



Report Identification Number: NY-17-001

Prepared by: New York City Regional Office

Issue Date: Jul 25, 2017

(Report was reissued on: Jul 25, 2017)

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

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

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

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

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

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

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

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations



contained in this report reflect OCFS' assessment and the performance of these agencies.

Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children		
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-Cardiopulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	

Case Information



Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: New York
Gender: Male

Date of Death: 01/03/2017
Initial Date OCFS Notified: 01/03/2017

Presenting Information

The 1/3/17 SCR report alleged that on 1/2/17 the SM took the SC to Mount Sinai Hospital for a fever. The SC was later discharged. On 1/3/17 at 8:00 a.m., the SC was asleep in his crib; when the SM checked the SC, he began vomiting. The SM then took the SC downstairs to feed him, but he would not eat. Around 1:00 p.m., the SM checked the SC in his crib and the SC was blue in the face. When the SC came into the Harlem Hospital, he was unresponsive. The SC passed away on 1/3/17. The SC did not have any pre-existing medical conditions, which made the child's death suspicious in nature. There was no visible injury to the child.

Executive Summary

The 1-year-old male child (SC) died on 1/3/17. NYCRO received a copy of the ME's final report in June 2017. The ME listed the cause of death as respiratory syncytial virus and adenovirus bronchiolitis and the manner of death as natural.

The allegations of the 1/3/17 report were DOA/Fatality and IG of the SC by the SM.

According to the ACS case record, there were no surviving children residing with the SM. The SC had a 12-year-old surviving half sibling who resided with her BF and stepmother since she was 9 years old. The ACS Specialist conducted a home visit to assess the half-sibling and met with her and the BF. The Specialist found the half-sibling had been receiving adequate care. A request for an assessment of the half-sibling and household conditions was made to Suffolk County LDSS. CPS (Suffolk) met with the family and made contact with the child's school.

During the investigation, the ACS Specialist made contact with the LE, ME, SM's roommate, and the director of the SM's drug rehabilitation facility. ACS learned from the SM that the SC was born premature and had a pre-existing medical condition. According to the SM, on 1/2/17, the SM took the SC to the Institute for Family Health clinic because he was ill. While at the clinic, the Dr. had concerns about the SC's cough, and as a result, the SC was immediately transported to Mt. Sinai Hospital by EMS. The SM reported that the SC was seen at the hospital, discharged and sent home on 1/2/17. The SM said the following morning, on 1/3/17 the SC still appeared ill. The SM explained that she woke up from a nap and observed the SC appeared lifeless. The SC was later transported to Harlem Hospital and pronounced dead.

The ACS Specialist made telephone contact with LE and learned that based on the SM's interview, there was no suspicion around the circumstances leading up to the SC's death. According to LE, the hospital staff reported no signs of trauma.

On 1/3/17, the staff at the SM's drug treatment facility said the SM was a good mother. The staff stated that the SM had tested negative for all substances, and completed parenting and relapse prevention classes. At the time of the incident, the SM had alerted shelter staff that the SC appeared blue in the face and lifeless. ACS learned that a shelter staff performed CPR and EMS was immediately called.

ACS made face-to-face contact with SM's roommate at the drug treatment rehabilitation facility. ACS found that the SM and SC woke up early and went to the cafeteria to eat breakfast on 1/3/17. Thereafter, the SM and SC returned to the room and fell asleep. After waking, the SM found the SC lying on his back. Throughout the investigation, the ACS Specialist maintained contact with the drug treatment residential program. The Specialist was informed that the SM continued to do well; however, concerns about her emotional state were reported. The Specialist established



contact with SM's bereavement counselor who confirmed that the SM was receiving bereavement counseling and medication management.

As of 7/24/17, the 1/3/17 report had not yet been determined.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** N/A
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

N/A

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

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

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

Explain:

As of 7/24/2017, the 1/3/17 investigation has not yet been determined.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	ACS did not document some of the Investigation Progress Notes within the required 30-day timeframe. ACS documented that an event occurred 3/3/17; however, the entry date of the note was 4/10/17.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	ACS must submit a performance improvement 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.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/03/2017

Time of Death: 01:48 PM

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

01:12 PM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

01:12 PM

Did EMS to respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Mother -	Alleged Perpetrator	Female	41 Year(s)
Other Household 1	Other Child - Half Sibling	No Role	Female	12 Year(s)

LDSS Response



On 1/3/17, ACS staff made telephone contact with the Harlem Hospital staff who said the SC arrived at the hospital at 1:25 p.m. The hospital staff said the SM and SC resided in an in-patient drug treatment facility. Subsequently, the ACS Specialist interviewed the social worker at Harlem Hospital. The Specialist learned that the SC had developed a cough or cold two days prior to 1/3/17. The SM had taken the SC to Mt. Sinai Hospital where the SC was examined and released to the SM's care. The SC was not prescribed medication; there was no follow-up noted for SM and SC in the ACS case record.

