



Report Identification Number: NY-18-049

Prepared by: New York City Regional Office

Issue Date: Nov 06, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 11 year(s)

Jurisdiction: New York
Gender: Female

Date of Death: 05/24/2018
Initial Date OCFS Notified: 05/25/2018

Presenting Information

The report alleged the 11-year-old SC had made suicidal ideations in the past. The SM was aware of this and failed to seek psychiatric care for the SC. As a result, at approximately 7:30 P.M. on 5/24/18, the SC went to the roof of the home and jumped off the roof. She was found on the ground bleeding from the mouth and subsequently died.

ACS contacted the LE, hospital and school staff, the SC's friends, and the family. The information obtained from the various collateral contacts revealed the SC had disclosed suicidal ideations due to being physically abused by her BF during visits with him. The SCR registered subsequent and duplicate reports that alleged IG, and L/B/W of the SC by the BF. The reports alleged that on an ongoing basis, the BF would strike the SC for unknown reasons and inflict injuries on her. The SC often had visible injuries on her arms and legs from being struck by the BF.

Executive Summary

At approximately 5:30 PM on 5/24/18, the SC walked up to the roof at the family's home by herself and then jumped off the roof and fell onto the ground. She bled from the mouth and subsequently died. A bystander called 911 upon discovering the SC's body in front of the case address. EMS responded to the scene and transported the SC to the hospital where medical staff pronounced her deceased at 6:25 PM. The ME ruled the SC's cause of death was blunt impact injury. The manner of death was suicide.

The SC had a 15-year-old surviving male half sibling (SS) who resided with his father in Pennsylvania. The SC's BF resided in New Jersey and was involved with his daughter. There were no other children in the home

On 5/25/18, ACS initiated the CPS investigation by contacting the LE, hospital and school staff, the SC's family and friends. Based on the preliminary information obtained by ACS, there was a concern of excessive physical abuse of the SC by the BF. Consequently, the SCR registered subsequent and duplicate reports regarding the concern. Also, the SCR received additional information with similar concern to the SC by the BM's boyfriend.

The family denied physical discipline for the SC. The family and the SC's school also denied any clinical health needs for the SC. They stated the SC did not disclose any suicidal ideations. The school denied any knowledge of the SC being bullied.

During the investigation, ACS exhibited good casework practice by collaborating with New Jersey Department of Children and Families (NJDCF) and Pennsylvania Department of Human Services (PADHS). PADHS assessed the SS and deemed him safe in his father's care. Also, NJDCF interviewed the BF's step children and their mother. They all denied any physical abuse.

ACS held a child safety conference (CSC). The CSC did not recommend family court intervention. ACS offered bereavement and suicide support group referral to the BM. She disclosed she was relocating out-of-state on 7/25/18. ACS provided resources where the BM could find support groups near her. ACS also sent similar information to the BF. The LE closed the criminal investigation as unfounded.

On 7/24/18, ACS unsubstantiated the allegations of the report due to lack of credible evidence. According to the ME, the final cause of death was blunt trauma injuries, the manner of death was suicide. Additionally, the medical staff reported



that the SC was externally examined and was not observed with any old marks/bruises/burns/scars. The family denied physical discipline for the SC. The family and school staff denied any clinical health needs for the SC and denied she disclosed any suicidal ideations.

PIP Requirement

A PIP is not required for this CPS investigation.

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

Was the decision to close the case appropriate? Yes

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:

There were no other children at the case address. The family moved out of ACS' jurisdiction and there were no services in place and no family court involvement was warranted.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information



Date of Death: 05/24/2018

Time of Death: 06:25 PM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

05:30 PM

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? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	11 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Other Household 1	Sibling	No Role	Male	15 Year(s)
Other Household 2	Father	Alleged Perpetrator	Male	32 Year(s)

LDSS Response

On 5/25/18, ACS contacted the LE staff who stated based on the interviews with the SC's friends, the SC confided in her friends of being physically abused by her BF during her visits with him. The friends stated they had seen the SC with marks or bruises which the SC disclosed were inflicted by her BF. The LE staff stated there were no old marks or bruises observed on the SC. ACS followed up the LE's information and contacted the SC's school. The school did not report any behavioral or academic concern for the SC. The school denied knowledge of the SC being bullied or reporting any suicidal ideations.

On 5/25/18, the hospital staff reported the SC arrived at the ER DOA. Medical staff noted there were no indications of neglect or physical abuse of the SC. The SC did not have any old marks, bruises, burns or scars.

Also on 5/25/18, ACS contacted Pennsylvania Department of Human Services (PADHS) and requested a safety check on the SS. ACS also requested a prior history clearance on the family and no prior history was found.

On the same date, the great maternal aunt (GMA) denied any physical abuse to the SC. She stated the SC was loved.

On 5/29/18, the ME reported the family objected to an autopsy; however, an external examination conducted did not reveal



any old scars or healing bruises on the SC. The ME stated the SC's cause of death was blunt impact injury. The manner of death was suicide.

