



Report Identification Number: NY-23-115

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

Issue Date: Mar 04, 2024

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: 11 year(s)

Jurisdiction: Richmond
Gender: Male

Date of Death: 11/23/2023
Initial Date OCFS Notified: 11/27/2023

Presenting Information

An OCFS-7065 Agency Reporting Form was received on 11/27/23 regarding the subject child's death. The form reflected on 11/23/23, the mother contacted the family's therapist and informed the therapist the subject child had died. The child was considered medically fragile and had previously been diagnosed with an ultimately fatal medical condition, which affected his motor and cardiac functioning. It appeared the child died because of his going medical concerns.

Executive Summary

This report concerns the death of the 11-year-old subject child. At the time of his death, the child and his family were receiving Advocates Preventive-Only (ADVPO) preventive services through a voluntary agency contracted with the Administration for Children's Services (ACS). The family services stage was opened on 10/10/23, as an outcome of a FAR case. The voluntary agency was made aware of the child's death on 11/23/23 and completed the required notifications. At the time of the child's death, he resided with his mother, father, and 14-year-old sibling.

The child's terminal diagnosis was known to ACS due to prior involvement with the family. The mother reported the child developed the severe form of a neuromuscular disease at the age of four; however, medical records indicated the diagnosis occurring around age six (in 2018). In March 2020, the child became wheelchair bound, and his health continued deteriorating. The mother expressed to ACS there was no cure, and the diagnosis would eventually result in death.

Due to previously established documentation requirements, ADVPO records are maintained outside the CONNECTIONS system and were not available for this review. It was unknown if the death certificate was obtained, if the death was referred to the medical examiner, or if an autopsy had been performed. An SCR report was not registered concerning the death, as it was believed the child died due to his known medical conditions. The obituary reflected the child died on 11/22/23 of cardiac arrest. Collateral contact with medical providers confirmed the mother was knowledgeable of the child's diagnoses and there were no concerns with the mother's ability to provide care to the child. The preventive services case remained open following the fatality and the sibling was assessed to be safe in the care of the parents.

Bereavement specific resources were provided to the family. As part of the preventive services program, a therapist was already working with the family and continued to meet with the family following the fatality.

PIP Requirement

For citations identified in historical cases, 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

Explain:

The SCR was not contacted regarding this fatality, nor was there an open CPS investigation at the time of the subject child's death, therefore the investigation safety assessments and a determination were not required.

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:

The preventive services case remained open.

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: 11/23/2023

Time of Death: Unknown

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

County where fatality incident occurred: Richmond

Was 911 or local emergency number called? Unknown

Did EMS respond to the scene? Unknown

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- 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	11 Year(s)
Deceased Child's Household	Father	No Role	Male	40 Year(s)
Deceased Child's Household	Mother	No Role	Female	36 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)

LDSS Response

During ACS's initial contact with the family in September 2022, ACS learned of the child's fatal diagnosis. Although historical cases were not initiated due to the subject child's health status, medical collaterals and records were obtained throughout ACS's investigations and FAR case with the family.

The pediatrician was contacted during historical investigations and confirmed the child's diagnoses. The pediatrician denied concerns for the child's medical care and stated the mother was knowledgeable about the child's needs. The child was followed by primary care, neurology, cardiology, orthopedics, and pulmonology. Additionally, the child received health paraprofessional services in school and home health aide services. As part of the most recent FAR case, ACS spoke with the home health aide and learned the aide had worked with the family since November 2022 and came to the house four to five hours a day, six days a week. The aide denied any concerns. As part of the FAR case, the pulmonologist was contacted, and records were received. Records reflected the child was seen in August 2023 and was considered stable at that time; however, his condition was potentially degenerative. The child struggled to adequately clear bronchial secretions. The record went on to explain that patients who experienced this often lacked the muscle strength or control required to cough and thereby remove bronchial secretions from the lungs. Without removal of these secretions bacterial infection and oxyhemoglobin desaturation can occur resulting in respiratory failure, hospitalization, and death.

On 11/23/23, the voluntary agency therapist was notified by the mother of the child's death. The agency completed the OCFS-7065 Agency Reporting Form and notified the appropriate Regional Office. The sibling was assessed by the therapist in the days following the fatality and remained in the care of the mother. The voluntary agency planned to continue meeting with the family to offer support through the grieving process.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

Was the fatality referred to an OCFS approved Child Fatality Review Team?No

Comments: The New York City region does not have an OCFS approved Child Fatality Review Team.



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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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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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"/>



Child Fatality Report

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"/>

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

Additional information, if necessary:

The family was actively engaged in preventive services prior to the fatality. The voluntary agency provided clinical and case management services to the family. In response to the fatality, the family was provided with grief resources and the therapist continued meeting with the family to offer additional support through their grieving process.

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)	Status/Outcome	Compliance Issue(s)
09/02/2023	Deceased Child, Male, 11 Years	Mother, Female, 36 Years	Inadequate Guardianship	Far-Open	No
	Deceased Child, Male, 11 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Far-Open	
	Sibling, Female, 13 Years	Mother, Female, 36 Years	Inadequate Guardianship	Far-Open	
	Sibling, Female, 13 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Far-Open	

Report Summary:

An SCR report was received on 9/2/23, which alleged the mother abused marijuana, cocaine, and alcohol every night to the point of intoxication. As a result, she was unable to provide the subject child and sibling with adequate care. The report further alleged the mother hit the sibling. A few days prior, the sibling had run away from home and her whereabouts were unknown. The sibling had a history of running away and the mother failed to file a missing persons report.

