



**Report Identification Number: NY-23-068**

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

**Issue Date: Dec 22, 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

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	DA-District Attorney	
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	SXTF-Sex Trafficking
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 14 year(s)

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

**Date of Death:** 07/02/2023  
**Initial Date OCFS Notified:** 07/06/2023

## Presenting Information

The New York City Administration for Children’s Services (ACS) was notified of the death of a 14-year-old child who was receiving prevention services through a long-term services case. The child was with his mother (BM), father (BF), adult sibling (AS), 12 and 10-year-old siblings (SSs) at a beach. The child was swimming in the water and drowned.

## Executive Summary

This report concerns the death of a 14-year-old child that occurred on 7/2/2023. The child was named on an open prevention services case. ACS was notified of the child’s death by the adult sibling on 7/3/2023 and notified OCFS through an OCFS Agency Reporting Form.

On 7/2/2023, the child spent the day at the beach with his mother, father, adult sibling, and 12 and 10-year-old siblings. The child entered the water and was caught in a rip tide which dragged him away from the beach and under the water. Lifeguards pulled the child from the water, brought him to shore, and administered CPR. The attempts to save the child’s life were unsuccessful and the child was pronounced dead on scene when additional emergency responders arrived.

ACS offered additional services to the family to support them following the death of the child. Additional services were declined, and ACS continued to provide existing services until October 2023 when the prevention case was closed.

## 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

### Explain:

There were no allegations of abuse or neglect against the BM or BF as the SC's death was not reported to the SCR. ACS met regulatory requirements in obtaining information on the SC's death.

**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:**  
There was detailed documentation of supervisory consult and the prevention services case remained open until 10/2023.

### 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:** 07/02/2023

**Time of Death:** Unknown

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

Unknown

**County where fatality incident occurred:**

Queens

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

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?**

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Swimming

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

#### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	No Role	Female	23 Year(s)
Deceased Child's Household	Adult Sibling	No Role	Female	19 Year(s)
Deceased Child's Household	Deceased Child	No Role	Male	14 Year(s)
Deceased Child's Household	Father	No Role	Male	53 Year(s)
Deceased Child's Household	Mother	No Role	Female	46 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)

#### LDSS Response



ACS was notified of the SC's death by the AS on 7/3/2023. The AS stated the SC drowned while swimming. ACS notified OCFS of the SC's death through an OCFS Agency Reporting Form.

ACS met with the family and learned the family had been at the beach. The SC entered the water and was caught in a rip tide which dragged the SC under water and away from shore. Lifeguards on duty were able to retrieve the SC from the water and attempted CPR on shore. The SC was pronounced dead on the beach when EMS arrived.

The SC and SSs had been in a kinship foster placement from 5/26/2022-9/2/2022 due to interpersonal violence between the BF and BM, and due to the AS's anger issues and excessive corporal punishment of the children. Services were put in place to support reunification and the family responded well to the services provided. The children were returned to the care of the BM, and the BF returned to the home upon completion of DV counseling. Prevention services remained in place after the children returned home. No concerns for interpersonal violence, excessive corporal punishment or other health or safety concerns were noted following the children being returned to the parents' care. Additional services in relation to the death of the SC were offered and declined by the family.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

### Multidisciplinary Investigation/Review

**Was the fatality referred to 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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"/>



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

<b>When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 A safety assessment was not required to be completed in the case record. ACS did ensure the SSs were safe in the care of the parents following the death of the SC.

**Fatality Risk Assessment / Risk Assessment Profile**

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

**Explain:**  
 A risk assessment was not required as part of the fatality investigation. A risk assessment was completed as part of the prevention services being provided to the family and services were in place to meet the needs of the family.

**Placement Activities in Response to the Fatality Investigation**

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

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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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? No

Explain:

Additional services in relation to the death of the SC were offered and declined.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

Additional services in relation to the death of the SC were offered and declined.



## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes  
 Was the child acutely ill during the two weeks before death? No

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/25/2022	Deceased Child, Male, 13 Years	Adult Sibling, Female, 22 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 10 Years	Adult Sibling, Female, 22 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 9 Years	Adult Sibling, Female, 22 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 13 Years	Adult Sibling, Female, 22 Years	Lacerations / Bruises / Welts	Substantiated	
	Deceased Child, Male, 13 Years	Adult Sibling, Female, 22 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Female, 10 Years	Adult Sibling, Female, 22 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Male, 9 Years	Adult Sibling, Female, 22 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Female, 10 Years	Mother, Female, 45 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 9 Years	Mother, Female, 45 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 13 Years	Mother, Female, 45 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 13 Years	Mother, Female, 45 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 13 Years	Father, Male, 52 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Father, Male, 52 Years	Inadequate Guardianship	Unsubstantiated	
Sibling, Male, 9 Years	Father, Male, 52 Years	Inadequate Guardianship	Unsubstantiated		

### Report Summary:

The SCR report alleged the AS has hit the SC and 11 and 9-year-old siblings with a wooden broom stick, a wooden spoon, and plastic brush on multiple occasions. On one occasion, the AS hit the SC so hard with the plastic brush a bristle punctured the SC's finger and broke off in it. The roles of the BM and BF were unknown.

