



Report Identification Number: NY-17-092

Prepared by: New York City Regional Office

Issue Date: Feb 21, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 17 year(s)

Jurisdiction: New York
Gender: Male

Date of Death: 09/13/2017
Initial Date OCFS Notified: 09/15/2017

Presenting Information

OCFS' notification from the New York Foundling (NYF) Brief Strategic Family Therapy (BSFT) preventive services program stated that on 9/14/17 the BM informed the CP via phone/text that the SC was shot and killed by an unidentified suspect in the community on 9/13/17. The shooting occurred on or about 10 pm. The SC was transported to a community hospital where he was pronounced dead. The mother reported the local NYC Police Department (NYPD) precinct had an open criminal investigation regarding the SC's death.

Executive Summary

This fatality report concerns the death of a 17-year-old male subject child (SC) that occurred on 9/13/17. The death certificate signed on 9/15/17, indicated the cause of death was "gunshot wound of torso with perforation of heart and aorta" and the manner of death was "homicide". The NYC Police Department's (NYPD) investigation into the SC's death is ongoing to date.

At the time of the subject child's (SC) death, his family was receiving preventive services. According to 4/6/17 documentation by CPS, the BM was interested in obtaining services for the SC -- he was arrested by NYPD at school on same date. BM's request to CPS occurred at time CPS was concluding investigation of an 2/5/17 SCR report. Per case documentation, CPS referred the family to NYF's BSFT preventive services program on 5/23/17. A Family Team Meeting/Transitional Meeting was held with BM, adult male SS, the SC, CPS and NYF Case Planner (CP) on 6/1/17. The BM signed the application for services, DSS2921LE on 6/1/17.

From the time of the services case opening in June 2017, the BSFT CP met with the BM, SC, and female SS in the home. The CP conducted collateral contacts with the SC's and female SS's school. Per documentation, the CP conducted drug testing of the SC during a 8/23/17 HV; the results were positive for THC and negative for all other drugs. Following the SC's death, the CP discussed and offered the BM, female SS, adult male SS, and step-father bereavement/individual counseling, referrals to support group services, information regarding financial assistance agencies, mobile crisis team, and health homes management; the family accepted. In addition, after the SC's death the CP visited the female SS' school, and made phone calls to check in on the BM's and family members wellbeing. Given the circumstances of the SC's death and open NY Police Department (NYPD) investigation, weekly casework contacts occurred with the family at the agency. The family continued to receive preventive services with NYF BSFT program up to case closure on 1/28/18.

OCFS gathered the information for this report from CONNECTIONS, ACS CPS records, the deceased child's death certificate, preventive services records, and interview with preventive services Case Planner, Supervisor and Program Director.

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 N/A as well as any others identified in the course of the investigation?
- 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? Yes

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

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

Explain:

N/A

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: 09/13/2017

Time of Death: 10:23 PM

Time of fatal incident, if different than time of death: 10:04 PM

County where fatality incident occurred: New York

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:



Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	No Role	Male	26 Year(s)
Deceased Child's Household	Deceased Child	No Role	Male	17 Year(s)
Deceased Child's Household	Mother	No Role	Female	43 Year(s)
Deceased Child's Household	Other - Nephew	No Role	Male	9 Year(s)
Deceased Child's Household	Other - Niece	No Role	Female	6 Year(s)
Deceased Child's Household	Other Adult - Sister-in-Law	No Role	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Female	16 Year(s)
Deceased Child's Household	Stepfather	No Role	Male	31 Year(s)

LDSS Response

The NYF-BSFT preventive CP learned of the SC's death on 9/14/17 via text message from the BM sent at 4:29am. On same date at 8:07am, the CP contacted the BM via phone. The BM reported the SC had been shot and killed by an unidentified male in the community around 10:00pm on 9/13/2017. BM said the police informed her the SC was taken to St. Luke's Hospital; he was pronounced dead there.

