



**Report Identification Number: NY-17-068**

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

**Issue Date: Dec 29, 2017**

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

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

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

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

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

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

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

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



## Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	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:** 5 year(s)

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 07/03/2017  
**Initial Date OCFS Notified:** 07/06/2017

## Presenting Information

The 7/6/17 SCR report alleged that just prior to 6/23/17, the SC was ill before the family was about to leave for a planned vacation to Florida. As soon as the family arrived in Florida, the SM and SF brought the SC to the hospital for emergency medical care. The SC was admitted to the hospital and then discharged to the parents on 6/24/17. The SC continued to exhibit fatigue and thirstiness; however, his other symptoms subsided. The family returned home to NYS on 6/25/17 and the parents again sought emergency medical care for the SC due to his symptoms. The SC was admitted to the hospital and he went into a coma while admitted in the hospital. Medical tests revealed that the SC had a medical condition. The SC was in a coma, he did not recover from the coma and subsequently died in the hospital. The SCR report alleged the parents had a history of neglecting to maintain a clean home and failing to ensure the CHN received supervision in the home.

## Executive Summary

The 5-year-old male child (SC) died on 7/3/17. The case was referred to the Office of Chief Medical Examiner for cremation approval only. An autopsy was not conducted. The Death Certificate listed the cause of death as natural causes.

The allegations of the 7/6/17 report was DOA/Fatality, IG, IF/C/S, and LS of the SC by the SM and father of the 3-year-old half sibling (HS), and IF/C/S and LS of the 6-year-old SS and 3-year-old HS by the SM and father of the HS.

ACS learned that on 6/21/17, the SC did not feel well but he played with the SS and HS. On 6/22/17, the family went out of state for a scheduled vacation. During the airplane flight, the SC complained of pain in his hand and was ill. Prior to this, the SC did not have any symptoms of illness. The SM said the SC had a temperature of about 101 degrees. On 6/23/17, the SC was taken to an Urgent Care facility at about 12:00 PM due to continued symptoms of illness. The attending physician assessed the SC, called for an ambulance, and stated the SC probably had a specific illness. They could not treat the SC. The SM informed the physician that the SC had a pre-existing medical condition. The SC was transported to the hospital. At the hospital, the emergency medical technician (EMT) told the receiving physicians about the Urgent Care center physician's diagnosis and informed them that the SC had a pre-existing medical condition. According to the SM, the SC was hydrated, monitored until 8:00 AM on 6/24/17, and then released. The SM said there were no recommendations for any follow-up care. On 6/24/17, the SC was still sleepy and requested drinks. SM gave him liquids which he drank without any problem.

On 6/25/17, the family returned to New York City (NYC) at about 3:00 PM. Upon their arrival, they took the SC immediately to the hospital where they arrived at about 4:00 PM. The attending physician said a medical assessment showed the SC was in critical health condition. The SC was admitted to the hospital, he received medical care but his condition did not improve. The SC was pronounced brain dead by medical staff on 7/3/17 at 1:56 PM.

On 7/7/17, LE informed ACS that there was no criminality pertaining to the SC's death.

During the 7/6/17 investigation, ACS did not enter documentation contemporaneously as there were notes that had an event date of 7/6/17, but were not entered until 9/5/17. The ACS case record did not reflect that the SM or father of the HS were provided a notice of existence for the 7/6/17 report.

On 9/5/17, ACS UNF the report. ACS based the determination on the findings that SC died due to natural causes. LE had



interviewed the attending physician at BH and confirmed there was no criminality or evidence of abuse/maltreatment of the SC. There were adequate provisions, sleeping arrangements, food, and clothing in the home and the parents provided a minimum degree of care. The CHN were adequately supervised, and SM and father of the HS would arrange for appropriate supervision of the CHN when needed.

On 10/31/17, the SCR registered a report that included the allegations of DOA/Fatality, IG and LMC of the SC. A report was also registered on 11/22/17; it was consolidated into the 10/31/17 investigation. On 12/20/17, ACS substantiated all the allegations of the 10/31/17 and 11/22/17 reports.

