

**Report Identification Number: NY-16-130**

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

**Issue Date: Jun 30, 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	

### Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

### Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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	

### 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	

## Case Information



**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 12/14/2016  
**Initial Date OCFS Notified:** 12/15/2016

### Presenting Information

On 9/15/16, the SC was born premature with a heart condition which required two operations. After the second operation on 1/16, the SC developed complications and was on and off of life support until he expired on 12/14/16. The SC was born on 9/15/16 and died on 12/14/16 without leaving Montefiore Hospital.

### Executive Summary

This three-month-old male SC was hospitalized in the Montefiore Medical Center (MMC) in the Bronx at the time of his death. According to the attending physicians at the MMC, the SC died due to complications from being born prematurely. The surgeries caused other medical issues and throughout the SC's hospitalization she was off and on life support until he expired on 12/14/16 at 1:00PM.

The SC was hospitalized from the time of his birth until his death and was never discharged from the MMC. ACS was notified of the SC's death on 12/14/16 and documented the information, however, due to the SC's pre-existing medical conditions and no evidence of maltreatment or abuse, no further inquiries were made regarding the death were made.

The BM and BF are under court ordered supervision because of an Article 10 Neglect petition filed against the BF on 9/9/16, for the eleven-year-old male half sibling (HS) and the three-year-old female surviving sibling (SS) who resided with the BF at that time. The HS was placed into foster care under the auspices of the Cayuga Center Agency. The SS was released to the non-respondent BM and is the only child in her care. The BM also has two other children, ages eight and nine, who reside with their paternal grandmother who is their legal custodian.

ACS has monitored the parents and the three-year-old SS since 9/9/16. The SS attends daycare and has been described as well cared for and staff facilitates supervised visits between the BF with the HS and SS at the agency. The BF is not allowed unsupervised visits with the children and remains uncooperative with the Family Court service plan and refuses all services. The Court Ordered Supervision (COS) case of the HS remains open for foster care services.

### 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



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:

### 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: 12/14/2016

Time of Death: 01:00 PM

County where fatality incident occurred:

BRONX

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? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Hospitalized

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: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 01

Adults: 00

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	3 Month(s)



Deceased Child's Household	Mother	No Role	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Female	03 Year(s)
Other Household 1	Father	No Role	Male	52 Year(s)
Other Household 2	Sibling	No Role	Male	08 Year(s)
Other Household 2	Sibling	No Role	Female	9 Year(s)
Other Household 3	Other	No Role	Male	11 Year(s)

### LDSS Response

On 12/14/16, ACS was notified by staff from the Montefiore Medical Center (MMC) that the SC expired that day at 1:00 PM. This three-month-old male SC was hospitalized in the Montefiore Medical Center (MMC) in the Bronx at the time of his death. According to the attending physicians at the MMC, the SC died due to complications from being born prematurely in addition to multiple medical conditions including a heart condition which required two operations. The surgeries caused other medical issues and throughout the SC's hospitalization he was off and on life support until he expired on 12/14/16 at 1:00PM.

The SC was hospitalized from the time of his birth until his death and was never discharged from the MMC. ACS was notified of the SC's death on 12/14/16 and documented the information, however, because there was no maltreatment or abuse and the SC's medical condition since birth there were no further inquiries regarding the death.

The BM and BF are under court ordered supervision because of an Article 10 Neglect petition filed against the BF on 9/9/16, for the eleven-year-old male half sibling (HS) and the three-year-old female surviving sibling (SS) who resided with the BF at that time. The HS was placed into foster care under the auspices of the Cayuga Center Agency. The SS was released to the non-respondent BM and is the only child in her care. The BM also has two other children, ages eight and nine, who reside with their paternal grandmother who is their legal custodian.

ACS has monitored the parents and the three-year-old SS since 9/9/16. The SS attends daycare and has been described as well cared for and the agency facilitates supervised visits between the BF with the HS and SS at the agency. The BF is not allowed unsupervised visits with the children and remains non cooperative with the Family Court service plan and refuses all services. The COS case of the HS remains open for foster care services.

