



**Report Identification Number: NY-22-064**

**Prepared by: New York State Office of Children & Family Services**

**Issue Date: Jan 26, 2023**

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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:** 14 year(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 08/15/2022  
**Initial Date OCFS Notified:** 08/15/2022

## Presenting Information

On 8/15/22, the New York City Administration for Children's Services (ACS) learned of the death of the 14-year-old child that occurred on the same date. At the time of the child's death, he was hospitalized as a result of asthma exacerbation. The child passed away during an open CPS investigation regarding concerns the father left the child unsupervised, and that the child did not have properly functioning medical equipment for his disease. ACS notified the New York City Regional Office via the OCFS 7065 Agency Reporting Form.

## Executive Summary

On 8/15/22, ACS received an SCR report alleging the child was hospitalized due to having an asthma attack while unsupervised. Subsequently, the child passed away. ACS obtained information that the child was hospitalized for an asthma exasperation on 8/11/22, where he remained until the time of his death. At the time of the child's death, he resided with his father. The child was removed from the care of his mother in 2007 and was placed in a kinship foster home until the father obtained custody in the same year. The father did not have other children. The mother had significant CPS history including other children who were removed from her care. Those children were not part of the child's household and there was no known relationship between the siblings and the child.

ACS learned from hospital staff that on 8/11/22, the child was transported to the hospital via ambulance due to cardiac arrest and the child was diagnosed with asthma exasperation. The child was placed on a ventilator. On 8/15/22, the child was pronounced braindead.

The medical examiner did not perform an autopsy. The medical examiner's office reported they did not have suspicions that the father's actions or inactions contributed to the child's medical diagnosis and/or prognosis. ACS obtained the death certificate. The cause of death was cardiopulmonary arrest due to or as a consequence of status asthmaticus and due to or as a consequence of asthma. The manner of death was natural.

The father reported being out of the home when he had a telephone conversation with the child, who said his asthma was acting up and his nebulizer machine was not working. The father returned home with a replacement part for the nebulizer machine. The child was struggling to breathe, so the father called 911. EMS arrived and transported the child to the hospital.

ACS obtained collateral information from the pediatrician, mother and the paternal grandmother. The maternal grandmother did not have concerns for the care of the child. The pediatrician reported the child had mild asthma and the father was a strong advocate for the child. The child was prescribed medication for his asthma that was to be used as needed. The pediatrician did not have concerns for the father's care of the child. The mother did not have additional information.

ACS offered the parents bereavement services in response to the death. The mother accepted the services. The father declined bereavement services and accepted funeral assistance.

### PIP Requirement

ACS will submit a PIP to the New York City Regional Office within 45 days of the receipt of this report. The PIP will identify action(s) the ACS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently



implemented, ACS will review the plan and revise as needed to address ongoing concerns.

## 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:

Casework activity was commensurate regarding the death of a child during an open CPS investigation.

## 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:** 08/15/2022 **Time of Death:** 08:45 PM

**Date of fatal incident, if different than date of death:** 08/11/2022

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

**County where fatality incident occurred:** New York

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

**Time of Call:** Unknown

**Did EMS respond to the scene?** Yes

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

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

Sleeping  Working  Driving / Vehicle occupant



# Child Fatality Report

Playing

Eating

Unknown

Other: Sitting down

**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	14 Year(s)
Deceased Child's Household	Father	No Role	Male	48 Year(s)
Other Household 1	Mother	No Role	Female	41 Year(s)

**LDSS Response**

On 8/15/22, ACS received an SCR report regarding the fatal incident. Information was obtained from the hospital that the child had asthma exasperation and was admitted to the hospital on 8/11/22. The child was placed on a ventilator and had a poor prognosis. On 8/15/22, the child was declared braindead at 8:45 PM.

The father was interviewed at the hospital. He stated that on 8/11/22, he left the home to shop for groceries. While out of the home, he spoke to the child on the telephone and the child informed him that the child's asthma was acting up. The child told the father that part of the nebulizer machine that was used in treating the child's asthma was broken. The father went to the pharmacy, purchased the replacement part, and rushed home. The father said he was not out of the home for longer than 30 minutes. When the father arrived home, the child had labored breathing and the father called 911. The father sat with the child as they waited for EMS. At the time EMS arrived, the child passed out and was transported to the hospital. The father reported that he contacted the mother and other relatives to inform them of the child's condition. The father reported the child had been hospitalized for asthma approximately 6 months prior and was prescribed to utilize a nebulizer for treatment as needed.