The Specialist visited the SM's in-patient drug treatment facility and interviewed the director who said the SM and SC had lived at the shelter since 11/9/16. The Specialist met with a female resident who shared a room with the SM and SC and learned that there were no concerns regarding the care SM provided the SC.

ACS contacted LE who reported finding no suspicion around the circumstances leading up to the child's death.

On 1/4/17 the Specialist contacted the SM, and inquired whether there were any other children in the home. The Specialist verified there were no other children in the home, however the SM had two daughters (one adult and a minor child who resided with her BF). The Specialist made telephone contact with the minor half sibling's step mother and biological father. ACS learned that the half-sibling has been residing with her step father for two and a half years as part of a family arrangement.

On 1/6/17, ACS made phone contact with the ME to obtain a preliminary finding. The ME said there were no signs of trauma or suspicion of child abuse. Suffolk county LDSS caseworker made face-to-face contact with the half-sibling at her father's home. Suffolk County specialist reported no concerns regarding the care of the half sibling. The Suffolk LDSS County caseworker collateral contact with the half-sibling's school and received the Dr. information on 1/11/17.

The ACS Specialist maintained contact with the SM's in-patient drug treatment facility and obtained updated information on 1/23/17 and 1/24/17. The Specialist learned that the SC's burial was held on 1/9/17. The program director referred the SM to bereavement counseling.

On 3/3/17, ACS held an Initial Child Safety Conference. A determination was made regarding the service provision and the living arrangement of the half-sibling which included the following; SM continue residing in the in-patient treatment facility and receive prescribed care, while the surviving half-sibling was in the care of her biological father.

On 5/16/17, ACS received notification that the autopsy for the SC was finalized; however, ACS did not complete/approve the investigation of the 1/3/17 report.

On 6/7/17, ACS made collateral contact with the SM's service provider who confirmed that the SM had been receiving bereavement counseling since 2/26/17. This report has not yet been determined.

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 investigation.



Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

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
037441 - Deceased Child, Male, 1 Yrs	037842 - Mother, Female, 41 Year(s)	DOA / Fatality	Pending
037441 - Deceased Child, Male, 1 Yrs	037842 - Mother, Female, 41 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"/>

Additional information:

The Investigation Progress Notes in the 1/3/2017 investigation were not entered within the required 30-day timeframe.

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"/>



Child Fatality Report

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

The surviving half-sibling resided with her biological father. The SM did not have caretaker responsibility for the surviving half-sibling.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety 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"/>

Additional information, if necessary:
 The SM engaged in bereavement counseling after the death of the SC and continued with her substance abuse treatment and medication management. ACS offered the SM burial assistance.

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:
 There were no surviving siblings in the household.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes
Explain:
 The SM was referred for bereavement counseling.

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
- 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)	Status/Outcome	Compliance Issue(s)
03/07/2016	Deceased Child, Male, 9 Months	Mother, Female, 40 Years	Inadequate Guardianship	Unfounded	Yes
	Deceased Child, Male, 9 Months	Mother, Female, 40 Years	Lack of Medical Care	Unfounded	

Report Summary:

The 3/7/16 report alleged that the SC was born 3 months premature and suffered from respiratory issues and sleep apnea. The report also alleged the SC required a sleep apnea monitor, nebulizer and regular Dr. visits to monitor his condition. The SM had not taken the SC to the Dr. since October 2015 and no longer had the sleep apnea monitor for the SC which is placing him at risk of serious complications. The roles of the unrelated home member and the father were unknown.

Determination: Unfounded

Date of Determination: 05/19/2016

Basis for Determination:

The allegations of the 3/7/16 report were unsubstantiated on the basis of a finding of no credible evidence to support the allegations. The CW was unable to find any evidence that the SC was at risk of harm during the investigation. The CW was unable to locate the SM and SC. The CW found no evidence of physical, mental, or emotional impairment of the SC by the SM's actions at the time.