### 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:** NYC does not have an OCFS approved CFRT.



## 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"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input 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"/>



<b>When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
The death of the SC was received via an OCFS-7065, there was no suspicion of neglect or maltreatment of the SC by the parents. The HS is in foster care and the three-year-old SS is under court ordered supervision and ACS documentation indicated she is well cared for by the BM.

**Fatality Risk Assessment / Risk Assessment Profile**

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

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

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

**Explain as necessary:**  
The HS and SS were removed prior to the death of the SC, not due to the fatality. The HS remains in foster care and only the three-year-old SS resides with the BM.

**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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Additional information, if necessary:**

The BF was referred for multiple services but has not participated. The BM initially requested clinical services however, she has not engaged the clinical provider.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No**

**Explain:**  
The surviving HS began receiving clinical services prior to the SC's death and none of the other children required services due to the fatality.

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

**Explain:**  
The BF has consistently refused all services from ACS and the BM also has not engaged in any services despite the





referral provided by 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? 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? Yes
- Was the child acutely ill during the two weeks before death? Yes

### Infants Under One Year Old

#### During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

#### Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

## 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)
09/07/2016	16572 - Sibling, Male, 11 Years	16571 - Father, Male, 52 Years	Inadequate Guardianship	Indicated	No
	16572 - Sibling, Male, 11 Years	16571 - Father, Male, 52 Years	Swelling / Dislocations / Sprains	Indicated	
	16573 - Sibling, Female, 2 Years	16571 - Father, Male, 52 Years	Inadequate Guardianship	Indicated	

#### Report Summary:

On 9/7/16 a report was registered the BF had

**Determination:** Indicated

**Date of Determination:** 11/07/2016

#### Basis for Determination:

ACS determined there was credible evidence to support the allegations of S/D/S and IG of the 11-year-old male surviving half sibling and IG of the three-year-old female surviving sibling by the BF. ACS took appropriate action.

#### OCFS Review Results:

ACS initiated the investigation timely and determined the SC's half sibling was not adequately cared for by the BF and was placed into foster care. The three-year-old female sibling of the SC was returned to the BM. The three-year-old female sibling was residing with the BF the time of the incident and was released to the BM with COS supervision on 9/11/16.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/22/2015	16961 - Sibling, Female, 3 Years	16962 - Father, Male, 52 Years	Inadequate Guardianship	Indicated	No
	16961 - Sibling, Female, 3 Years	16962 - Father, Male, 52 Years	Parents Drug / Alcohol Misuse	Unfounded	
	16963 - Other - Half Sibling, Male, 11 Years	16962 - Father, Male, 52 Years	Inadequate Guardianship	Indicated	
	16963 - Other - Half Sibling, Male, 11 Years	16962 - Father, Male, 52 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

The report alleged IG and PD/AM of the three-year-old female SS and the eleven-year-old HS by the BF. ACS determined the BF placed the children at risk by fighting in front of them. ACS also documented the BF refuses to seek anger management for his temper. On 7/27/15 ACS substantiated the allegation of IG and unfounded the allegation PD/AM.

**Determination:** Indicated

**Date of Determination:** 07/27/2015

**Basis for Determination:**

ACS determined there was credible evidence the BF placed the children at risk by fighting in front of them. ACS also documented the BF refuses to seek anger management for his temper. On 7/27/15, ACS substantiated the allegation of IG.

**OCFS Review Results:**

The decision to substantiate the allegation of the report was appropriate based on a review of the case.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/13/2015	16953 - Sibling, Female, 3 Years	16951 - Father, Male, 52 Years	Inadequate Guardianship	Unfounded	No
	16952 - Other - Eleven-year-old half sibling, Male, 11 Years	16951 - Father, Male, 52 Years	Parents Drug / Alcohol Misuse	Indicated	
	16952 - Other - Eleven-year-old half sibling, Male, 11 Years	16951 - Father, Male, 52 Years	Lack of Supervision	Indicated	
	16952 - Other - Eleven-year-old half sibling, Male, 11 Years	16951 - Father, Male, 52 Years	Inadequate Guardianship	Indicated	
	16953 - Sibling, Female, 3 Years	16951 - Father, Male, 52 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

The report alleged LS, PD/AM and IG of the three and eleven-year-old children by the BF. The BF left the now eleven-year-old HS alone and left the home without anyone knowing his whereabouts. The three-year-old female SS was with a



PA and not with the BF.