Through speaking with relatives and medical professionals, ACS determined that the child was of age and maturity to remain in the home, unsupervised, for short periods of time and that the child knew how to, and was able to, call for help as needed. The father acted appropriately in seeking medical attention for the child; and therefore, determined the death did not need to be reported to the SCR.

ACS offered appropriate services to the family and after all casework activity was completed, the case was closed.

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

**Additional information:**

The record did not reflect the mother was interviewed face-to-face.

#### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**

The record reflected the child had siblings, who were the mother's children; however, the record reflected that the siblings were in foster care.



### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Explain:</b> Appropriate services were offered to the family.				

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input 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 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 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? N/A

**Explain:**

The siblings were not referred for services in response to the fatality. There was no known relationship between the child and the siblings.

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

**Explain:**

The father was offered and declined bereavement services; the mother accepted them. The father accepted burial assistance.

### 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? 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)
08/15/2022	Deceased Child, Male, 14 Years	Father, Male, 48 Years	Inadequate Guardianship	Unsubstantiated	No





Deceased Child, Male, 14 Years	Father, Male, 48 Years	Lack of Medical Care	Unsubstantiated
Deceased Child, Male, 14 Years	Father, Male, 48 Years	Lack of Supervision	Unsubstantiated

**Report Summary:**

An SCR report alleged the child suffered from asthma and a developmental disorder. The child did not feel well. The father did not have working medical equipment for the child's condition, so he left the home to get working equipment. When the father returned, the child was unresponsive. The child was taken to the hospital and was in the Intensive Care Unit, and on a ventilator.

**Report Determination:** Unfounded**Date of Determination:** 10/14/2022**Basis for Determination:**

The allegations were unsubstantiated as a fair preponderance of evidence was gathered that the father provided adequate guardianship and adequate supervision to the child. The child was mature enough to be left unsupervised for short periods. The father obtained medical care for the child. Collateral contacts denied having suspicion of abuse or neglect.

**OCFS Review Results:**

The investigation was initiated timely, and the source was contacted. A CPS history check was completed. Interviews with the family and collaterals were appropriate. Notice of Existence was provided timely.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/09/2022	Deceased Child, Male, 14 Years	Father, Male, 48 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child, Male, 14 Years	Father, Male, 48 Years	Lack of Medical Care	Far-Closed	

**Report Summary:**

An SCR report alleged the child had a developmental disorder and did not attend school during the 2021-2022 school year. He did not receive any services. The child had a medical condition related to his skin and the father refused to bring the child for medical treatment.

**OCFS Review Results:**

The case was initiated timely, and assigned to FAR. The source was contacted, and a CPS history check was documented. The FLAG was completed with the father. Collateral contacts were made. The 7-day Safety Assessment was completed timely. Written Notice of FAR and FAR closure were provided timely.

**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)
12/13/2021	Deceased Child, Male, 14 Years	Father, Male, 47 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 14 Years	Father, Male, 47 Years	Lack of Medical Care	Unsubstantiated	

**Report Summary:**

An SCR report alleged in approximately 12/2020, the father physically assaulted the grandmother in the presence of the child. The child was not injured during the incident, and it was unknown if the father was violent toward anyone thereafter. The child had a medical condition relating to his skin. The father failed to administer the prescribed



medication to the child. As a result, the child had skin rashes on his arms, legs and back. The father was aware of the situation and refused to treat the child's condition.

**Report Determination:** Unfounded

**Date of Determination:** 01/14/2022

**Basis for Determination:**

The allegation of LMC was unsubstantiated. ACS observed the child's medication, and the child did not present with any rashes. The child received appropriate medical care. Inadequate Guardianship was unsubstantiated. The father denied a physical interaction with the grandmother.