OCFS Review Results:

NYCRO found the 3/7/16 investigation was not thorough.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

The case record did not reflect that the Suffolk County LDSS conducted adequate case work activity, including database checks, to locate family members, resource relatives and relevant collateral contacts.

Legal Reference:

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

Action:

The Suffolk County LDSS must meet with the staff involved in this fatality investigation and inform SVRO of the date of the meeting, who attended, and what was discussed. The Suffolk County LDSS must submit a performance improvement plan within 45 days that identifies what action it has taken or will take to address this issue.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/29/2014	Other Child - Half Sibling, Female, 9 Years	Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	Yes



	Other Child - Half Sibling, Female, 9 Years	Mother, Female, 39 Years	Educational Neglect	Unfounded	
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Report Summary:
 The 9/29/14 report alleged that the SM abused crack and was on the street. The SM left the 9-year-old half- sibling with a relative for about a week and no one had been able to contact her. The SM did not enroll the half-sibling in school for the school year.

Determination: Unfounded **Date of Determination:** 12/12/2014

Basis for Determination:
 The allegations of the 9/29/14 report were unsubstantiated on the basis of lack of credible evidence to support the allegations. The CPS found that although the SM had a history of drug abuse, during the investigation there was no evidence that she had relapsed. The SM also relocated to another state. It was determined that the home environment was safe and SC was enrolled in school.

OCFS Review Results:
 NYCRO’s review revealed the 9/29/14 investigation was not thorough in that Suffolk County did not contact the Dr. or follow up concerning the allegation of the half-sibling's school enrollment as alleged in the report. The case documentation did not reflect follow up casework activity regarding supervisor directives or recommendations stemming from recent investigations. The safety assessments and the RAP were inaccurate.

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

Issue:
 Overall Completeness and Adequacy of Investigation

Summary:
 Suffolk County LDSS did not fully explore the family's circumstances. The documentation did not reflect there was follow-up casework activities of the supervisor directives.

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

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

Issue:
 Contact/Information From Reporting/Collateral Source

Summary:
 Suffolk County LDSS did not obtain relevant information from pertinent contacts including medical and school staff.

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

Action:
 Suffolk County LDSS must meet with the staff involved in this fatality investigation and inform SVRO of the date of the meeting, who attended, and what was discussed. Suffolk County LDSS must submit a performance improvement plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:
 Adequacy of Risk Assessment Profile (RAP)

Summary:



The RAP was inappropriately completed as the responses did not reflect the SM was a victim of abusive/threatening incidents with partners. The responses did not reflect the SM's history of drug use had negative effects on child care, family relationships, jobs, or arrests within the 2-year period prior to the 9/29/14 investigation.

Legal Reference:

18 NYCRR 432.2(d)

Action:

Suffolk County LDSS must meet with the staff involved in this fatality investigation and inform SVRO of the date of the meeting, who attended, and what was discussed. Suffolk County LDSS must submit a performance improvement plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-Day safety assessment was inappropriately completed as the document did not identify the safety factors that placed the SC in immediate danger.

Legal Reference:

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

Action:

Suffolk County LDSS must meet with the staff involved in this fatality investigation and inform SVRO of the date of the meeting, who attended, and what was discussed. Suffolk County LDSS must submit a performance improvement plan within 45 days that identifies what action it has taken or will take to address this issue.

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

Between 2005 and 2013, the SM was known to the SCR in a total of 11 reports. The allegations of the reports were IG, I/F/C/S, PD/AM and LS of the half-sibling by the SM. Three of the 11 reports were indicated. These reports were dated 8/30/05, 10/20/06, 1/30/07.

Six of the 11 reports were unfounded, and two were suspended and merged into ongoing investigations, respectively. These reports were dated 6/21/06, 12/01/06, 8/14/08, 9/29/08, 9/21/10, 3/4/11, 5/3/13 and 5/20/13. The SM was listed as having "No Role" in the 8/14/08 reports.

Known CPS History Outside of NYS

The family had prior history with Pennsylvania Department of Social Services (PA-DSS) since the birth of the SC in June 2015. The SC had medical complications that were being monitored by PA-DSS and there was concerns that the child was not getting the medical assistance he required.

Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity



Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No