## 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?** 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:

NA

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	During the 7/6/17 investigation, ACS did not enter documentation contemporaneously as there were notes that had an event date of 7/6/17, but were not entered until 9/5/17.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)



<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Failure to provide notice of report
<b>Summary:</b>	The ACS case record did not reflect that the SM or paramour were provided a notice of existence for the 7/6/17 report.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(f)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	The documentation did not reflect that ACS interviewed the physicians who had examined the SC in the medical facilities that were located out of NY state.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 07/03/2017

**Time of Death:** Unknown

**Date of fatal incident, if different than date of death:**

06/25/2017

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

Unknown

**County where fatality incident occurred:**

Kings

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

No

**Did EMS 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: The SC was in the hospital.

**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: 1**

**Adults: 0**

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Other Adult - Paramour/Father of the 3-year-old CH	Alleged Perpetrator	Male	45 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)

**LDSS Response**

During the 7/6/17 interview with ACS, the SM said the SC did not seem ill prior to traveling out of state. The family arrived in Florida on 6/23/17, and at about that time, the SC became ill and he said his hands and legs hurt. The SC was taken to an Urgent Care medical center where medical staff told the SM the SC probably had a pre-existing medical condition. The SC was immediately transported to the ER where his health condition was stabilized, and he was released on 6/24/17. When the family was returning home, the SC complained of pain, and upon arrival in NY the parents took him immediately to the hospital. The SC's health condition deteriorated; he was in a coma and remained on life support until he was pronounced dead. The SM denied DV and drug abuse and she consented to a drug screen.

The father of the HS provided similar information. He said he observed the SC seemed ill as the SC was laying down and not very active. He acknowledged that the SM took the SC to the Urgent Care Center while he supervised the other CHN. The father of the HS denied there was DV between himself and the SM. He denied he misused drugs and he consented to a drug screen.

On 7/10/17, the supervisor met with the Medical Consultant (MC). Regarding the SC's pre-existing medical condition, the MC explained that there were two vaccinations that are given to CHN; at the age of two and five years, respectively. The SC was administered one of the vaccinations in 2012. ACS did not obtain the information pertaining to the second vaccination.

On 7/12/17, ACS met with the SM and the outcome was to increase PPRS without Family Court involvement. On 7/19/17, a conference occurred with the father of the HS. This father was engaged in treatment program where he received counseling. The family was engaged in PPRS and this father was interested in couples counseling, and referral to a men's program.

On 8/15/17, JBFCFS staff noted the SM was cooperative and readily engaged. The family received child/parent trauma focused therapy. The father of the HS became involved with the service plan, including discussion for CHN play therapy, and the SM received bereavement counseling, and the 6-year-old CH would begin counseling on 9/17/17.

On the same day, EDNY counseling services said the father of the HS began services on 5/18/17 and had a required Criminal Justice Mandate that stipulated attendance four times a week. Services were mandated by the criminal court. He was consistent, open and honest in group sessions, cooperative and participated in services. He was drug tested 2-3 times a week and had did not have a positive toxicology.



On 8/16/17, the MGM said she had advised the SM to take the SC to the Dr., but SM took the SC out of NY state as the family had a planned trip and was unable to change the airplane tickets. Once they arrived at their vacation destination, the SM took the SC to the hospital and did not mention to anyone that the SC had a medical condition, and he was being treated for another medical condition. The SM took him out of the hospital to return home, and he entered another hospital.

On 8/29/17, ACS received medical records for the SC from the hospital located out of NY state. The records reflected the reason for the 6/23/17 visit were symptoms of illness that began three days prior to 6/23/17. The problem had worsened and the frequency of the symptoms was consistent. The assessment was medical condition of unspecified cause, presence of nausea not specified, and altered mental status, unspecified mental status type.

As of 12/29/17, the case remained open for PPRS.

### 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 investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** The investigation adhered to previously approved protocols for joint investigations.

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

**Comments:** There is no OCFS approved Child Fatality Review Team in NYC.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
041981 - Deceased Child, Male, 5 Yrs	041982 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
041981 - Deceased Child, Male, 5 Yrs	042081 - Other Adult - Paramour/Father of the 3-year-old CH, Male, 45 Year(s)	Inadequate Guardianship	Unsubstantiated
041981 - Deceased Child, Male, 5 Yrs	041982 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
041981 - Deceased Child, Male, 5 Yrs	042081 - Other Adult - Paramour/Father of the 3-year-old CH, Male, 45 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
041981 - Deceased Child, Male, 5 Yrs	041982 - Mother, Female, 27 Year(s)	Lack of Supervision	Unsubstantiated
041981 - Deceased Child, Male, 5 Yrs	042081 - Other Adult - Paramour/Father of the 3-year-old CH, Male, 45 Year(s)	Lack of Supervision	Unsubstantiated
041981 - Deceased Child, Male, 5 Yrs	041982 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
041981 - Deceased Child, Male, 5 Yrs	042081 - Other Adult - Paramour/Father of the 3-year-old CH, Male, 45 Year(s)	DOA / Fatality	Unsubstantiated



