



**Report Identification Number: NY-19-093**

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

**Issue Date: Feb 03, 2020**

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	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:** 15 year(s)

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

**Date of Death:** 08/04/2019  
**Initial Date OCFS Notified:** 08/05/2019

## Presenting Information

According to the information received by the SCR on 8/4/19, the 15-year-old child went to Far Rockaway Beach with his foster parent, the child's friend, and that friend's family. The 15-year-old child got caught in the current while swimming and his body was not located. The child was swimming in the designated swim area and there were adults there. The NYPD are involved and other beach goers tried to intervene. The lifeguards notified search and rescue at the time of the incident.

## Executive Summary

This male child was 15 years old when he died on 8/4/19. The cause of death was drowning and the manner of death was listed as an accident.

The SCR did not register a report of this fatality, as there was reportedly no suspicion of abuse or maltreatment of the child. The additional information regarding the child's death was reported to OCFS under Chapter 485 of the Laws of 2006 and the information was included in the family's open services case for further exploration by ACS.

ACS submitted the "Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases," notifying NYCRO of the child's death.

According to the information obtained, the child had the permission of the foster parents to go out with his friend's family. The child and family went to the bay and while swimming, the child was swept away in the water currents that were too strong despite efforts to save him. The child's body was discovered on 8/5/19 at 2:50 pm. It was later learned the area where the child had been swimming was not an approved area and there were signs posted warning of the danger.

Both ACS and the agency made contact with the family and provided bereavement counseling and assistance with the child's burial. The surviving siblings were deemed safe in their foster homes. The case remains open for the continued provision of 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:**

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:** 08/04/2019

**Time of Death:** 05:00 PM

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

**County where fatality incident occurred:** Queens

**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?** No

**Child's activity at time of incident:**

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> Sleeping                                      | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing                                       | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input checked="" type="checkbox"/> Other: was in the water at the Bay |                                  |   |

**Did child have supervision at time of incident leading to death?** Yes

**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	No Role	Male	15 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	42 Year(s)



Deceased Child's Household	Foster Parent	No Role	Male	46 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)

### LDSS Response

The death of this 15 year old youth was reported to NYCRO on 8-5-19.

LDSS (ACS) visited the foster home, conducted interviews regarding the circumstances of the fatality and assessed for safety.

Both ACS and the agency made contact with the family, assessed for safety of the surviving siblings, and provided bereavement counseling and assistance with the child's burial. The surviving siblings were deemed safe in their foster homes. The case remains open for the continued provision of foster care services.

### Official Manner and Cause of Death

**Official Manner:** Accident

**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:** There is no Child Fatality Review Team in the NYC Region.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" 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"/>



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

### 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"/>

**Explain:**  
Family received foster care services.

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

**Explain as necessary:**  
No removal/replacement of the other siblings was necessary.



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

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:

Grief counseling was offered to the siblings.

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

Explain:

Agency assisted with funeral costs.

## History Prior to the Fatality



## Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes  
 Was the child ever placed outside of the home prior to the death? Yes  
 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? No

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/30/2019	Sibling, Female, 16 Years	Father, Male, 44 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 16 Years	Father, Male, 44 Years	Sexual Abuse	Substantiated	

**Report Summary:**  
 The 4/30/19 report alleged that the BF sexually abused the SS while she lived with him, the BM and siblings.

**Report Determination:** Indicated **Date of Determination:** 06/29/2019

**Basis for Determination:**  
 ACS substantiated the allegation of sexual abuse on the basis of findings and information obtained from Special Victims Forensic interview.

**OCFS Review Results:**  
 ACS interviewed the family and addressed the allegations of the report. The BM, FC, siblings and FP's were interviewed. The BF was not interviewed as he was incarcerated. ACS conducted safety assessments and risk assessments. The SS received therapy for the trauma caused by the abuse.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/06/2017	Sibling, Female, 15 Years	Father, Male, 43 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 15 Years	Father, Male, 43 Years	Sexual Abuse	Substantiated	

**Report Summary:**  
 The 12/6/17 report alleged that the BF sexually abused the SS on a regular basis from when she was 7 years old until she was 13 years old. During that time he showered with the SS. The other family members had unknown roles.

**Report Determination:** Indicated **Date of Determination:** 02/02/2018

**Basis for Determination:**  
 ACS substantiated the allegations of SA and IG against the BF concerning SS. The SS was scheduled to testify against the BF in Criminal Court.

**OCFS Review Results:**  
 ACS conducted the appropriate interviews and the allegations were substantiated. The BF was not interviewed as he had been arrested.

