alcohol use and is always "in the streets" leaving the children with the MGA. The MA added the BM was not stable and has used marijuana in the presence of the children.

On 12/9/14, the Specialist visited the case address and interviewed the BM, surviving sibling, MGA, MGU and the BF was visiting due to death of his child. ACS documented the BM was under the influence of alcohol during the interview. The mother admitted to drinking alcohol because she was upset about the death of the SC. The mother produced the numerous medications prescribed for the SC and surviving sibling and was asked who is responsible for administering them to the children. The mother replied "Both of my children know how to do their own medication," and said the children were "fine" when she left the home. The BM learned of the asthma attack when she received a call from the MGA.

The MGA told the Specialist she and the MGU were awakened at 3:00AM by the surviving sibling who called the MGU for help because the SC could not breathe. The MGU went into the children's bedroom and returned carrying the SC and told the MGA to call 911. The 911 operator said to place the SC on her side and the MGU did as instructed. The MA then called the mother who was with her paramour and she returned a half an hour later, the same time the EMS ambulance was leaving to transport the SC to JH. The Specialist questioned the MGA about the SC's health prior to the incident and was told the SC had a big meal and had an upset stomach and laid down. The MGA told the Specialist the two children were able to take their medication without assistance but added it was the BM's responsibility to ensure the children took their medication.

The MGU's interview was consistent with the MGA's account. He and the MGA were in their bedroom when the surviving sibling called for him because the SC could not breathe. The Specialist questioned the MGU about the BM's ability to care for the children and he replied he had no concerns regarding the BM's caretaking ability.

The BF of the SC was also interviewed on 12/9/14. He stated he knew the SC had asthma but could provide no information about the BM's level of care to the children.

The surviving sibling said the SC awoke at 3:00AM and called out that she could not breathe and that she saw a "white light." The sibling called for the MGU for help.

Between 12/10/14 and 4/29/15, ACS made the appropriate familial and collateral contacts including the children's Dr. who had concerns about the children medicating themselves. On 3/15/15, ACS filed a Neglect Petition in Family Court (FC) and obtained court ordered supervision of the surviving sibling. The mother has been compliant with the FC orders.

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On 4/29/15, ACS substantiated all the allegations against the BM and unsubstantiated the allegations against the MGA. The report was indicated and remains open for service

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical 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 investigations.

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

Comments: There is no OCFS approved CFRT in New York City.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
015861 - Deceased Child, , 8 Yrs	015866 - Aunt/Uncle, Female, 64 Year(s)	DOA / Fatality	Unsubstantiated
015861 - Deceased Child, , 8 Yrs	015866 - Aunt/Uncle, Female, 64 Year(s)	Inadequate Guardianship	Unsubstantiated
015861 - Deceased Child, , 8 Yrs	015866 - Aunt/Uncle, Female, 64 Year(s)	Lack of Medical Care	Unsubstantiated
015861 - Deceased Child, , 8 Yrs	017041 - Mother, Female, 027 Year(s)	DOA / Fatality	Substantiated
015861 - Deceased Child, , 8 Yrs	017041 - Mother, Female, 027 Year(s)	Inadequate Guardianship	Substantiated
015861 - Deceased Child, , 8 Yrs	017041 - Mother, Female, 027 Year(s)	Lack of Medical Care	Substantiated
015861 - Deceased Child, , 8 Yrs	017041 - Mother, Female, 027 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

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"/>

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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 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"/>

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 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"/>

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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 and 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"/>

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:
12/16/2014	Adjudicated Neglected	Return to Parent
Respondent:	017041 Mother Female 027 Year(s)	
Comments:	An Article 10 Neglect petition was filed in Family Court on 12/16/14 and the petition was accepted. The mother was expected to comply with all the services deemed necessary including substance abuse counseling, individual counseling and domestic violence services. The most recent court date was 3/11/15 and the next court date is 12/3/15.	

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

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Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" 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 resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:
 The BM and surviving sibling have engaged in multiple services including individual and bereavement counseling in addition to the mother being engaged in a drug rehabilitative program and DV counseling for past DV issues.

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

Explain:
 BM is being monitored by ACS under Court Ordered Supervision to provide better quality of care to the surviving sibling.

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? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? No

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Was the child acutely ill during the two weeks before death?