041984 - Sibling, Male, 6 Year(s)	041982 - Mother, Female, 27 Year(s)	Lack of Supervision	Unsubstantiated
041984 - Sibling, Male, 6 Year(s)	042081 - Other Adult - Paramour/Father of the 3-year-old CH, Male, 45 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
041984 - Sibling, Male, 6 Year(s)	042081 - Other Adult - Paramour/Father of the 3-year-old CH, Male, 45 Year(s)	Lack of Supervision	Unsubstantiated
041984 - Sibling, Male, 6 Year(s)	041982 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
041985 - Sibling, Male, 3 Year(s)	042081 - Other Adult - Paramour/Father of the 3-year-old CH, Male, 45 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
041985 - Sibling, Male, 3 Year(s)	042081 - Other Adult - Paramour/Father of the 3-year-old CH, Male, 45 Year(s)	Lack of Supervision	Unsubstantiated
041985 - Sibling, Male, 3 Year(s)	041982 - Mother, Female, 27 Year(s)	Lack of Supervision	Unsubstantiated
041985 - Sibling, Male, 3 Year(s)	041982 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated

### 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>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

During the 7/6/17 investigation, ACS did not enter documentation contemporaneously as there were notes that had an event date of 7/6/17, but were not entered until 9/5/17.

### Fatality Safety Assessment Activities



	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input 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 family received PPRS.

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 was receiving PPRS services prior to the fatality. The family continued to receive PPRS.

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

Explain:

The family was receiving PPRS services prior to the fatality. The family continued to receive PPRS.

### History Prior to the Fatality



## Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was there an open CPS case with this child at the time of death?</b>	Yes
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	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)
06/17/2017	Deceased Child, Male, 5 Years	Other Adult - Father of 3-year-old child, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unfounded	Yes
	Sibling, Male, 6 Years	Other Adult - Father of 3-year-old child, Male, 44 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 3 Years	Other Adult - Father of 3-year-old child, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 3 Years	Other Adult - Father of 3-year-old child, Male, 44 Years	Lack of Supervision	Unfounded	
	Deceased Child, Male, 5 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Deceased Child, Male, 5 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 5 Years	Mother, Female, 27 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 6 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 6 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 3 Years	Mother, Female, 27 Years	Lack of Supervision	Unfounded	
	Deceased Child, Male, 5 Years	Other Adult - Father of 3-year-old child, Male, 44 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 6 Years	Other Adult - Father of 3-year-old child, Male, 44 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 6 Years	Mother, Female, 27 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 3 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 3 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	



Sibling, Male, 6 Years	Other Adult - Father of 3-year-old child, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unfounded
Deceased Child, Male, 5 Years	Other Adult - Father of 3-year-old child, Male, 44 Years	Lack of Supervision	Unfounded
Sibling, Male, 3 Years	Other Adult - Father of 3-year-old child, Male, 44 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

The 6/17/17 report alleged that on a daily basis the father left the CHN, 4 and 2 years old, at home alone for about a half hour while he dropped the 6-year-old CH off at school. The SM was at work at the time. He also left all the CHN at home alone and unsupervised every Saturday afternoon from 12:00 PM, until the SM came home from work between 1:00 PM and 1:30 PM. His whereabouts were unknown during that time. The CHN were too young and immature to be left alone at anytime. The SM was aware that he left the CHN at home alone, yet she failed to intervene and correct the situation. It was unknown if the CHN had been physically harmed when left at home alone. The home conditions were dirty.

**Determination:** Unfounded

**Date of Determination:** 08/16/2017

**Basis for Determination:**

ACS based the determination on finding of adequate provisions in the home for the CHN. The CHN had adequate sleeping arrangements, food, and clothing in the home. Their basic needs were being met. The CHN were adequately supervised, the SM and BF of the HS would arrange for appropriate supervision of the CHN when needed. The care being provided to the CHN had not placed the CHN at risk of developmental or physical harm, and there was no risk of harm to the CHN.

**OCFS Review Results:**

ACS interviewed the SM and father of the HS, and engaged the three CHN separately. The SM denied the allegations of the 6/17/17 report. She said the CHN were always supervised. The subject father said their work schedules were staggered to ensure the CHN were always with one of them. Both parents denied substance abuse and they consented to a drug screen. On 6/22/17, ACS received the results of the drug and alcohol screening for the SM and father of the HS; both were negative for all substances. On 7/3/17, the SM said that while traveling out of state, the SC became ill and he complained he felt pain. He was taken to the hospital and treated. SC died on 7/3/17

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

The documentation was not contemporaneous as there was an event that occurred on 7/6/17, but was not entered until 8/16/17.

