



Report Identification Number: NY-20-036

Prepared by: New York City Regional Office

Issue Date: Oct 19, 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

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 3 year(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 04/21/2020
Initial Date OCFS Notified: 04/22/2020

Presenting Information

According to the OCFS-7065, on 4/21/20 the child was at home when the BM observed he had a medical emergency. EMS was contacted, they responded to the home and transported the child to the hospital where he was pronounced dead.

Executive Summary

The 3-year-old male child died on 4/21/20. As of 10/19/20, NYCRO had not yet received a copy of the autopsy report.

At the time of the child's death, the family had an open preventive services case beginning 2/1/19. The case was opened because the BM requested services to improve bonding and interaction with the child, and obtain assistance with child care. However, in March of 2020, ACS found evidence of domestic violence in the BM and BF's relationship. ACS initiated safety intervention and the BM and child received Court Ordered Services. The BF no longer resided in the home. The family also had an open CPS investigation that began on 3/8/20.

The ACS investigative findings showed on 4/21/20, at approximately 10:00 PM, the child and BM were at home when the child experienced irregular breathing. The BM took the child outside the apartment and obtained assistance from her neighbors who were in the same building, 911 was contacted, and a neighbor administered CPR as directed by the 911 operator. EMS responded, they continued CPR and transported the child to the hospital. Upon arrival at the hospital, the medical professionals provided treatment and continued resuscitative efforts until the attending physician pronounced the child dead.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Services Cases. The information regarding the child's death was reported to OCFS under Chapter 485 of the Laws of 2006.

ACS discussed the child's pre-existing medical condition and administration of his prescribed medication with the BM. The BM said she gave the child his medication as prescribed. ACS obtained records from the child's physician and verified the physician last examined the child for illness on 3/30/20. The medical records reflected the BM received medication refills, and the child did not have a scheduled follow up appointment. The physician said there were no concerns of abuse/maltreatment of the child.

Per the ME's account, the preliminary findings showed a neighbor administered CPR to the child prior to the time EMS arrived at the home. ACS noted that the ME said the preliminary findings showed the child died due to natural causes.

According to the ACS case record, there were no surviving children in the BM's household, the BF no longer resided in the home and it appeared the BM and BF ended their relationship. ACS received information from a relative and learned that the child had three surviving siblings, who resided with their mothers in separate households. The family refused to provide details about the siblings and ACS was unable to obtain additional information about the siblings' households.

ACS closed the preventive services case on 10/13/20.

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? 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: 04/21/2020 **Time of Death:** 11:04 PM

Time of fatal incident, if different than time of death: 10:00 PM

County where fatality incident occurred: Kings

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? N/A

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 checked="" type="checkbox"/> Eating	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other		

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	3 Year(s)
Deceased Child's Household	Mother	No Role	Female	31 Year(s)
Other Household 1	Father	No Role	Male	38 Year(s)

LDSS Response

Following the child's death, ACS interviewed the BM on 4/22/20. The BM said on 4/21/20, at approximately 10:00 PM, the child was eating when she observed his breathing seemed irregular. She said she took the child downstairs and obtained assistance from a neighbor who administered CPR, the ambulance arrived, and they continued CPR while transporting the child to the hospital. She explained that the child received medical treatment until the time he was pronounced dead. ACS addressed the child's pre-existing medical condition and the BM said on 4/21/20, she provided the child with his prescribed treatment. The BM informed ACS she relocated to a relative's home as the BF threatened to kill her, and she said she felt safe in her relatives' home.

ACS interviewed the relative about the medical emergency that led to the child's death. According to the relative, the BM was on a routine phone call with a family member when the BM suddenly stated the child stopped breathing. This relative contacted 911 at approximately 10:30 PM and then went to the hospital. The relative said the family continued to support the BM.

ACS interviewed LE and obtained information that reflected the child had no suspicious marks/bruises or injuries and there was no evidence of criminality regarding the child's death.

ACS interviewed the BF on 4/22/20. The BF said he learned of the incident when an unrelated individual contacted him by telephone and informed him that an ambulance transported the child to the hospital. He said he went to the hospital where he learned of the child's death. The BF declined the ACS offer for support services.

ACS received and reviewed the child's records from the hospital. The documentation reflected the child arrived at the hospital at 10:49 PM on 4/21/20, upon arrival he was pulseless, and the medical professionals provided ongoing treatment and monitoring until the time of death.

On 4/23/20, ACS and the BM discussed burial arrangements and referrals for bereavement. The BM accepted the referrals for community-based services.

ACS attempted to visit the BM's home on 4/23/20. According to the progress notes, the visit was unsuccessful because the BM temporarily relocated from the home. ACS interviewed the neighbors, who said they had no concerns about the care the BM provided the child.

On 4/23/20, ACS contacted the office of the child's physician and was informed that on 3/30/20, the child last had a medical examination for cold symptoms. ACS maintained contact with the physician and received the medical records.



According to the progress notes, the child's burial occurred on 5/27/20. The BM resided with her relatives and she received casework counseling and community-based services.

