



**Report Identification Number: NY-20-006**

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

**Issue Date: Jul 15, 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

<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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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-Other	
<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	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:** 9 year(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 01/14/2020  
**Initial Date OCFS Notified:** 01/14/2020

## Presenting Information

While in the care of the SM and the MGM, the SC died. On 1/13/20, at about 12:00 PM, the SC left school early because he was not feeling well. The SC slept until 3:50 AM the following day when he got up to use the bathroom. At approximately 4:00 AM, the SM went to check on him and found him unresponsive. She called 911 and initiated CPR as she was instructed by the operator. EMS transported the SC to the Queens Hospital Center(QHC), where he was pronounced dead. The report alleged the SM and MGM did not monitor the SC and he choked on his vomit which contributed to his death.

## Executive Summary

The ACS Queens Field Office initiated the investigation by contacting LE and Queens Hospital Center (QHC) to obtain information regarding the SCR report. ACS completed a clearance on the family and it revealed the MGM had physical custody of the SC and she is the primary caretaker. The SM, who also resides in the home, was the secondary caretaker.

The ACS Specialist and the Investigator Consultant went to the QHC and obtained information regarding the incident that led to the SC's demise. The hospital staff reported the SC arrived at the emergency room at 4:45 AM on 1/14/20 via EMS. The attending Dr. reported that upon the SC's arrival, he was in full cardiac arrest and had low blood sugar; however, there were no signs of trauma or abuse found. The family arrived at the hospital with the SC and reported that he had been complaining of abdominal pain and diarrhea since 1/13/20, when he left school early. At approximately 3:50 AM, the SC was given Pedialyte and ten minutes later, he was found unresponsive. The SM called 911 and EMS responded to the home. The Dr. reported the SC choked on his vomit and that led to his death.

The QHC staff reported that in December 2018, the SC completed a sleep study that resulted in a prescribed medication. He missed his six-month follow-up appointment in June and in September 2019, he was treated in the ER and was released the same day.

The ME investigator accompanied the SM and MGM to the family home and completed a re-enactment; they took the mattress on which the SC slept. The ME report remained pending up to the time this report was issued. The ME reportedly found no signs of foul play and the final autopsy is pending.

LE interviewed the parents and they reported the SC had been diagnosed with a medical condition; however, he refused to take his medication because he did not like the way it made him feel. The SC was the SM's only child and his BF was deceased. There were two minor children (MA and MU) and an eighteen-year-old MU that resided in the home and all were asleep at the time the incident occurred. The Specialist interviewed the children who were aware that the SC had a medical condition. The Specialist referred the MA and MU for counseling through the school staff and the eighteen-year-old was already engaged in services; he declined additional services. ACS assisted the family with burial funds and furniture for the home.

## 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:

ACS made all necessary visits and contact with the CP whose notes were documented; however, the Investigation Determination remain open.

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:

ACS has not yet made a case determination.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	ACS did not complete the 30-Day Fatality Report within 30 days of receipt of the report.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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 will attend and what was discussed.
<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	ACS did not have complete the required 30-Day Safety Assessment.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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 will attend and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 01/14/2020

**Time of Death:** 06:42 AM

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

04:00 AM

**County where fatality incident occurred:**

Queens

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

Yes

**Time of Call:**

04:00 AM

**Did EMS 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?** 10 Minutes

**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	Aunt/Uncle	No Role	Male	18 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	16 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	10 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	9 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	39 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)

### LDSS Response



The ACS Specialist interviewed LE, ME, QHC staff in addition to family members on 1/14/20. The QHC staff informed the Specialist that the SC was in cardiac arrest upon arrival and that he choked on his vomit; there were no signs of trauma found. LE closed their case citing the physician's report that the SC choked on his vomit.

On 1/14/20, the Specialist made an unannounced visit to the case address and interviewed each family member separately. The SM's account of the events that led to the incident were consistent with the account of the MGM. They both reported that on 1/13/20, the school nurse called and told them the SC fell ill in school, he fell asleep on the desk and had complained of stomach pain. The SM picked up the SC and they arrived home at approximately 1:00 PM. She stated the SC appeared as if he had a stomach virus and he said he was sleepy. At 1:30 PM, the SM left the SC in the MGM's care to attend a medical appointment. Upon her return at 5:30 PM, the SM observed the MGM bathing the SC and he was shivering, he did not have a fever, they wrapped him in a blanket and put him to bed; the symptoms continued. The SM explained that in the past year, the SC had the same symptoms and the Dr. said it was a stomach virus; he had advised that she give him Pedialyte and Pepto-Bismol. Based on the same symptoms, the SM and MGM administered one dose of each to the SC at 6:30 PM. The MGM reported the SC looked sick, he had diarrhea and around midnight, he regurgitated.