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

**Issue:**  
 Failure to Provide Notice of Indication

**Summary:**





ACS did not provide the Notice of Indication to the BM or the BF, who was the confirmed subject of the report.

**Legal Reference:**

18 NYCRR 432.2(f)(3)(xi)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citation 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)	Allegation Outcome	Compliance Issue(s)
10/11/2016	Deceased Child, Male, 12 Years	Mother, Female, 37 Years	Educational Neglect	Substantiated	Yes
	Deceased Child, Male, 12 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 37 Years	Educational Neglect	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 11 Years	Mother, Female, 37 Years	Educational Neglect	Substantiated	
	Sibling, Male, 11 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 14 Years	Mother, Female, 37 Years	Educational Neglect	Substantiated	
	Sibling, Female, 14 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 6 Years	Mother, Female, 37 Years	Educational Neglect	Substantiated	
	Sibling, Male, 6 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Deceased Child, Male, 12 Years	Father, Male, 42 Years	Choking / Twisting / Shaking	Substantiated	
	Deceased Child, Male, 12 Years	Father, Male, 42 Years	Excessive Corporal Punishment	Substantiated	
	Deceased Child, Male, 12 Years	Father, Male, 42 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 42 Years	Choking / Twisting / Shaking	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 42 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 42 Years	Inadequate Guardianship	Substantiated	
Sibling, Male, 11 Years	Father, Male, 42 Years	Choking / Twisting / Shaking	Substantiated		



Sibling, Male, 11 Years	Father, Male, 42 Years	Excessive Corporal Punishment	Substantiated
Sibling, Male, 11 Years	Father, Male, 42 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 14 Years	Father, Male, 42 Years	Choking / Twisting / Shaking	Substantiated
Sibling, Female, 14 Years	Father, Male, 42 Years	Excessive Corporal Punishment	Substantiated
Sibling, Female, 14 Years	Father, Male, 42 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 6 Years	Father, Male, 42 Years	Choking / Twisting / Shaking	Substantiated
Sibling, Male, 6 Years	Father, Male, 42 Years	Excessive Corporal Punishment	Substantiated
Sibling, Male, 6 Years	Father, Male, 42 Years	Inadequate Guardianship	Substantiated

**Report Summary:**

The 10/11/16 report alleged that the BF abused the BM in the home and used excessive corporal punishment to discipline the 5 children.

**Report Determination:** Indicated

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

**Basis for Determination:**

ACS substantiated the allegations of IG, EdN, XCP and C/T/S on the basis of credible evidence. Investigation showed that the BF was physically abusive towards the children and did not follow through with services regarding their education. The BM was the parent who was taking care of educational needs such as required school documentation. However, as she was also physically abused, she left the home for 6 months, (April 2016 to October 2016) without seeking services, assistance and or support for the SC. The SC remained in the home with the BF.

**OCFS Review Results:**

ACS conducted interviews and addressed the allegations of the report.

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

**Issue:**

Appropriate Application of Legal Standards (Abuse/Maltreatment)

**Summary:**

At the time of the 10/11/16 report the BF was the only caretaker for the CH. ACS did not add the EdN allegation pertaining to the BF when making determination. They did not appropriately apply the standards of maltreatment to the case circumstances.

**Legal Reference:**

SSL 412(1) and 412(2)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citation 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:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

ACS did not update the household composition in Connections to accurately reflect the location of family members.

**Legal Reference:**



18 NYCRR 428.5

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citation 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)	Allegation Outcome	Compliance Issue(s)
09/19/2016	Sibling, Male, 10 Years	Father, Male, 42 Years	Choking / Twisting / Shaking	Unsubstantiated	Yes
	Sibling, Male, 10 Years	Father, Male, 42 Years	Educational Neglect	Substantiated	
	Sibling, Male, 10 Years	Father, Male, 42 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Male, 10 Years	Father, Male, 42 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 10 Years	Father, Male, 42 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Female, 14 Years	Father, Male, 42 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Sibling, Female, 14 Years	Father, Male, 42 Years	Educational Neglect	Substantiated	
	Sibling, Female, 14 Years	Father, Male, 42 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Female, 14 Years	Father, Male, 42 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 14 Years	Father, Male, 42 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 11 Years	Father, Male, 42 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Sibling, Male, 11 Years	Father, Male, 42 Years	Educational Neglect	Substantiated	
	Sibling, Male, 11 Years	Father, Male, 42 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Male, 11 Years	Father, Male, 42 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 11 Years	Father, Male, 42 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 8 Years	Father, Male, 42 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Sibling, Male, 8 Years	Father, Male, 42 Years	Educational Neglect	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 42 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 42 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 42 Years	Lack of Medical Care	Unsubstantiated	
Deceased Child, Male, 12 Years	Father, Male, 42 Years	Choking / Twisting / Shaking	Unsubstantiated		
Deceased Child, Male, 12 Years	Father, Male, 42 Years	Educational Neglect	Substantiated		
Deceased Child, Male, 12 Years	Father, Male, 42 Years	Excessive Corporal Punishment	Substantiated		
Deceased Child, Male, 12 Years	Father, Male, 42 Years	Inadequate Guardianship	Substantiated		