The CP conducted a check-in call with the family on 9/15/17 during which the BM shared an autopsy would be performed, and that the female SS age 16, was devastated; BM asked the CP to speak with her. The CP made phone attempts to speak with the female SS who did not respond. On 9/19/17 the female SS answered the CP's call and informed that "she was in the middle of getting her hair done"; CP asked her to call back if she needed anything or wanted to talk. During the phone call of 9/15/17, the BM gave CP verbal consent to contact detectives for details about the SC's death. The CP asked to meet with family but BM declined, stating she had to 'get the body and make funeral arrangements'. CP asked BM how could she best support her, BM wasn't sure. Over the ensuing days, the CP checked on the family via phone calls and offered bereavement counseling.

The SC was buried on 9/19/17. The agency sent flowers to the family on 9/20/17.

On 9/21/17 the CP met with the BM, female SS, step-father, a maternal cousin and the female SS's friend at the agency. Note that despite contact efforts, the CP didn't speak with the female SS until the office visit on 9/21/17. The CP discussed funeral arrangements, financial assistance, rent arrears, support groups and bereavement, mental health, and Mobile Crisis Team counseling with the family. BM said she submitted NYS Office of Victim Services application for financial compensation on 9/18/17. CP provided family with support groups/bereavement counseling resources on 9/21/17.

In alignment with the agency's model of practice, weekly casework contacts were conducted with the family. During one of the CPs check-in phone calls, the BM disclosed that on 10/10/17, the adult male SS was threatened with a knife by one of the SC's acquaintances while walking his children to school in the community. Given the circumstances of the SC's death and ongoing NYPD homicide investigation, the family and agency agreed that casework contacts occur at the agency.

The CP continued to provide the family with casework counseling, advocate for the female SS's school safety transfer,



monitor her school attendance, encourage the family to participate in bereavement counseling, and support the family's decision to relocate from their current residence due to safety concerns. The PPRS case was closed on 1/28/18.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: N/A

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

Additional information:

#2-20: CP provided lists of bereavement counseling/support group/mental health crisis team providers; financial charities; check-in calls to, and met w/family; completed suicide assessment; requested hospital records; contacted school; & detective.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
N/A

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

N/A

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:

CP contacted school regarding status of safety transfer for the female SS, made referral to Health Homes Management/individual/bereavement counseling, provided casework counseling, and school visits. CP met weekly with the family at the agency.

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

Explain:

CP provided lists of bereavement counseling/support group/mental health crisis team providers, financial charities,



conducted check-in calls to the family, met w/family, completed suicide assessment, requested hospital records (they were not received), contacted the female SS' school, & with the family's consent, the investigating NYPD detective.

History Prior to the Fatality

Child Information

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/31/2017	Deceased Child, Male, 17 Years	Adult Sibling, Male, 26 Years	Fractures	Unfounded	Yes
	Deceased Child, Male, 17 Years	Adult Sibling, Male, 26 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 17 Years	Adult Sibling, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

The SCR report alleged IG, PD/AM, and Fractures by the Adult male SS against the SC. The narrative stated the Adult male SS age 26, hit his brother (SC) age 16, for an unknown reason and broke/fractured the SC's jaw. That the adult male SS abuses weed all the time to the point of getting high, and sells it out of the apartment in the presence of the SC. The BM's role was unknown. Miscellaneous information stated that the SC was transported to a community hospital. There were more children in the home but no further information was known at the time. The mother was afraid of the adult male SS. And, that the male SS threatens the SC not to say what happened.

Determination: Unfounded

Date of Determination: 07/05/2017

Basis for Determination:

CPS determined the allegations of IG, PD/AM and Fractures were UnSub against the adult male SS. CPS did not find enough evidence the adult male SS knowingly and intentionally hit the child resulting in the fractured jaw; as a result the investigation was being closed with preventive services. The SC was hospitalized after his jaw was fractured while he was play fighting with his brother. Everyone in the family reported that they were play fighting. The hospital child abuse specialist and doctor reported that the family's story was consistent with the injury, and determined the circumstances did not require ACS' intervention or NYPD -police action.

