



**Report Identification Number: NY-15-081**

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

**Issue Date: 4/5/2016**

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

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

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

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

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

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

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

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



## Abbreviations

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

## Case Information



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

**Report Type:** Child Deceased  
**Age:** 4 year(s)

**Jurisdiction:** Queens  
**Gender:** Female

**Date of Death:** 09/28/2015  
**Initial Date OCFS Notified:** 09/29/2015

## Presenting Information

On 9/29/15, ACS staff received information that the child passed away on 9/28/15, at 6:55 PM, after losing her battle with a preexisting medical condition. The child had three siblings ages 11, 15, and 17 years old. The siblings were cared for and resided with the mother. At the time of the child's death, the siblings were considered to be safe in the mother's care.

## Executive Summary

This 4-year-old medically fragile child died on 9/28/15. On 1/7/16, NYCRO received documentation from the Office of Chief Medical Examiner indicating that the death was not referred to the ME.

ACS submitted the completed OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive cases, notifying OCFS of the child's death. The information regarding the infant's death was submitted to OCFS under Chapter 485 of the Laws of 2006. ACS included the information in the open preventive services (Court Ordered Supervision) case for further exploration.

The ACS findings showed that in January 2014, the child was diagnosed with a medical condition. The medical staff described the condition as a progressive disease. The child's health remained stable until March 2015 when her condition deteriorated. She was subsequently admitted at Columbia Presbyterian Hospital where she received treatment for her illness. On 6/22/15, the child was transferred to Memorial Sloan Kettering Cancer Center (MSKCC) for specialized care. During the child's periods of hospitalization, the mother spent a significant amount of time in the hospital and the adult half sibling assisted with supervision of the three siblings in the home. Due to an existing order of protection (OOP), the Family Court ordered ACS supervised visits between the father and the child in the hospital. On 9/14/15, ACS learned that the child's prognosis was poor. ACS found that the hospital medical staff made arrangements to discharge the child to the mother who agreed to accept hospice care in the home. On 9/15/15, the mother informed the ACS staff that she changed the discharge plan to allow the child to remain in the hospital. The child remained in MSKCC until she was pronounced dead by the attending physician. The MSKCC staff informed ACS that the child died of natural causes.

Following the child's death, on 9/30/15, the mother asked the ACS staff to postpone the home visits for an approximate one week period. The mother explained that the family needed a period of time to grieve the child's death. The ACS staff agreed to the mother's request. However, in October 2015, the mother did not make herself available for the home visits. As a result, the ACS staff observed and engaged the three siblings in their respective schools. The siblings were healthy and they appeared to have received adequate care.

In November and December 2015, the ACS staff observed and engaged the two male siblings in the home. The staff noted that the mother and female sibling were not in the home. On 1/14/16, the ACS staff went to the home for a visit which had been scheduled with the assistance of the half sibling. The visit was unsuccessful because the ACS staff was not allowed to enter the home.



ACS reviewed the case circumstances pertaining to the OOP which stipulated supervised visits for the male siblings and a full stay away order for the female sibling against the father. The documentation reflected that the father reportedly resided out of New York State and he did not complete the sex offender, parenting, anger management and other services which were ordered by Family Court since 2010. The case history revealed, during the period of time the father was excluded from the home, the mother had allowed the father to visit the home: thereby refusing to comply with the OOP.

In addition to the mother's refusal to meet with the ACS staff, there was concern that the mother was likely to continue to allow the father access to the home. ACS determined that the COS was necessary for 12 additional months. As of 3/25/16, the case remains open in the Family Services Stage.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- 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 3/25/16, the case remained open for Court Ordered Services.

## 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: 09/28/2015

Time of Death: 06:55 PM



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County where fatality incident occurred: New York

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

### Household Composition at time of Fatality

| Household                  | Relationship   | Role    | Gender | Age        |
|----------------------------|----------------|---------|--------|------------|
| Deceased Child's Household | Deceased Child | No Role | Female | 4 Year(s)  |
| Deceased Child's Household | Mother         | No Role | Female | 49 Year(s) |
| Deceased Child's Household | Sibling        | No Role | Male   | 11 Year(s) |
| Deceased Child's Household | Sibling        | No Role | Male   | 15 Year(s) |
| Deceased Child's Household | Sibling        | No Role | Female | 17 Year(s) |
| Other Household 1          | Father         | No Role | Male   | 45 Year(s) |

### LDSS Response

The ACS staff did not visit the family within 24 hours of receipt of information of the child's death. The Family Services Progress Notes reflected that the visit did not occur because on 9/30/15, the mother contacted the ACS staff by telephone and said the family was unable to allow ACS into the home. The mother requested time to grieve the child's death during the week following the child's death. The ACS staff agreed to not visit the family (during the week) as the mother requested.