# Child Fatality Report

Deceased Child, Male, 12 Years	Father, Male, 42 Years	Lack of Medical Care	Unsubstantiated
Sibling, Female, 14 Years	Father, Male, 42 Years	Sexual Abuse	Unsubstantiated
Sibling, Male, 10 Years	Mother, Female, 37 Years	Educational Neglect	Unsubstantiated
Sibling, Female, 14 Years	Mother, Female, 37 Years	Educational Neglect	Unsubstantiated
Sibling, Male, 11 Years	Mother, Female, 37 Years	Educational Neglect	Unsubstantiated
Sibling, Male, 8 Years	Mother, Female, 37 Years	Educational Neglect	Unsubstantiated
Deceased Child, Male, 12 Years	Mother, Female, 37 Years	Educational Neglect	Unsubstantiated

**Report Summary:**

The 9/19/16 report alleged that all 5 SC had special needs and were home schooled by the BM until around May 2016. For unknown reasons around that time, the BM left the home leaving them in the sole care of the BF. The BM's whereabouts were unknown. Prior to leaving, BM failed to make appropriate arrangements for the education of the CHN. Since then, the BF has failed to administer appropriate home instruction. As a result, the CHN have not been receiving any form of education. BF failed to file appropriate paperwork with authorities, causing CHN not to receive medically necessary services since the start of the year, leaving their conditions untreated and at risk of getting worse.

**Report Determination:** Indicated**Date of Determination:** 11/21/2016**Basis for Determination:**

ACS substantiated the allegation of EdN and XCP, and IG against BF on the basis of credible evidence.

**OCFS Review Results:**

ACS addressed the allegations of the report with the BM and BF.

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

**Issue:**

Appropriateness of allegation determination

**Summary:**

ACS unsubstantiated the EdN allegation against the BM. The investigation conclusion summary explained that this allegation was substantiated due to her leaving the home and not reaching out or ensuring that the SC's educational needs would be met. ACS did not include the IG allegation against the BM. The investigation conclusion narrative ACS explained that this allegation was substantiated.

**Legal Reference:**

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citation 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 family was known in reports dated 11/15/10, 4/24/13, and 6/2/16. The allegations were a combination of LMC, EdN, and IG. All the allegations were unsubstantiated.

**Known CPS History Outside of NYS**



There was no known CPS History outside of NYS.

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

### Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes  
 Date deceased child(ren) was placed in care: 10/14/2016  
 Date of placement with most recent caregiver? 10/26/2016  
 How did the child(ren) enter placement? Court Order

### Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts



	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 01/03/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 02/14/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 11/23/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> There is no additional information.				

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Adequacy of Progress Notes
<b>Summary:</b>	Some progress notes were very late up to almost 3 months. One was almost 5 months late. This occurred mostly with entries that were supervisory review notes. One such note entry was made 7 months after event date, (entered 2 days after FC's death).



<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

### Foster Care Placement History

The FC came into foster care on 10/14/16. An Article 10 Abuse/Neglect petition was filed 10/14/16. The intake was received on 9/19/16. The BF had been physically abusive to the BM in the presence of the children. The FC, along with his siblings had been exposed to the ongoing domestic violence between the birth mother and birth father. The BF physically abused the children. The case record states the mother is a non-respondent on the case. The allegations of EdN, XCP, and IG were substantiated against BF on 11/21/16. Allegations of C/T/S and LMC against the BF were unsubstantiated. The allegation of EdN against the BM was unsubstantiated.

The foster child was placed in the kinship foster home of his MA, along with his four siblings. There were no concerns with this placement, and there were no changes in placement.

### 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

<b>Action:</b>	Going forward, the foster care agency could educate foster parents residing near beaches to discuss the dangers of swimming in the ocean, the need to adhere to the "no swimming" signs posted, and to only swim in areas where lifeguards are on duty.
----------------	---

**Are there any recommended prevention activities resulting from the review?**  Yes  No