On 5/30/18, the New Jersey Department of Children and Families (NJDCF) visited and interviewed the BF's family. The BF's step children denied physical abuse in the home. The children's BM also denied such concern.

On 6/1/18, PADHS visited the SS and his family. The family stated the SS had resided with his father since age three and there was no formal custody agreement between the parents. The SS visited with the BM for holidays and summers and did not have contact with the SC or the BM two weeks prior to the incident. The SS did not know what led to the incident. The father did not report any concerns for the BM. The family stated they were relocating to Maryland. PADHS provided the family with local resources and resources in Maryland for grief counseling. PADHS did not report any concerns for the family at the time of the visit.

Also on 6/1/18, the SCR received additional information regarding the safety concerns that the BF used excessive discipline towards the SC. ACS contacted the BF and the PGM. They denied the use of excessive physical discipline on the SC.

On 6/5/18, the LE reported that the criminal investigation was closed.

On 6/10/18, the SCR received additional information which stated the SC committed suicide because she was physically abused by the BM's boyfriend.

On 6/11/18, the BF denied knowledge of the BM had a boyfriend or of anyone else lived in the BM's home.

On 6/14/18, the BM denied she had a boyfriend and that no one lived in her home. She stated she did not believe the BF was physically abusive towards the SC.

On 6/21/18, the PGM stated the SC had a good relationship with the BF and was always happy when she visited him. She denied the use of physical discipline to the SC.

On 7/6/18, ACS held a CSC. The CSC determined no court intervention was warranted. The SS lived out-of-state with his BF was doing well. There were no other children in the home.

On 7/20/18, ACS provided the BM information for bereavement and suicide support group services. She stated she was relocating out-of-state on 7/25/18. ACS provided the website where she could find support groups near her. ACS also sent similar information to the BF.

On 7/24/18, ACS unsubstantiated the allegations of the report due to lack of credible evidence. ACS based its decision on the information obtained through interviews and assessments of the family as well as numerous collateral contact made during the investigation.

Official Manner and Cause of Death

Official Manner: Suicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes



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

Comments: New York City does not have an 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
047904 - Deceased Child, Female, 11 Yrs	047908 - Father, Male, 32 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
047904 - Deceased Child, Female, 11 Yrs	047905 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
047904 - Deceased Child, Female, 11 Yrs	047905 - Mother, Female, 36 Year(s)	Lack of Medical Care	Unsubstantiated
047904 - Deceased Child, Female, 11 Yrs	047908 - Father, Male, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
047904 - Deceased Child, Female, 11 Yrs	047905 - Mother, Female, 36 Year(s)	Internal Injuries	Unsubstantiated
047904 - Deceased Child, Female, 11 Yrs	047905 - Mother, Female, 36 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



Child Fatality Report

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

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

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

Placement Activities in Response to the Fatality Investigation

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

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

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? No

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)
10/11/2015	Deceased Child, Female, 8 Years	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No
	Deceased Child, Female, 8 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 8 Years	Mother, Female, 33 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

Approximately one month prior, the SM left the 8-year-old SC home alone, unsupervised overnight. The SC was not responsible enough to be left alone for extended periods of time. The SM drank alcohol to the point that she passed out and was unable to provide a minimal degree of care for the SC.

Report Determination: Unfounded**Date of Determination:** 12/08/2015**Basis for Determination:**

ACS unsubstantiated the allegations of IG, LS, and PD/AM against the SM. ACS did not find any credible evidence that the SM left the SC home alone or made the SC be the primary caretaker of the family's dog. The SM provided ACS with the MA's contact who confirmed she did not leave the SC home alone. The SM and the SC both confirmed that SC walked the dog with the SM in the mornings. The SM tested positive for marijuana but had not smoked in the presence of the SC and her marijuana usage had not had an impact on the SC. The family was maintaining well on their own. The SM was referred to outpatient drug treatment for her marijuana usage.

OCFS Review Results:

ACS interviewed key collaterals such as the SC's BF, the paternal relatives, medical and school officials who informed there were no major concerns for the SM's ability to care for the SC. ACS appropriately unsubstantiated the allegations of IG, LS, and PD/AM against the SM.

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

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

Between 12/2/13 and 3/12/14, the BM had 2 unfounded reports. The allegations of the reports were IG, and ExCP. According to the reports, there were concerns the SM used excessive corporal punishment to discipline the SC. She was allegedly angry and out of control while hitting the SC.

During the investigation of the reports, ACS determined there was no credible evidence to establish the SM put the SC's safety and well-being at risk with excessive corporal punishment. ACS made home visits and spoke with collateral contacts that included medical providers, extended family members, and the child care provider. The SM admitted to hitting the SC due to her misbehaving in school. The SC denied being struck on a regular basis. She stated she was struck only once by the SM with an open hand on the buttocks. ACS observed the SC to be well cared for and free of any marks or bruises. The SC's medical appointments were current and no concerns were reported.

Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.

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