**OCFS Review Results:**

The investigation was initiated timely. The 7-day Safety Assessment was completed timely and accurately. A CPS history check was documented. Home visits were made, and collaterals were contacted. There were not documented attempts to contact the mother or notify her of the SCR report. The RAP was completed incorrectly as it did not reflect the child was in the care or custody of any substitute caregivers prior to the report date.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The record did not reflect attempts to contact the mother regarding the SCR report.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

ACS will make efforts to make contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP was completed inaccurately as it did not reflect the child was in the care of alternate caregivers prior to the report date.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

ACS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

**Issue:**

Failure to provide notice of report

**Summary:**

Although the father was provided with written notice, the record did not reflect the mother was provided with written notice of the SCR report.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

ACS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)



# Child Fatality Report

10/23/2020	Deceased Child, Male, 12 Years	Father, Male, 46 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Deceased Child, Male, 12 Years	Father, Male, 46 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 12 Years	Father, Male, 46 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the father had mental health concerns, and it was unknown if he was compliant with services or medication. The father had erratic behaviors, which presented safety concerns for the child. The father smoked marijuana between 1:00 AM- 3:00 AM in the presence of the child while he screamed at passersby, talked to himself, and played loud music. The child was unkempt and wore dirty clothing. The child mimicked the father's behaviors.

**Report Determination:** Unfounded**Date of Determination:** 12/18/2020**Basis for Determination:**

The allegations were unsubstantiated. The father appeared as sober during home visits and the child's needs were met. The child was dressed appropriately, and the home was free from drug paraphernalia, smoke, and odors.

**OCFS Review Results:**

The case was initiated timely and home visits were made. A CPS history check was documented. The father and child were interviewed. The father denied the allegations. The 7-day Safety Assessment was completed timely and accurately. The RAP was completed inaccurately. The mother was not provided with written notice. The record contained information that was not factual as ACS did not merge the SCR-reported "unknown individuals" with the father and child.

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

**Issue:**

Failure to provide notice of report

**Summary:**

Although the father was provided with written notice of the SCR report, the record did not reflect the mother was provided with written notice.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

ACS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP was completed inaccurately as it did not reflect the child was in the care of alternate caregivers prior to the SCR report.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

ACS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

**Issue:**

Case record contains information that is relevant, useful, factual and objective

**Summary:**

Although ACS determined the unknown subject and unknown child, who were reported to the SCR, were the BF and SC,



they were added to the investigation with unknown roles. The allegation determination screen did not reflect the BF was an alleged subject, or that the SC was the non-maltreated child. The BF and SC should have been merged with the SCR-reported unknown father and unknown child.

**Legal Reference:**

18 NYCRR 428.1(a) and 18 NYCRR 428.1(b)(1)

**Action:**

ACS records must contain information that is relevant, useful, factual and objective to best reflect accuracy throughout documentation. Such information is pertinent to investigations and the review of service needs.

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

6/1/17- 7/31/17 The BF was UnSub for IG and Sub for LMC of the SC.

1/1/15- 3/4/15 The BF was UnSub for IG, IF/C/S, LMC of the SC.

12/27/13- 2/26/14 The BF was UnSub for IG of the SC.

10/25/07- 12/3/07 The BM was Sub for IG and PD/AM of the SC.

### Known CPS History Outside of NYS

Although an historical case documented the father and child moved out of state, the record did not reflect attempts in obtaining possible CPS involvement from that state; therefore, it remained unknown if there was CPS history outside of New York.

### Preventive Services History

7/31/17- 9/15/17 A Preventive Services Case was opened as it was reported that the SC had a skin condition. The SC scratched vigorously, causing bleeding. The family was referred for assistance in obtaining health insurance. The family moved out-of-state and were referred to services in the area, including parenting classes. The pediatrician was contacted and did not report concerns.

3/3/06- 5/7/12 Prior to the SC's birth, the BM was involved in services due to concerns for drug misuse while caring for another child (OC). The BM failed to comply with drug treatment services. As a result, in 2006, a Neglect Petition was filed, and the OC was removed from the BM's care and freed for adoption. During the case, the SC was born with a positive toxicology for marijuana and cocaine. ACS filed a Neglect Petition on behalf of the SC and he was removed from the BM's care on 10/29/07 and placed in a kinship foster care home. On 11/13/07, the BF obtained custody of the SC. The petition was withdrawn. The OC was adopted in 2009. The services continued as the BM had another child in 2008. That child was removed and freed for adoption. The case was closed as the BM did not have children in her care.

### Foster Care Placement History

The mother had children who were removed from her care at different times. The father obtained custody of the child. The other children were freed for adoption and did not have a relationship with the subject child or the father.

### Legal History Within Three Years Prior to the Fatality



**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity.

**Recommended Action(s)**

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

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