**Determination:** Indicated

**Date of Determination:** 04/10/2015

**Basis for Determination:**

The allegations of IG, PD/AM and LS for the HS were substantiated. The allegation of PD/AM of the three-year-old SS was substantiated; however, the allegations of LS and IG were unsubstantiated for the three-year-old SS because she was not in the home with the BF at the time of the incident.

**OCFS Review Results:**

There was some credible evidence to support the allegations of the report. ACS confirmed the BF had left the HS alone in the shelter apartment and had a history of alcohol/drug misuse.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/21/2014	17042 - Sibling, Female, 9 Years	17043 - Mother, Female, 32 Years	Educational Neglect	Indicated	No
	17041 - Sibling, Male, 8 Years	17043 - Mother, Female, 32 Years	Educational Neglect	Indicated	

**Report Summary:**

The SCR registered a report on 10/21/14 that alleged EdN. of the eight and nine year-old surviving siblings by the BM. ACS's investigation revealed the children had not attended school for many days without a valid reason.

**Determination:** Indicated

**Date of Determination:** 12/20/2014

**Basis for Determination:**

ACS determined the BM had not taken the appropriate measures to ensure her children attended school and there was no legitimate reason for the children's absences and the children were failing educationally as a result of the BM's actions.

**OCFS Review Results:**

The ACS decision was appropriate considering the age of the children and the fact they were at risk of failing in school.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/19/2014	16973 - Sibling, Female, 9 Years	16972 - Father, Male, 52 Years	Inadequate Guardianship	Indicated	No

**Report Summary:**

The 6/19/14 SCR report alleged the BF struck the nine-year-old SS and the BM in the face and had to be arrested. ACS interviewed LE who arrested the BF and confirmed the BF struck both the SS and then the BM placing them at risk of harm.

**Determination:** Indicated

**Date of Determination:** 08/08/2014

**Basis for Determination:**

ACS determined there was credible evidence to support the allegation of the report.

**OCFS Review Results:**

The decision was appropriate.

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



The BM has been known to the SCR and to ACS since 9/15/10. The allegations of the 9/15/10 SCR report was PD/AM and IG of the now eight and nine-year-old SS's who no longer reside with the BM. ACS did not find any credible evidence to support the allegations and on 11/10/10, unfounded and closed the report.

The BF has an extensive ACS history, he has been known to ACS and to the SCR prior to the death of the SC. The dates of these reports are 1/19/06, 6/23/06, 9/2/07, 8/8/08, 7/29/10, 2/2/12, 11/7/12, 11/19/13, and 3/10/14. The reports against the BF involved the HS, the now eight and nine-year-old surviving siblings who no longer reside with the BM, or children from the BF's previous relationships. The allegations of these reports were PD/AM, EdN, LS and IG of the HS, eight and nine-year-old surviving siblings or other children not involved in this fatality report or with the BM. ACS found credible evidence to substantiate the allegations against the BF in eight of the nine reports with the exception of the 7/29/10 report which was unfounded and closed.

### Known CPS History Outside of NYS

There is no history outside of NYS.

### Services Open at the Time of the Fatality

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: 09/09/2016

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

### Family Assessment and Service Plan (FASP)

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

### Closing

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

**Required Action(s)**

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

Yes No

**Preventive Services History**

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

**Required Action(s)**

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

Yes No

**Foster Care Placement History**

The surviving HS entered foster care on 9/9/16 after an Article 10 Neglect petition was filed against the BF whom the HS and three-year-old female SS were residing with at the time of the SC's death. The BF and BM have the SC and SS in common and children from other relationships.

The Article 10 Neglect petition was filed on 9/9/16 because on 9/5/16 the BF struck the HS who then ran away to a PA's home and did not want to return to the BF. The HS entered non-kinship foster care under the auspices of the Cayuga Agency where he receives clinical counseling and therapy. The PA was ruled out as a placement resource.

The three-year-old SS was released to the non-respondent BM with ACS supervision and ACS documentation reflects there have been no concerns regarding the BM's quality of care of the SS. The foster care case remains open for the HS.

**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