The Family Services Progress Notes reflected that on 10/16/15 the mother and half sibling were not receptive to the ACS attempt to visit the home. As a result, the staff visited the surviving siblings in the three separate schools. The Specialist observed the children seemed fine. The ACS staff briefly engaged each sibling about the child's death. Regarding this issue, the ACS staff noted that the adult half sibling subsequently accused the ACS staff of discussing the child death with the siblings who were reportedly trying to forget the death.



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Between 10/27/15 and 11/19/15, the ACS staff made several attempts to contact the family by telephone and also attempted to visit the home. These attempts were unsuccessful as in some instances the family members did not respond to the ACS request for contact. The ACS staff obtained the assistance of the adult half sibling to engage the mother and schedule home visits. Although the half sibling assisted with the appointments, on 11/12/15 and 11/19/15, she cancelled the scheduled home visit arrangements. On 11/25/15 and 12/23/15, respectively, the ACS staff observed the male siblings in the home. The ACS staff observed the male siblings appeared healthy and the home was clean and well organized. The mother and female sibling were not in the home.

Initially, the ACS manager reviewed the case circumstances and asked the supervisor to alert ACS' attorney of the child's death. The ACS case record did not specify whether there was follow up regarding legal consultation. On 1/21/16, the ACS manager documented concerns that the father may have returned to the home without having completed the required services. The manager noted ACS would request continuation of the Court Ordered Services to address concerns about the father's ability to contain and manage his own behavior since the child's death.

In February 2016, the mother allowed the ACS staff to visit the home. The staff observed the three siblings seemed healthy and they appeared to have been receiving adequate care. The home was clean and well organized. The mother greeted the staff but subsequently she remained in her room for the duration of the home visit. In March 2016, ACS verified that the father continued to attend his sex offender program.

## 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:** Hospital physician

## Multidisciplinary Investigation/Review

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the New York City Region.

## CPS Fatality Casework/Investigative Activities

|   | Yes                                 | No                       | N/A                      | Unable to Determine      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>All children observed?</b>                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>When appropriate, children were interviewed?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Contact with source?</b>                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>All appropriate Collaterals contacted?</b>       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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|  |                                     |                          |                                     |                          |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Was a death-scene investigation performed?                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement?                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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:**

On 1/7/16, NYCRO received information which indicated that the child's death was not referred to the Office of Chief Medical Examiner.

**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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| At 7 days?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| At 30 days?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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"/> |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

**Fatality Risk Assessment / Risk Assessment Profile**

|   | Yes                                 | No                                  | N/A                      | Unable to Determine                 |
|---|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Was the risk assessment/RAP adequate in this case?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |



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|   |                                     |                          |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| investigation?  |                                     |                          |                          |                          |
| Were appropriate/needed services offered in this case | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Placement Activities in Response to the Fatality Investigation

|  | Yes                      | No                                  | N/A                      | Unable to Determine      |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explain as necessary:<br>N/A   |                          |                                     |                          |                          |

## Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

Have any Orders of Protection been issued? No

## Services Provided to the Family in Response to the Fatality

| Services               | Provided After Death     | Offered, but Refused                | Offered, Unknown if Used | Needed but not Offered              | Needed but Unavailable   | N/A                                 | CDR Lead to Referral     |
|------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Economic support       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/> |



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|                                      |                          |                                     |                                     |                          |                          |                                     |                          |
|--------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Parenting Skills                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional information, if necessary:**  
 The mother refused the ACS offer for bereavement and other services. The case record did not show whether ACS offered assistance with the burial arrangement.

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

**Explain:**  
 The family received case management services.

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

**Explain:**  
 The family continued to receive Court Ordered Services with ACS.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? Yes

## 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) |
|--------------------|-------------------|------------------------|---------------|----------------|---------------------|
|--------------------|-------------------|------------------------|---------------|----------------|---------------------|



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|            |                                  |                                 |                         |           |    |
|------------|----------------------------------|---------------------------------|-------------------------|-----------|----|
| 01/29/2014 | 7355 - Sibling, Female, 15 Years | 7351 - Mother, Female, 47 Years | Inadequate Guardianship | Indicated | No |
|            | 7355 - Sibling, Female, 15 Years | 7356 - Father, Male, 43 Years   | Inadequate Guardianship | Indicated |    |
|            | 7355 - Sibling, Female, 15 Years | 7356 - Father, Male, 43 Years   | Sexual Abuse            | Unfounded |    |

**Report Summary:**  
 The 1/29/14 SCR report alleged that the father sexually abused the female sibling when the sibling visited his residence. The report also alleged that the father raped this sibling in the past. The report stated that the sexual abuse had continued.

**Determination:** Indicated **Date of Determination:** 03/13/2014

**Basis for Determination:**  
 ACS substantiated the allegations of IG of the female sibling by the parents on the basis that the mother was fully aware of the order of protection for the children against the father for sexually abusing the female sibling. A male sibling informed the ACS staff that he observed the father in the home. There was an order of protection excluding the father from the home and a full stay away from the female sibling. The female sibling said the father visited the home.  
 ACS unsubstantiated the allegation of SA of the female sibling by the father. ACS noted that the female sibling said the father had not sexually abused her since 2010.