No

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)
01/24/2014	2991 - Deceased Child, Female, 8 Years	2993 - Mother, Female, 27 Years	Educational Neglect	Unfounded	No
	2991 - Deceased Child, Female, 8 Years	2993 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	2992 - Sibling, Female, 6 Years	2993 - Mother, Female, 27 Years	Educational Neglect	Unfounded	
	2992 - Sibling, Female, 6 Years	2993 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The allegations of this 1/24/14 report were EdN. and IG of the two female SC's, who were 6 and 8 years old at the time of this report, by the BM.

ACS' investigation established the eight year old SC had missed school but there were medical reasons for the absences.

ACS also determined the BM provided a reasonable standard of care for the children.

Determination: Unfounded **Date of Determination:** 03/28/2014

Basis for Determination:

The investigation revealed there was no credible evidence to substantiate the allegations of the report and the report was unfounded and closed. The mother was referred to community based services.

OCFS Review Results:

The decision seems appropriate as the mother established through medical documentation the child was often ill.

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)
10/22/2012	2981 - Deceased Child, Female, 6 Years	2983 - Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	2981 - Deceased Child, Female, 6 Years	2983 - Mother, Female, 26 Years	Lack of Medical Care	Unfounded	
	2982 - Sibling, Female, 8 Years	2983 - Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	2982 - Sibling, Female, 8 Years	2983 - Mother, Female, 26 Years	Lack of Medical Care	Unfounded	
	2981 - Deceased Child, Female, 6 Years	2984 - Aunt/Uncle, Female, 62 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	2981 - Deceased Child,	2984 - Aunt/Uncle,	Lack of Medical Care	Unfounded	

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Female, 6 Years	Female, 62 Years		
2982 - Sibling, Female, 8 Years	2984 - Aunt/Uncle, Female, 62 Years	Inadequate Food / Clothing / Shelter	Unfounded
2982 - Sibling, Female, 8 Years	2984 - Aunt/Uncle, Female, 62 Years	Lack of Medical Care	Unfounded
2981 - Deceased Child, Female, 6 Years	2985 - Aunt/Uncle, Male, 53 Years	Inadequate Food / Clothing / Shelter	Unfounded
2981 - Deceased Child, Female, 6 Years	2985 - Aunt/Uncle, Male, 53 Years	Lack of Medical Care	Unfounded
2982 - Sibling, Female, 8 Years	2985 - Aunt/Uncle, Male, 53 Years	Inadequate Food / Clothing / Shelter	Unfounded
2982 - Sibling, Female, 8 Years	2985 - Aunt/Uncle, Male, 53 Years	Lack of Medical Care	Unfounded

Report Summary:

The allegations of the 10/22/12 report were MN of the then six-year old female child and IF/C/S and IG of the six and then eight-year-old siblings. and

ACS' investigation revealed the mother had been compliant with the then six-year-old female child's medical needs. The home was assessed and there were no issues regarding food, clothing or the condition of the home.

Determination: Unfounded

Date of Determination: 11/27/2012

Basis for Determination:

ACS determined there was no credible evidence to substantiate any of the allegations of the report. The determination stated the BM provided adequate clothing, shelter, food and the two SC's needs were being met.

The allegations against the MGA and MGU were unsubstantiated for the same reasons.

OCFS Review Results:

Determination was appropriate.

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

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

The BM was known in two reports more than three years ago. On 07/06/06, a report was received with allegations Parents/Drug/Alcohol Misuse because the BM gave birth to the now nine year old SC with a positive toxicology for marijuana. Both parents admitted to marijuana use and there was credible evidence to substantiate the allegations on 8/29/06. The report was indicated and closed, parents refused services.

On 7/23/07, a report that alleged IF/C/S, LBW, MN, PD/AM and IG of the now seven and nine year old SC by the BM and BF. The allegations were investigated it was revealed there was credible evidence to substantiate the allegations PD/AM and IG. There was adequate food and clothing in the home.

The MGA was known to the SCR from a report registered on 12/26/09. The report alleged SA and IG of a 15 year old niece by the MGA. ACS determined the teen was a chronic runaway who did not reside with the MGA and the allegations SA and IG were unsubstantiated and the report was unfounded and closed.

Known CPS History Outside of NYS

There is no history outside of New York State.

Services Open at the Time of the Fatality

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.

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

Additional Local District Comments

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