**Legal Reference:**

18 NYCRR 428.5(a) and (c)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/17/2016	Deceased Child, Male, 4 Years	Other Adult - Paramour/Father of 2-year-old CH, Male, 44 Years	Lack of Supervision	Unfounded	Yes
	Sibling, Male, 5 Years	Other Adult - Paramour/Father of 2-year-old CH, Male, 44 Years	Lack of Supervision	Unfounded	



Sibling, Male, 5 Years	Other Adult - Paramour/Father of 2-year-old CH, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 5 Years	Other Adult - Paramour/Father of 2-year-old CH, Male, 44 Years	Inadequate Guardianship	Unfounded
Deceased Child, Male, 4 Years	Other Adult - Paramour/Father of 2-year-old CH, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 2 Years	Other Adult - Paramour/Father of 2-year-old CH, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 2 Years	Other Adult - Paramour/Father of 2-year-old CH, Male, 44 Years	Lack of Supervision	Unfounded
Deceased Child, Male, 4 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 2 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 5 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

The 9/17/16 SCR report alleged that the father abused alcohol to the point of intoxication and had been falling down while caring for the CHN. The report also alleged that he left the CHN home alone daily from 1:30 PM to 4:00 PM.

**Determination:** Unfounded

**Date of Determination:** 11/23/2016

**Basis for Determination:**

ACS did not provide the basis for determination of the 9/17/16 investigation. ACS did not complete the Investigation Conclusion Narrative to explain how the evidence supported the findings. This supporting narrative was omitted although ACS supervisory staff approved the investigation summary document.

**OCFS Review Results:**

The SM said the father of the HS drank alcohol socially. She explained that she had not observed him impaired while caring for the CHN. She said they co-parent in the home and she recalled that he drank alcohol after work hours or when he was not in the home. The SM was usually home from 1:00 PM during the week day and the CHN were usually in her care throughout the end of the day. The SM admitted that the paramour sometimes left the home to locate parking while the CHN were asleep. This paramour said he used alcohol and he denied he drank in the home. He said he left the CHN unsupervised for five minutes for the purpose of moving his car. ACS referred the family for PPRS on 10/25/16.

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

**Issue:**

Pre-Determination/Supervisor Review

**Summary:**

In the CPS Investigation Conclusion Narrative ACS did not include the basis for the determination. ACS omitted the narrative although supervisory staff approved the Investigation summary.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(v)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Appropriateness of allegation determination

**Summary:**



ACS inappropriately Unsub the allegation of LS of the three children by the father of the HS. The allegation of LS should have been Sub as the father left the then 5-year-old, 2-year-old and 4-year-old SC home alone in the mornings while he reportedly moved his car.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(c)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

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

The SF was not known to the SCR or ACS three years prior to the fatality. The SM was known in one SCR report dated 9/23/12. The allegation of the 9/23/12 report was IG of the SC and two CHN (who were then seven months and one year, respectively) by the SM and father of the SC. On 10/16/12, ACS UNF the report.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes**

**Date the preventive services case was opened: 10/17/2016**

**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: 10/17/2016**

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

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

### Casework Contacts

	Yes	No	N/A	Unable to Determine
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# Child Fatality Report

<b>Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
<b>Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<input 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
<b>Was the most recent FASP approved on time?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

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

### Provider

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

**Additional information, if necessary:**  
 On 10/17/16, ACS opened an FSS for PPRS. ACS assigned case planning responsibility to Jewish Board of Family and Children's Services. The service agreement was signed on 10/25/16.

### Required Action(s)



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

Yes  No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	The documentation reflected that the Jewish Board of Family and Children's Services agency did not enter notes contemporaneously as there were events that occurred on 1/13/17 and 1/31/17, but were not entered until 2/24/17 and 4/5/17, respectively.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

### Preventive Services History

During the 9/17/16 investigation, ACS opened a Family Service Stage (FSS) to provide preventive services on 10/17/16. The FASP of 11/16/16 reflected that the father of the HS abused alcohol to the point of intoxication, and had been falling down while caring for the CHN. He left the CHN home alone daily from 1:30 PM to 4:00 PM. The SM signed documentation agreeing to accept preventive services on 10/25/16. Per the 11/16/16 FASP, the service plan included: case management services and casework counseling. The SM received DV services and family support services. The 5/15/17 FASP reflected that the SM participated in weekly sessions with the therapist. The SM followed through with having the CHN evaluated for therapeutic services. The 6-year-old SS needed related services and received it in his school twice per week. The BF of the HS helped care for the CHN, but no longer resided in the home and did not make himself available for services.

The PPRS agency visited the home on 5/18/17; this was the last time the SC was seen by PPRS prior to the SC's hospitalization. On 6/30/17, the SM informed the PPRS agency that the SC was ill. The SC died on 7/3/17.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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