The SM left home at 8:30 PM and returned at 2:15 AM the following morning and found that the SC's condition had not improved. They planned to seek medical attention later that morning. The SC awoke at 3:40 AM and ran to the bathroom, the SM gave the SC Pedialyte and he laid on his back with one hand on his forehead and the other on his stomach. The SM asked and he said he was ok but sleepy. She checked twenty minutes later and found him unresponsive. The SM called the MGM for help and together they called for medical assistance and initiated CPR as instructed by the operator. They reported that pink liquid excreted from the SC and again when EMS attempted to resuscitate the SC, with no success.

The MGM and the SM reported the SC was monitored by the Dr. two times per month, at Jamaica Hospital; however, the case documentation did not reflect that the Specialist retrieved information from that Dr. The SM and MGM explained the SC did not like the side effects of the medication and at times he would sneak out of the home without taking it; it was to be taken in the morning. The last time he took it was three days prior to his demise. The family members that resided in the home were aware the SC was ill; however, they were awakened by the commotion from EMS arrival. The family reported they experienced the death of a loved one two years earlier and the MGM is engaged in bereavement counseling and she maintains her medication regiment.

ACS documented that the MA and MU maintained good school attendance, and their behavior and hygiene were reported by school staff to be good. The MA and MU both received counseling in their respective schools. The MA's father resided in the home and the MU is in contact with his father. The Specialist documented the children received their immunizations and flu shots. The Specialist assisted the children in obtaining tablets for remote learning and furniture for the home. There were no DV incidents in the recent past and the family denied drug use. The Specialist made the required contact with the family and was instrumental in encouraging the MA and MU regarding school. The Specialist provided much needed assistance and support.

ACS did not complete a thirty-day fatality report and the investigation determination had not been made at the time of this report.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or 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

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

Comments: There is no CFRT in New York City.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054383 - Deceased Child, Male, 9 Yrs	054384 - Grandparent, Female, 39 Year(s)	DOA / Fatality	Pending
054383 - Deceased Child, Male, 9 Yrs	054384 - Grandparent, Female, 39 Year(s)	Inadequate Guardianship	Pending
054383 - Deceased Child, Male, 9 Yrs	054385 - Mother, Female, 25 Year(s)	DOA / Fatality	Pending
054383 - Deceased Child, Male, 9 Yrs	054385 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input 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"/>



<b>Was there an adequate 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input 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"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
ACS did not complete the required 30-Day S/A.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
The family completed services on 2/25/20. The two minor-aged MA and MU received counseling in their respective schools.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Explain as necessary:**

The surviving children remained in the home with their parents.

### 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 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?** No

**Explain:**

The family declined all of the services offered by ACS; however, they will remain in their current service plan from the community.

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

**Explain:**

ACS offered services to the MGM and SM which were declined.



## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** 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

## 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)
04/01/2019	Deceased Child, Male, 8 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 8 Years	Grandparent, Female, 38 Years	Burns / Scalding	Unsubstantiated	
	Deceased Child, Male, 8 Years	Grandparent, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	

### Report Summary:

The report alleged that the SM became upset with the SC and burned him with a liter. The SC sustained; a red mark on his left forearm. The allegations of Burns/Scalding and IG were by the SM and IG by the MGM.

**Report Determination:** Unfounded

**Date of Determination:** 05/18/2019

### Basis for Determination:

ACS found that the mark was inconsistent with a burn and on the third day it had disappeared. ACS wrote that it was unclear where, how and when the SC received the mark. ACS did not find evidence to substantiate the allegations.

### OCFS Review Results:

The investigation was conducted appropriately.

**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)
01/11/2019	Aunt/Uncle, Male, 16 Years	Grandparent, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	No
	Aunt/Uncle, Male, 16 Years	Grandparent, Female, 38 Years	Internal Injuries	Unsubstantiated	
	Aunt/Uncle, Male, 16 Years	Grandparent, Female, 38 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

### Report Summary:

The report alleged that on 1/10/19, at approximately 9:30 PM, the MGM and the MU got into a verbal argument that escalated and the MGM sprayed the MU in the face with pepper spray. As a result, the MU sustained swelling to his face



and irritation to his eyes. The MGM was not intoxicated at the time of the assault and this appeared to have been an isolated incident. She called 911. LE responded to the home and transported the MU to the hospital; they made no arrest.

