



Report Identification Number: NY-21-023

Prepared by: New York City Regional Office

Issue Date: Sep 03, 2021

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: 2 year(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 02/23/2021
Initial Date OCFS Notified: 03/05/2021

Presenting Information

According to the information received via the OCFS 7065, the two-year-old child was being treated and supervised at the hospital when he passed away. He was recovering from a medical procedure, but ultimately passed away from complications on 2/23/21 at 4:40PM.

Executive Summary

This fatality report concerns the death of a 2-year-old male subject child that occurred on 2/23/21. No autopsy was completed as the child died while receiving medical care in the hospital. The cause and manner of death were listed as natural on the death certificate.

There were no allegations of DOA/Fatality registered regarding this child's death as there was no suspicion of abuse or maltreatment. The agency 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.

At the time of the child's death, the child had two surviving siblings ages 8, and 3 years old, who resided with the mother and a 7-year-old half sibling who resided elsewhere. The father of the subject child did not reside in the home.

According to case documentation, the subject child was recovering from surgery conducted in December 2020, but ultimately passed away from complications on 2/23/21 at 4:40PM. The subject child was born with a serious medical impairment due to undeveloped intestines and spent his entire life in a long-term medical care facility out of state prior to hospitalization in New York and his subsequent death. The agency gathered information surrounding the fatality from the mother and collateral sources, which included medical staff, and relatives. All collateral contacts denied any concerns surrounding the mother's ability to care for the subject child, and explained the child had been hospitalized since before his death. The agency offered the family services in response to the fatality. Services are ongoing to address the needs of the family.

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:

There were no allegations of DOA/Fatality regarding the death of this child.

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:

Casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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

Issue:	Requirement to Report Death of a Child receiving CPS or Preventive Services
Summary:	The agency failed to report the death of the child in a timely manner. The child died on 2/23/21; however, the notification was not received until 3/5/21.
Legal Reference:	06-OCFS-LCM-13
Action:	The agency must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/23/2021

Time of Death: 04:40 PM

County where fatality incident occurred: New York

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping Working Driving / Vehicle occupant
- Playing Eating Unknown
- Other: Recovering from surgery

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

At time of incident was supervisor impaired? Unknown if they were impaired.

At time of incident supervisor was:

- Distracted Absent



Asleep

Other:

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	2 Year(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Other Household 1	Father	No Role	Male	30 Year(s)

LDSS Response

Upon receipt of the information regarding the death of the child, the agency contacted the hospital where the child had been receiving treatment to explore the circumstances of the child's death. The agency learned the child had a pre-existing medical condition that required surgery. The medical procedure was completed but the child succumbed to his illness. The medical providers indicated there was nothing the parents did or could have done for the child to prevent the child's death.

The agency contacted the family, assessed the children in the home and offered counseling to deal with the family's loss. The records reflected the agency maintained and continues to maintain contact with the family as the family was receiving ongoing services.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

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 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"/>



Child Fatality Report

All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Fatality Safety Assessment Activities

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

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"/>
Explain: Family was already receiving preventive services including counseling.				

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: There were no allegations pertaining to the surviving siblings and no allegations of DOA/Fatality.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<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:

Children were provided grief counseling.

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

Explain:

Mother was provided grief counseling.

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?** Yes
- Was the child acutely ill during the two weeks before death?** Yes

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)
05/12/2020	Sibling, Female, 8 Years	Mother, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 8 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 8 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 8 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The SCR report alleged the mother who had multiple clinical diagnoses, was not taking her medication which was affecting her ability to care for the 8 and 2-year-old children. On a regular basis, the mother was abusing drugs to the point of impairment while acting as the sole caretaker of the children. The mother often left her drug paraphernalia accessible to the children and was under the influence. Additionally, the condition of the home was deplorable, posing a health and safety risk to the children. Further, the mother broke the windshield of the father's car, causing the 2-year-old child to sustain scratches from the glass. The mother also attacked an adult while child was present.