ACS closed the preventive services case as there were no surviving children in the BM's care.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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 OCFS approved Child Fatality Review Team in NYC.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

There were no surviving children in the BM's care.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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"/>				
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 checked="" 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"/>				
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? N/A

Explain:

There were no surviving children in the BM's care.

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

Explain:

The family received bereavement, burial assistance and support services.

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? 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)	Allegation Outcome	Compliance Issue(s)
03/08/2020	Deceased Child, Male, 3 Years	Father, Male, 38 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 3 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

The report alleged, on 3/8/20 while impaired by alcohol, the BF physically assaulted the BM in the presence of the 3-year-old child. The BF hit the BM. As a result, the BM sustained a mark on the forehead and an abrasion on the right thumb. The child was not injured. This was an isolated incident. The role of the BM was unknown.

Report Determination: Indicated

Date of Determination: 05/07/2020

Basis for Determination:

ACS substantiated the allegations of the report on the basis of credible evidence. ACS explained that the BF exercised poor judgment when he assaulted the BM in the presence of the child. The BF admitted to consuming alcohol, and the initial complaint to LE reflected the BF was intoxicated at the time of the incident when the BF assaulted the BM.

OCFS Review Results:

ACS initiated the investigation within the required timeframe. ACS interviewed and observed household members and obtained relevant information from collateral contacts. The investigative findings showed on 3/8/20, the BF punched and strangled the BM in the presence of the child, the BM contacted LE for assistance, and the BF left the home prior to the time LE responded. ACS initiated Family Court intervention, the judge released the child to the BM, and issued a full stay away order of protection on behalf of the BM and child against the BF.

ACS completed a safety assessment document on 5/7/20. However, the document did not reflect there were no surviving children in the BM's care.

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

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

On 5/7/20, ACS completed a safety assessment and selected the safety factors that stated the child was in immediate danger of serious harm. The safety assessment did not reflect there were no surviving children in the home.

Legal Reference:

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

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.



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/19/2019	Deceased Child, Male, 2 Years	Father, Male, 37 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

The 3/19/19 report alleged the BF threatened the BM with a glass bottle. The BF attempted to get the BM's phone out of her hand and bit her while trying to do so. This incident occurred in the presence of the child. The role of the BM was unknown.

Report Determination: Unfounded

Date of Determination: 05/15/2019

Basis for Determination:

ACS unsubstantiated the allegation of the report. In the CPS Investigation Summary, ACS explained that the BF provided a minimum degree of care the child.

OCFS Review Results:

The ACS case record showed the BM initially informed the provider agency that the BF bit her thumb and threatened to hit her. However, on 3/20/20, during an interview with ACS the BM recanted her account and she denied domestic violence occurred in her relationship. The BF denied the allegations of the report. ACS addressed discipline in the home, and the BM and BF said they did not hit the child. ACS observed the child and noted he did not have marks/bruises. ACS obtained information from relevant collateral contacts who said there were no concerns about the care the BM and BF provided the child.

The family received casework counseling, referral for domestic violence services and PPRS.

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

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

There is no CPS investigative history more than three years prior to the fatality.

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: 02/01/2019

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: 02/01/2019

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



Child Fatality Report

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"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<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? ACS completed the FASP on 3/4/20 although it was due on 2/27/20.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<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:
The family received services through a provider agency.

Required Action(s)

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

Yes No

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	The provider agency did not contemporaneously enter progress notes.
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 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:	Adequacy of Risk Assessment Profile (RAP)
Summary:	ACS investigative findings showed the BF misused alcohol and was intoxicated at the time he assaulted the BM. However, the RAP did not reflect the BF's alcohol use had negative effects on the family relationship.
Legal Reference:	18 NYCRR 432.2(d)
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:	Timeliness of completion of FASP
Summary:	ACS completed the FASP on 3/24/20 although it was due on 2/27/20.
Legal Reference:	18 NYCRR428.3(f)
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.

Preventive Services History

ACS opened a preventive services case for the family on 2/1/19. According to the FASP, the BM requested services to improve organization of daily activities, promote bonding and interaction with the child, and obtain assistance with child care. The family received case management, casework counseling and support services. During the 3/8/20 investigation, ACS learned there was domestic violence concerns in the home. ACS provided judicial intervention and the family received Court Ordered Supervision. The BM received referrals for domestic violence counseling, safety planning in the home and the judge ordered an a full stay away order of protection on behalf of the BM and child against the BF. The BF was referred to batterer's counseling and alcohol counseling/treatment but he did not comply with the service plan.



The provider agency did not contemporaneously enter progress notes. Some events occurred on 3/9/20, 3/10/20 and 3/13/20 but were not entered until 4/29/20, 5/4/10 and 5/12/20.

Legal History Within Three Years Prior to the Fatality

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

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
03/11/2020	There was not a fact finding	Withdrawn
Respondent:	055186 Father Male 38 Year(s)	
Comments:	The progress notes showed the Article Ten Neglect petition was withdrawn in Family Court.	

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