OCFS Review Results:

CPS referred the family to New York Foundling (NYF) for preventive services on 5/23/17, prior to the 5/31/17 SCR report. Due to the SC being scheduled for surgery for a fractured jaw, on 6/1/17 CPS and NYF CP met with the family in the hospital for the JHV; the BM signed the application for PPRS services. Per Additional Information received by the SCR on 6/6/17, the Source wanted the worker to know that the adult male SS broke the SC's jaw. That he threatened the



SC not to say anything; he should just say it was an accident. The SC was afraid of the adult male SS. CPS and hospital social worker interviewed the SC who denied being afraid of his adult sibling or of going home.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

There was no documentation CPS followed ACS policy and obtained consultation from the Investigative consultants regarding the frequency of NYPD visits to the case address, DIR and CWS history of the male SS, including the SCs arrest record. Nor was there follow up regarding the source/usage of the non-prescribed medication in the SCs bloodstream at time of his hospitalization with collaterals.

Legal Reference:

SSL 424(6); 18 NYCRR 432.2(b)(3)

Action:

ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. It must include its policies regarding follow up casework activities related to child risk, safety, and well-being assessments. ACS must meet with staff and inform OCFS of the date of the meeting, who attended, what was discussed, and the action plan.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/05/2017	Other - Niece, Female, 6 Years	Mother, Female, 43 Years	Parents Drug / Alcohol Misuse	Unfounded	Yes
	Other - Niece, Female, 6 Years	Other - Sister-in-Law, Female, 26 Years	Inadequate Guardianship	Unfounded	
	Other - Niece, Female, 6 Years	Stepfather, Male, 31 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other - Niece, Female, 6 Years	Mother, Female, 43 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 16 Years	Other - Sister-in-Law, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other - Nephew, Male, 9 Years	Stepfather, Male, 31 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other - Nephew, Male, 9 Years	Stepfather, Male, 31 Years	Inadequate Guardianship	Unfounded	
	Other - Niece, Female, 6 Years	Adult Sibling, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 16 Years	Stepfather, Male, 31 Years	Inadequate Guardianship	Unfounded	
	Other - Niece, Female, 6 Years	Stepfather, Male, 31 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 17 Years	Mother, Female, 43 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 16 Years	Mother, Female, 43 Years	Inadequate Guardianship	Unfounded	

Sibling, Female, 16 Years	Mother, Female, 43 Years	Parents Drug / Alcohol Misuse	Unfounded
Other - Nephew, Male, 9 Years	Mother, Female, 43 Years	Parents Drug / Alcohol Misuse	Unfounded
Deceased Child, Male, 17 Years	Adult Sibling, Male, 26 Years	Inadequate Guardianship	Unfounded
Deceased Child, Male, 17 Years	Other - Sister-in-Law, Female, 26 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 16 Years	Other - Sister-in-Law, Female, 26 Years	Inadequate Guardianship	Unfounded
Other - Nephew, Male, 9 Years	Other - Sister-in-Law, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded
Deceased Child, Male, 17 Years	Stepfather, Male, 31 Years	Inadequate Guardianship	Unfounded
Other - Nephew, Male, 9 Years	Other - Sister-in-Law, Female, 26 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 16 Years	Adult Sibling, Male, 26 Years	Inadequate Guardianship	Unfounded
Sibling, Female, 16 Years	Adult Sibling, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded
Other - Niece, Female, 6 Years	Adult Sibling, Male, 26 Years	Inadequate Guardianship	Unfounded
Deceased Child, Male, 17 Years	Stepfather, Male, 31 Years	Parents Drug / Alcohol Misuse	Unfounded
Deceased Child, Male, 17 Years	Mother, Female, 43 Years	Parents Drug / Alcohol Misuse	Unfounded
Other - Nephew, Male, 9 Years	Adult Sibling, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Female, 16 Years	Stepfather, Male, 31 Years	Parents Drug / Alcohol Misuse	Unfounded
Deceased Child, Male, 17 Years	Other - Sister-in-Law, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded
Deceased Child, Male, 17 Years	Adult Sibling, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded
Other - Niece, Female, 6 Years	Other - Sister-in-Law, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded
Other - Nephew, Male, 9 Years	Adult Sibling, Male, 26 Years	Inadequate Guardianship	Unfounded
Other - Nephew, Male, 9 Years	Mother, Female, 43 Years	Inadequate Guardianship	Unfounded