Report Determination: Indicated

Date of Determination: 06/13/2020

Basis for Determination:

ACS substantiated the allegations of Inadequate Guardianship of the children by the parents based on credible evidence obtained during the course of the investigation. ACS based their decision on the information provided by the 8-year-old child who saw the mother break a bottle and swing with the broken bottle against the father. Additionally the same child provided detail regarding the father's attempts at choking the mother during an argument that took place in their car.

ACS unsubstantiated the allegations of Parents Drug/Alcohol Misuse and Inadequate Food Clothing and Shelter on the basis of no credible evidence.

OCFS Review Results:

The investigation was initiated and completed timely. ACS made contact with the appropriate collaterals and explored information obtained. ACS was aware of the family's lengthy history and contacted previous caseworkers to obtain information regarding services, family's willingness to accept and engage, and attempts to work with the family. As a result of all the information gathered, ACS convened a child safety conference and an Article 10 Petition of Neglect was filed against the parents. The family was placed under court ordered supervision. The safety and risk assessments were adequate.

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)
06/06/2019	Sibling, Female, 7 Years	Other - Father of 7 year old child, Male, 28 Years	Excessive Corporal Punishment	Substantiated	No
	Sibling, Female, 7 Years	Other - Father of 7 year old child, Male, 28 Years	Lacerations / Bruises / Welts	Substantiated	

Report Summary:

According to the SCR report, the then 1-year-old sibling was diagnosed with pneumonia. The child was exhibiting several symptoms, such as coughing, wheezing and a fever and was also in respiratory distress, which could become fatal without further treatment. The report alleged the mother was aware of the severity of the child's condition and went against medical advice. The child was not being treated for the condition.

Report Determination: Indicated

Date of Determination: 08/05/2019

Basis for Determination:

ACS substantiated the allegation of Lack of Medical care of the 1-year-old child by the mother on the basis of some credible evidence. ACS documented the mother left the hospital with the child against medical advice, despite knowing that the child had pneumonia. Hours later, the mother went to another hospital for care. The delay could have been fatal for the child.

ACS added and substantiated allegations of Excessive Corporal punishment and Lacerations/Bruises/Welts against he father of the then 7-year-old sibling as the child reported being hit with a belt and there were marks and bruises on the child's body.



OCFS Review Results:

The case documentation reflected timely initiation of the report, and numerous contacts with the appropriate collaterals including, medical, family, and previous providers. It appeared the mother's untreated clinical health concerns were impacting her ability to think and make appropriate decisions. ACS sought consults and made the appropriate decisions regarding the safety of the children. There was evidence of supervisory and legal services involvement during this case. ACS appropriately added and explored allegations when information regarding possible abuse was brought to their attention.

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)
02/22/2019	Sibling, Male, 1 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 6 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The narrative of the SCR report alleged on 2/22/19, the father physically assaulted the mother in the presence of the father's 5-year-old child and another female child in the home. The children were not physically injured. The father was arrested.

Report Determination: Indicated

Date of Determination: 04/24/2019

Basis for Determination:

ACS substantiated the allegations of Inadequate Guardianship of the children against the father. ACS documented the father went to the mother's home in violation of an OP and physically attacked and assaulted the mother while the children were present. The father's actions placed the children in danger of being harmed.

ACS also substantiated the allegation of Inadequate Guardianship of the children by the mother. ACS documented the mother was aware of the father's violent behaviors and called him to the home, thereby placing her and the children's physical condition in danger of being harmed.

OCFS Review Results:

ACS initiated the report timely and made the appropriate collateral contacts including contact with law enforcement. ACS learned of the ongoing DV in the parents relationship. ACS sought legal intervention and consults to assist with service needs planning. There was evidence of supervisory and legal services involvement. The mother was referred for the appropriate services.

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)
10/15/2018	Deceased Child, Male, 4 Months	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 4 Months	Mother, Female, 23 Years	Lack of Medical Care	Substantiated	



Deceased Child, Male, 4 Months	Father, Male, 27 Years	Inadequate Guardianship	Substantiated
Deceased Child, Male, 4 Months	Father, Male, 27 Years	Lack of Medical Care	Substantiated
Sibling, Female, 6 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Female, 6 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 1 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 1 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 6 Years	Father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Female, 6 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 1 Years	Father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 1 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated

Report Summary:

The SCR report alleged the SC who was then 4 months old, was in a terminally ill state. The child was in need of further medical intervention in order to treat his condition. However, in spite of being aware of the child's condition and the need for treatment, they were failing to ensure the child receive the care. The parents were also failing to adequately plan for required treatment. The grandmother and two other children had unknown roles.