**Report Determination:** Indicated

**Date of Determination:** 07/16/2022

### Basis for Determination:

ACS initiated their investigation and the physical discipline by the AS was confirmed. The SC and SSs were observed to





have visible marks and bruises and provided ACS with pictures and videos of the AS physically assaulting them. An additional concern was identified for the SC's mental health for which the parents were not getting the SC treatment for. Due to the minor children being unsafe around the AS, the children were removed and placed in a kinship foster placement on 5/26/2022. A case was opened for services and the investigation was closed. The BF consented to the kinship placement as he could not assure constant supervision of the minor children around the AS.

**OCFS Review Results:**

ACS conducted an investigation which met regulatory requirements and put proper interventions in place to ensure the safety of the minor children.

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)
02/08/2022	Sibling, Female, 10 Years	Mother, Female, 45 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Sibling, Female, 10 Years	Mother, Female, 45 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 13 Years	Mother, Female, 45 Years	Excessive Corporal Punishment	Unsubstantiated	
	Deceased Child, Male, 13 Years	Mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 13 Years	Mother, Female, 45 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 13 Years	Sibling, Female, 21 Years	Excessive Corporal Punishment	Unsubstantiated	
	Deceased Child, Male, 13 Years	Sibling, Female, 21 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

The SCR report alleged the BM and AS disciplined the SC with a belt. It was unknown if the SC had been injured. The BM was verbally abusive to the SC. The SC suffered from anxiety and the BM used disparaging terms towards him when he felt anxious. The BM also physically disciplined the then 10-year-old sibling and left visible injuries, though it was unknown if the injuries were visible at the time the report was made.

**Report Determination:** Unfounded

**Date of Determination:** 03/29/2022

**Basis for Determination:**

ACS met with all family members and the allegations were denied. The BM stated she was a victim of interpersonal violence and the BF was the perpetrator. The BM and the children left the family home due to the violence. ACS offered services which were declined. The SC was seeing a counselor in school to meet his mental health needs. The children were observed to have no marks or bruises and denied physical discipline, though expressed a desire to live with the BF.

**OCFS Review Results:**

ACS conducted an investigation which met regulatory requirements. Services were offered to the family to assist their needs and were declined.

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)
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# Child Fatality Report

04/27/2021	Sibling, Female, 17 Years	Father, Male, 51 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 17 Years	Mother, Female, 44 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Sibling, Female, 17 Years	Mother, Female, 44 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 17 Years	Mother, Female, 44 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

The SCR report alleged the BM physically assaulted the then 17-year-old sibling on several occasions. The SS had sustained several cuts, bruises, and scars as a result of the physical abuse. The 17-year-old SS ran away from home due to the physical discipline and was staying with an unknown adult. The BF was aware and failed to protect the 17-year-old SS. The SC and SSs had unknown roles.

**Report Determination:** Unfounded**Date of Determination:** 06/25/2021**Basis for Determination:**

ACS met with all parties and the then 17-year-old SS disclosed the physical discipline in the home. All other family members denied there was any physical discipline and attributed the altercations to the then 17-year-old siblings' behavioral issues. The then 17-year-old SS was staying with the paternal uncle. The then 17-year-old SS was free of visible marks and bruises and a plan was developed to allow the sibling to remain with the paternal uncle.

**OCFS Review Results:**

ACS conducted an investigation which met regulatory requirements.

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

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

There was one historical case more than 3 years prior to the fatality. An open FAR case in 5/2019 due to educational neglect of the then 15-year-old AS. The child's attendance improved and the case was closed.

**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 Child Protective Services case at the time of the fatality?** Yes

**Date the Child Protective Services case was opened:** 05/26/2022

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

	Yes	No	N/A	Unable to Determine
<b>Did the service provider(s) comply with the timeliness and content requirements for progress notes?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the services provided meet the service needs as outlined in the case record?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did all service providers comply with mandated reporter requirements?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

increased their risk of harm?				
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### 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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Preventive Services History

The BM and BF received counseling for parenting and domestic violence beginning in 6/2022 and completed the services in 8/2022. The AS received counseling for anger management, also completed in 8/2022. The SC and SSs were engaged in counseling services which were provided from 6/2022 to 10/2023.

### Foster Care Placement History



The SC and SSs were placed in a kinship foster placement from 5/26/2022-9/2/2022 due to the interpersonal violence between the BF and BM and the excessive corporal punishment administered by the AS.

### 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:
06/01/2022	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	065520 Mother Female 46 Year(s)	
<b>Comments:</b>	A Neglect Petition was filed against the BM regarding the children due to interpersonal violence in the home, and the excessive corporal punishment administered by the AS.	

**Have any Orders of Protection been issued? Yes**

**From:** 06/01/2022

**To:** 09/02/2022

**Explain:**  
An OP was put in place to allow for no unsupervised contact between the children and the BM, BF, and AS. The OP was lifted when the children returned home.

### 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