OCFS Review Results:

ACS initiated their response timely and the family consented to having the case tracked FAR. ACS engaged the family in the development of the FLAG and Action Plan. ACS received the family's permission to contact relevant collaterals, who confirmed the sibling's behavioral challenges both at home and in the school setting. The family accepted a PPRS referral to a Multi-Systemic Therapy prevention program. Medical collaterals were made for the subject child, which revealed the mother was compliant with medical appointments and the child was receiving medical support in home and at school, along with multiple specialists. The sibling's father was not provided notice of the FAR case.



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)
06/08/2023	Sibling, Female, 13 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

An SCR report received on 6/8/23 stated the 13yo sibling was diagnosed with a mental health disorder and the mother was overwhelmed while caring for the sibling. On 6/7/23, the mother and the sibling got into an argument over a door. The argument escalated and the mother attempted to choke the sibling. The sibling managed to get away from the mother. The mother was threatening to kill the sibling during the argument.

Report Determination: Unfounded

Date of Determination: 07/20/2023

Basis for Determination:

The allegation of Inadequate Guardianship against the mother regarding the 13yo sibling was unsubstantiated and the report was unfounded. The Investigation Conclusion Narrative stated it was learned that the mother and sibling had gotten into an argument. While frustrated, the mother commented that she "could" choke the sibling; however, both the mother and sibling confirmed the mother did not choke the sibling. The sibling was assessed the day the report came in and no marks or bruises were observed.

OCFS Review Results:

ACS initiated their investigation timely. All family members were interviewed and denied the mother choked the sibling and physical discipline in general was denied. The record did not reflect the sibling's father was contacted. The mother requested additional services through the sibling's mental health provider and declined PPRS. Collateral contact with school confirmed the concerns regarding the sibling's behaviors. There were no concerns regarding the mother's ability to meet the subject child's medical needs. It was reported the day of the incident the mother contacted 911 and the sibling was brought to the hospital, though these collaterals were not contacted for further input.

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)
09/23/2022	Sibling, Female, 12 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 12 Years	Mother, Female, 35 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 12 Years	Father, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report dated 9/23/22 stated the mother was physically aggressive toward the sibling, hit her with a closed fist on the head and pulled her braids. The sibling experienced soreness and a superficial scratch on her right cheek. The stepfather was present and failed to intervene. A subsequent report was received which specified that the mother hit the sibling on the right side of her head, back of her neck, and right shoulder. A third report received alleged the mother hit the sibling on the knee, pulled her and dragged her by her hair and hit her. A fourth report alleged the mother punched and slapped the sibling.

Report Determination: Unfounded

Date of Determination: 11/22/2022

Basis for Determination:

The Investigation Conclusion Narrative stated the allegations of Inadequate Guardianship and Lacerations/Bruises/Welts against the mother regarding the sibling were unsubstantiated as the sibling did not have a serious injury. The mother did



not discipline the child outside of societal norms and the mother sought help from the sibling's school to address her behaviors of acting out in the home and community. The allegation of Inadequate Guardianship was unsubstantiated against the subject child's father as it was determined he did not need to intervene on behalf of the sibling while the mother disciplined the sibling as there was no threat of harm.

OCFS Review Results:

The investigation was initiated timely, and the sibling was assessed within 24 hours and found to have a 1-inch scratch on her face, which she said the mother inflicted. The mother denied the use of physical discipline. Relatives denied concerns for the mother's care of the CHN and corroborated the mother's struggles with the sibling's behavior. The mother was offered PPRS and declined, stating she would use services through the school. The subject child's medical needs were documented throughout the record. Not all supervisory guidance was documented to have been completed prior to case closure.

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

Issue:

Adequacy of Documentation of Safety Assessments

Summary:

The safety decision recorded in the 7-Day Safety Assessment was inconsistent with case circumstances. The assessment reflected the CHN were in immediate/impending danger, and the parents/caretakers had refused access, fled, or the CHN's whereabouts were unknown; however, all CHN's whereabouts were known and access had not been refused.

Legal Reference:

18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

Action:

The results of each Safety Assessment must be accurately documented in the case record to reflect case circumstances regarding safety.

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

The sibling's father was identified but not added to or notified of the report. Although it was learned the sibling visited with the father during the open investigation, there was no effort to interview him or gather contact information.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

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

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

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

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 10/10/2023



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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

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

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



of Social Services?

Additional information, if necessary:

A voluntary agency was assigned the case planner role. There was a therapist and case manager and twice weekly home visits were conducted.

Preventive Services History

A family services stage (FSS) was opened on 10/10/23 to offer preventive services in response to the sibling's behaviors in the home and in the community. The mother had previously declined preventive services through ACS and had utilized community-based services; however, expressed during the most recent FAR case she would like to try preventive services. ACS referred the family to a Multi-Systemic Therapy (MST) preventive program, which opened on 11/3/23. The MST program runs four to eight months and included a therapist and case manager to work with the family twice a week. Initial goals were to build on the mother's skills, assist in behavior shaping for the sibling and mother, and empower the mother to manage the sibling's disruptive behaviors. The family was actively engaged in services since the onset of treatment. The most recent home visit prior to the fatality occurred on 11/15/23. The subject child engaged in conversation with the therapist and presented with a normal affect and mood.

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