Report Summary:

The SCR report alleged IG and PD/AM of the SC, female SS age 16, SC's nephew age 9 and niece age 6 by the BM, Step-father, adult male SS age 26 and his wife age 26. That the Adult male SS and wife smoked marijuana to impairment and did not provide for their children's needs; they sold marijuana daily from the home and there is a large amount of drug traffic in the home that takes place in front of the children. At times, they make their children ages 9 and 6 get the



marijuana out of their room and give it to customers. BM and step-parent were aware of the activity and did not intervene. The Male SS threatened to harm all family members if they reported anything to the police.

Determination: Unfounded

Date of Determination: 04/06/2017

Basis for Determination:

CPS determined the allegations of IG and PD/AM were UnSub against the BM, Step-father, Adult male SS and his wife for all four children. According to the investigation conclusion narrative, the allegations were UNSUB due to lack of evidence. That everyone in the home denied any drug use and the parents refused to take a drug test. Investigation Closure reason: UNF, Case Open-Services.

OCFS Review Results:

According to the CPM's 50-Day review Progress Note, the 'Allegations against caretakers for children are unsubstantiated. Current CPS team received case a week prior to closing and were unable to obtain enough information to substantiate case. There are several outstanding information that needs to be obtain and CPS team will document in the FSS stage. SC is engaging in criminal activity and was recently arrested. Mother also expressed that she would like counseling services.' Per 4/6/17 CPS PN, home visit occurred and CPS informed the SC was being arrested in school. CPS conducted school visit and spoke with the BM, SC and arresting NYPD officer; Outcome was not documented.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

The BM requested services for the SC on 4/6/17; on the same day the SC was arrested in school. CPS concluded the investigation on same date with no follow up with the arresting officer who provided phone and email information to CPS regarding the SCs arrest, when he was released, and terms of said release, etc. Nor, did the CPSS II or CPM review provide directives/guidance for CPS re same.

Legal Reference:

SSL 424(6); 18 NYCRR 432.2(b)(3)

Action:

ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. It must include its policies regarding follow up casework activities related to child risk, safety, and well-being assessments. ACS must meet with staff and inform OCFS of the date of the meeting, who attended, what was discussed, and the action plan.

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

CPS concluded an investigation on 4/6/17 and opened a services stage - FSS - in CONNECTIONS on 4/13/17. There were no PN documented by CPS until 5/31/17, date of a subsequent SCR report for the family. In addition, there were no CPSS II Supervisory PN up to 7/6/17.

Legal Reference:

18 NYCRR 428.5

Action:

ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. It must include its policies regarding timeliness of Progress Notes documentation by CPS and CPSS II. ACS must meet with staff and inform OCFS of the date of the meeting, who attended, what was discussed, and the action plan.

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

4/9/08 SCR report alleged EdN and IG of then 17-yr-old male SS by BM, BF, & parent substitute. Female SS & SC then 7



& 8-yrs-old, had No Role. That BM & BF informally allowed the SS to live with his girlfriend and her mother-Parent Substitute. He missed 80 days of school and his promotion was in doubt. The report was UNF on 5/19/08 Case Open-Services. Children's Aid Society provided PPRS 3/19/07 to 11/19/08.