Report Determination: Indicated

Date of Determination: 12/14/2018

Basis for Determination:

ACS substantiated the allegation of Lack of Medical Care and Inadequate Guardianship of the 4-month-old child; however, the narrative provided did not adequately explain the basis for the decision. ACS documented the parent's failure to visit the child in the hospital as the basis for substantiation.

ACS substantiated the allegations of Inadequate Food/Clothing/Shelter and Inadequate Guardianship of the older siblings on the basis of the deplorable conditions observed throughout the home. ACS documented the mother failed to provide a minimum degree of care to the children as the substandard and hazardous condition of the home placed the children in danger of harm

OCFS Review Results:

ACS initiated the investigation timely, provide the appropriate notices and made the appropriate collateral contacts. ACS met with medical staff, family and service providers. ACS addressed concerns related to DV and clinical health. ACS assessed the safety of the children and referred the family to services as there were concerns regarding the deplorable condition of the home; the home was infested with worms, rodents and roaches. The report was concluded in a timely manner, and ACS ensured there were services in the home before ending their investigative involvement.

NYCRO has since provided technical assistance regarding case determinations.

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/27/2018	Sibling, Female, 6 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 9 Months	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The SCR report alleged the mother often yelled at the 6-year-old. As a result, the child was scared of the mother. Between February and March of 2018 the mother left the children unsupervised for several minutes while the door to the home was left open and the mother left the building. The mother was aware the children should not be left unsupervised and despite this, the mother continued to do so. It was unknown if the children sustained any visible injuries as a result. It was also unknown if the mother had a history of leaving the children alone in the home.

Report Determination: Unfounded**Date of Determination:** 06/26/2018**Basis for Determination:**

The allegation of inadequate guardianship was unsubstantiated against the mother for the children. ACS documentd there was no credible evidence to support the allegations based on contacts with collaterals, the children, and family members.

OCFS Review Results:

ACS responded to the report in a timely manner. There was evidence of supervisory reviews during the investigation. ACS also explored overall history of the family and continually assessed the safety of the children.

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

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

The family had a lengthy CPS history. Reports registered by the SCR in 2015 were indicated for Inadequate Guardianship and Parent's Drug Alcohol Misuse.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

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: 08/28/2020

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts



Child Fatality Report

	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 was referred for services through a preventive services provider.

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:
10/24/2018	There was not a fact finding	Order of Supervision
Respondent:	058186 Mother Female 27 Year(s)	
Comments:	ACS filed an Article 10 petition against the parents seeking a remand of the children. The mother contested the remand and requested a 1027 hearing. After adjournments on 10/25/18, 10/26/18, 10/30/18, 11/1/18, 11/14/18 and 11/15/18, the child was released to the mother with order of protections on behalf of mother and subject children against the father.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
05/27/2020	There was not a fact finding	Return to Parent
Respondent:	058187 Father Male 30 Year(s)	
Comments:	A Petition of Neglect was filed against the father of the two-year-old child due to concerns of domestic violence. The father physically assaulted the mother in the presence of the children, grabbed the two-year-old child, placed him in the car, and attempted to run the mother over with the car. The children were released to the mother. The Court ordered that visits between the father and children be supervised by ACS or an approved resource.	

Have any Orders of Protection been issued? Yes	
From: 05/27/2020	To: Unknown
Explain: A full stay-away order of protection was filed on behalf of the mother and surviving siblings against the father of the two-year-old child due to concerns of domestic violence. The father physically assaulted the mother in the presence of the children, grabbed the two-year-old child, placed him in the car, and attempted to run the mother over with the car. The children were released to the mother. The Court ordered that visits between the father and children be supervised by ACS or an approved resource.	
From: 10/24/2018	To: Unknown
Explain: A full stay away order was issued against the father.	

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