**OCFS Review Results:**  
 ACS initiated the investigation within 24 hours of receipt of the 1/29/14 report. ACS obtained LE involvement and learned that on 1/29/14, LE interviewed the mother and female sibling who both said they had not seen the father since the 2010 SCR report.  
 ACS observed and engaged all family members and noted the child was diagnosed with a terminal illness. The mother acknowledged she allowed the father to meet the children. On 2/4/14, ACS filed an Article Ten Neglect petition in Family Court and the judge granted the father supervised visitation and Court Ordered Supervision for the family. The mother refused therapeutic services and she said that the family completed services in 2010.

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

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

The mother was known in a report dated 6/14/10. The 6/14/10 report included the allegations IG and SA of the female sibling by the parents. ACS' findings showed there was evidence of past sexual abuse of this sibling by the father whose whereabouts were unknown. On 6/22/10, ACS filed an Article Ten Neglect petition in the Queens County Family Court on behalf the siblings naming the father as the respondent. The allegations were IG and SA. The judge paroled the three siblings to the mother with ACS supervision. On 6/18/10, ACS substantiated the allegations of IG and SA of the female sibling by the father. ACS unsubstantiated the allegations pertaining to the mother.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### Services Open at the Time of the Fatality



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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: 01/31/2014

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

Date the Child Protective Services case was opened: 01/31/2014

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

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

### Family Assessment and Service Plan (FASP)

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

### Closing

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

### Provider

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

Additional information, if necessary:

The family received Court Ordered Supervision with ACS.



### Required Action(s)

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

Yes  No

### Preventive Services History

As a result of the investigation of the 6/14/10 report, ACS provided the family with services. ACS opened the Family Services Stage on 6/17/10, and the agency filed an Article Ten Neglect petition in Family Court on 6/22/10. The siblings remained in the mother's care with Court Ordered Supervision. The judge ordered the father to be excluded from the home, have limited contact with the male siblings and no contact with the female sibling. The female sibling received mental health counseling, the mother received domestic violence counseling and the male siblings received therapy and support services. The father's whereabouts were listed as unknown. The child (deceased) was not added to the petition since there was no known contact with the father. ACS closed the preventive services case on 10/18/11 after Court Ordered Supervision ended.

ACS filed an Article Ten Neglect petition in Family Court on 2/4/14 and obtained Court Ordered Supervision for the family. ACS completed the required quantity of casework contacts and made diligent efforts to engage the family. The mother refused therapeutic services and she said she completed services in 2012. The father did begin services until 5/16/15. The child's health deteriorated and she was in the different hospitals for significant periods of time. On 9/29/15, the hospital staff informed ACS of the child's death.

### Required Action(s)

**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes  No

### Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?**

Family Court  Criminal Court  Order of Protection

### Family Court Petition Type: FCA Article 10 - CPS

| Date Filed:        | Fact Finding Description:   | Disposition Description: |
|--------------------|---|--------------------------|
| 02/04/2014         | Adjudicated Neglected   | Return to Parent         |
| <b>Respondent:</b> | 024869 Father Male 45 Year(s)   |                          |
| <b>Comments:</b>   | On 2/4/15, ACS filed an Article Ten Neglect petition in the Queens County Family Court on behalf of the child and three surviving siblings naming the parents as the respondents. The judge entered a |                          |



finding of derivative neglect for the child, based on the 2010 findings of abuse of the female sibling, since the child was not listed at the time of the 2010 report. The judge entered a finding of neglect of the three siblings on the father's prior abuse findings and failure to address the underlying issues which placed the children at risk of physical mental and/or emotional harm. The judge explained whether or not the father was in the home was irrelevant to Family Court findings.

The child and siblings were released to the mother with 12 months ACS supervision. The father was directed to complete sex offender, parent skills alcohol treatment programs and mental health evaluation. There was a final order of protection for one year on behalf of the children: complete stay away. The father was required to file a motion to request supervised visits at ACS. According to a Family Services Progress Note dated 3/25/15, the ACS staff was directed to submit to legal a written end of order report no later than 3/18/16.

In June 2015, ACS filed an order to show cause to allow for supervised visits of the child in the hospital. The ACS documentation reflected that the child's health continued to deteriorate and the child asked to see the father. The father was granted supervised visits with the child as requested providing none of the siblings were present.

**Have any Orders of Protection been issued? Yes**

**From:** 03/25/2015 **To:** 03/24/2016

**Explain:**  
On 3/25/15, the Family Court issued a complete stay away order of protection for one year on behalf of all the children. The judge suggested that ACS file to extend supervision and this order of protection at the end of the 12-month period if the father did not complete a sex offender program.

**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