4/29/11 report alleged IG & PD/AM by male SS & OA (male SS's wife) against their then 3-yr-old male & female newborn. The OA & newborn tested positive for marijuana at time of the newborn's birth. BM, SC, & female SS had No Role. The report was IND on 6/28/11 Case Open-CPS Required. A services case was opened 6/22/11 for the BF, OA & their children with Northside Ctr. 9/13/11 to 1/31/13. The SC, female SS, & BM living in the same home, were not included in the case composition.

12/13/11 report alleged L/B/W of the female SS by the adult male SS; IG, PD/AM by the BM, male SS & OA (male SS's wife) against the SC, female SS, SC's nephew & niece. That the male SS & OA smoked marijuana in the presence of the children. The male SS recently hit the female SS causing bruises on her right shoulder and arm when high. On another occasion, he choked and hit the SC causing bruises on his back. BM did not intervene, allowed the drug use & adult male SS's aggression on his siblings to continue. The report was UNF on 1/27/12, Case Open-Services (community-based services).

Known CPS History Outside of NYS

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: 04/14/2017

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? Reassessment FASP due date 11/10/17, was launched on 11/17/17 and approved on 11/29/17.				
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"/>

Provider

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

**Additional information, if necessary:**

CPS services case was opened on 4/14/17. Preventive Services referral by CPS occurred on 5/23/17. The Preventive services case was opened on 6/1/17 with a voluntary agency contracted with the LDSS -NY Foundling.

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

Yes No

Issue:	Timeliness of completion of FASP
Summary:	The most current Reassessment FASP due date of 11/10/17, was launched on 11/17/17 and approved on 11/29/17
Legal Reference:	18 NYCRR428.3(f)
Action:	ACS must submit a corrective action plan to OCFS within 45 days that identifies the agency's action to address the identified issue. It must include ACS' as well as NY Foundling's policy/procedures regarding timeliness of FASP. NYF must also meet with pertinent program staff and inform OCFS of the date of the meeting, who attended, what was discussed, and the action plan.
Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Progress Notes were recorded approximately 2 to 3 months post the Event Date from June 2017 to September 2017. I.e., with the exception of a 7/6/17 PN, the CPs PN were documented 9/14, 9/16, 9/17, 9/18, 9/21/17; after the SCs death.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	ACS must submit a corrective action plan to OCFS within 45 days that identifies the agency's action to address the identified issue. It must include ACS' as well as NY Foundling's policy/procedures regarding progress notes documentation. NYF must also meet with pertinent program staff and inform OCFS of the date of the meeting, who attended, what was discussed, and the action plan.

Preventive Services History

According to documentation, the BM requested services to address the SC's behavior at time CPS' investigation of a 2/5/17 SCR report concluded on 4/6/17. The investigation PN stated home and school visit occurred 4/6/17 at which time the SC was arrested for assault by NYPD and CPS obtained the arresting officer's information; No further reference to this event was documented. CPS' last contact with the family occurred on 7/6/17.

CPS opened a services stage in CONNECTIONS on 4/13/17; CPS' first documented Progress Notes (PN) was 5/31/17 for a 5/9/17 Event Date. Per case documentation, CPS referred the family to New York Foundling (NYF), Brief Strategic Family Therapy (BSFT) preventive services program on 5/23/17. The BM signed the application for services, DSS2921LE on 6/1/2017. On 9/7/17, BM filled out a new DSS2921LE form to indicate that her spouse and adult male SS also lived in the home.

Recommended services included individual/family counseling, case management, and educational/training services for the SC. NYF-BSFT provided school advocacy; parenting skills to BM; drug testing of the SC; monitored school attendance; assessed child's physical/mental state & wellbeing; assisted mother w/resources for rent arrears; mental health/psychiatric evaluation; conducted Home/School Visits; and provided casework counseling. NYF-BSFT closed the PPRS case on 1/28/18.



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

Additional Local District Comments

N/A

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