**Report Determination:** Unfounded

**Date of Determination:** 03/08/2019

**Basis for Determination:**

The ACS investigation revealed the MU had a psychiatric evaluation at the hospital. The MU did not sustain internal injuries as a result of the incident.

ACS unsubstantiated all allegations and concluded that the MGM acted appropriately during the incident. The child was acting violent and out of control. ACS found no credible evidence to show the MGM failed to provide a minimum degree of care.

**OCFS Review Results:**

The investigation was conducted appropriately.

**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)
10/29/2018	Aunt/Uncle, Male, 16 Years	Grandparent, Female, 37 Years	Educational Neglect	Unsubstantiated	No
	Aunt/Uncle, Male, 16 Years	Grandparent, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Male, 16 Years	Grandparent, Female, 37 Years	Lack of Medical Care	Unsubstantiated	

**Report Summary:**

The then sixteen-year-old MU had been absent from school 35 days in the school year and as a result was failing. He had an IEP and was required to attend counseling which he had been missing and it negatively impacted him. The MGM was aware of the concerns and allegedly failed to address the situation.

**Report Determination:** Unfounded

**Date of Determination:** 12/19/2018

**Basis for Determination:**

The allegations of IG, EdN and LMC were unsubstantiated against the MGM. ACS found no credible evidence and noted that the Specialist observed the MU refused to attend school in spite of the MGM's efforts.

**OCFS Review Results:**

The investigation was conducted appropriately.

**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)
03/16/2017	Deceased Child, Male, 6 Years	Mother, Female, 22 Years	Educational Neglect	Unsubstantiated	No
	Deceased Child, Male, 6 Years	Grandparent, Female, 36 Years	Educational Neglect	Unsubstantiated	

**Report Summary:**

The report narrative stated the SC had been absent from school 21 times between September 2016 and February 2017. As a result, the SC was falling behind academically. The report alleged that the SM and MGM were made aware of the concern; however, it remained ongoing.



# Child Fatality Report

**Report Determination:** Unfounded

**Date of Determination:** 05/11/2017

**Basis for Determination:**

ACS investigation revealed the SC had been sleeping in class and the SM and MGM tried methods to help him stay awake. The school suggested the parents seek medical attention and the SM complied and she did so prior to ACS' involvement and remained compliant. The school staff, SM and MGM implemented a plan to help the SC. The family was referred to general preventive services to ensure the SC's educational and medical needs were being met. The SM maintained contact with the school nurse and provided information.

**OCFS Review Results:**

The investigation was conducted appropriately.

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

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

The MGM was known to the SCR and ACS in 23 reported cases dating from 8/15/1994 to 4/1/19, 19 were indicated. Seventeen of those reports occurred prior to 10/28/14 and all but two were indicated. The allegations of those reports were mainly for EdN and IG. The SM was a subject in three reports dated 1/28/11, 3/6/17, and 4/1/19.

The 1/28/11 report alleged the SM (then a teen mother) failed to appropriately care for the SC, she left him home without a plan of care or provisions. The report was indicated. As a result, an Article Ten Petition was filed in Brooklyn Family Court on behalf of the SC against the SM. The SC was released to the MGM with COS and PPRS was implemented. On 1/23/12, the Article Ten Petition was withdrawn, and the MGM was given guardianship of the SC. At that time, the MGM had five minor children of her own in the home. The SC is the only child of the SM.

### Known CPS History Outside of NYS

The caregivers had no known 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:** 07/03/2017

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

	Yes	No	N/A	Unable to Determine
<b>Did the service provider(s) comply with the timeliness and content requirements for progress notes?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the services provided meet the service needs as outlined in the case record?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did all service providers comply with mandated reporter requirements?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts



# Child Fatality Report

	Yes	No	N/A	Unable to Determine
<b>Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<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
<b>Was the most recent FASP approved on time?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider

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

**Additional information, if necessary:**  
The LDSS provided PPRS to the family.

### Preventive Services History

According to ACS case documentation, the family (except the nineteen-year-old MU and MGF) engaged in PPRS services from 7/3/17 to 2/25/20. The MGM and eighteen-year-old MU completed case management and clinical services.

### 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