



Child Fatality Report

Report Identification Number: NY-20-008

Prepared by: New York City Regional Office

Issue Date: May 26, 2020

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



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Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



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Case Information

Report Type: Child Deceased
Age: 9 year(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 01/13/2020
Initial Date OCFS Notified: 01/15/2020

Presenting Information

OCFS received the 7065 form reporting that on 1/13/20, the BM found the child unresponsive. EMS was contacted and they responded to the home, and transported the child to the local hospital where she was pronounced dead.

Executive Summary

The 9-year-old female child died on 1/13/20. ACS obtained information that showed the child's death was due to her pre-existing condition.

At the time of the child's death, the family had an open preventive services case. The case was opened to address the family's history of DV, and child's medical needs. The child sustained injuries when she was approximately 1 1/2 years old. She was non-verbal, required motorized equipment for movement, and medical devices for feeding and breathing. She received in-home nursing, therapeutic and education services. The family was in receipt of Court Ordered Supervision with ACS. The family also had an open investigation that began on 11/20/19.

ACS was investigating the 11/20/19 report when the agency learned of the child's death. ACS investigative findings showed on 1/13/20, at approximately 1:00 AM, the BM changed the child's diaper. The BM then fell asleep and when she awoke at approximately 4:00 AM, she checked the child and found her unresponsive. The BM administered CPR to child while the 16-year-old cousin, who resided in the home, contacted 911 for assistance. EMS responded to the home, continued CPR and transported the child to the hospital. The medical personnel continued resuscitative efforts until the attending physician pronounced the child dead.

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

The child had three minor surviving siblings and one male cousin who resided with the BM. The BF no longer resided in the home as he reportedly relocated to a foreign country. ACS visited the family, assisted with burial arrangements and offered referrals for bereavement. ACS made the required safety assessments and risk assessments and determined the BM provided a minimum degree of care to the children.

The case remained open for preventive services at the time of issuance of this fatality report.

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



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Determination:

- Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The casework activity was commensurate with the case circumstances.

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 case was already open for preventive services.

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: 01/13/2020

Time of Death: 05:05 AM

Time of fatal incident, if different than time of death: 04:00 AM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

How long before incident was the child last seen by caretaker? 3 Hours

At time of incident supervisor was:

- | | |
|---|--|
| <input type="checkbox"/> Drug Impaired | <input type="checkbox"/> Absent |
| <input type="checkbox"/> Alcohol Impaired | <input checked="" type="checkbox"/> Asleep |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Impaired by illness |



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Impaired by disability

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	Female	9 Year(s)
Deceased Child's Household	Mother	No Role	Female	34 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	16 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Other Household 1	Father	No Role	Male	38 Year(s)

LDSS Response

Following the child's death, ACS visited the home and observed relatives and friends, who provided support to the family on 1/13/20. During the visit, ACS interviewed the BM and surviving children. Per the BM's account, on 1/13/20 at approximately 1:00 AM, she attended to the child's hygiene needs. The BM fell asleep and awoke at approximately 4:00 AM. At the time she awoke, she observed the child seemed unresponsive. She then placed the child on the floor and began CPR while the 16-year-old cousin contacted 911 for assistance. EMS responded to the home, found the child was alive and transported her to the hospital. Medical personnel continued resuscitative efforts, the child's condition deteriorated and the attending physician pronounced her dead at 5:05 AM.

The results of ACS interviews showed the SS and cousin were aware of the medical emergency that led to the child's death. The SS expressed feelings of sadness, and the cousin said he did not want to discuss the child's death. ACS provided referrals for bereavement and crisis intervention for the BM and SS. ACS assessed the home conditions and found the family had adequate provisions.

ACS interviewed the family's physician and obtained the child and SS's medical records on 1/17/20. The documentation showed the child had a physical examination on 8/17/19. Her pre-existing conditions included traumatic brain injury and developmental disabilities since 2012. The three SS received individual well-child examinations between 10/12/19 and 1/15/20. The SS had no chronic medical conditions, they were not prescribed medications and their immunizations were current. The BM was compliant with the medications and treatment and there were no concerns regarding the care the BM provided the child and SS.

ACS and CP maintained contact with the family. ACS interviewed and observed the BM, SS and cousin. The documentation showed the cousin was the BF's nephew, who relocated from a foreign country. The BF relocated to a foreign country in December 2019. The documentation did not include details about the cousin's parents. The SS and cousin did not have suspicious marks/bruises on their bodies, the family had an adequate supply of provisions and the sleeping arrangements were satisfactory. There were no hazardous conditions in the home.

Official Manner and Cause of Death



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Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

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

Additional information:

ACS did not contact EMS and ME to obtain information about their involvement with the case.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
The family was already in receipt of preventive services.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
There was no removal regarding the survival children.

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



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Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 received preventive services.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The surviving children received case management services.

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

Explain:

The BM received burial assistance and Court Ordered Services. The BF resided in a foreign country.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No

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



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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)
11/20/2019	Sibling, Female, 5 Years	Father, Male, 38 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 9 Years	Father, Male, 38 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 11 Years	Father, Male, 38 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 15 Years	Father, Male, 38 Years	Inadequate Guardianship	Substantiated	
	Other Child - Cousin, Male, 16 Years	Father, Male, 38 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The 11/20/19 report alleged there were physical and verbal altercations between the BM and BF in the presence of the children. The BF was violent towards the BM. The BF yelled at and hit the BM. On 11/19/19, the BM and BF had an argument in the presence of the children. The BF threatened to kill the BM and children during the altercation.

Report Determination: Indicated

Date of Determination: 01/19/2020

Basis for Determination:

ACS substantiated the allegation of IG of the children by the BF on the basis of credible evidence. The BF threatened to kill the BM and children. The children were at risk of imminent danger of harm.

OCFS Review Results:

ACS initiated the 11/20/19 investigation within the required timeframe, completed the required safety and risk assessments and monitored the service plan for the family. ACS filed an Article Ten Neglect petition on behalf of the BM and children naming the BF as the respondent. The judge released the children to the BM with ACS supervision and issued an OP.

The findings showed the BF moved out of the home and relocated to a foreign country in December 2019. The BM provided a minimum degree of care to the children. The investigation was in progress when ACS received information about the child's death on 1/13/20.

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)
09/05/2019	Deceased Child, Female, 8 Years	Father, Male, 37 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 5 Years	Father, Male, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 14 Years	Father, Male, 37 Years	Inadequate Guardianship	Substantiated	
	Other Child - Cousin, Male, 16 Years	Father, Male, 37 Years	Inadequate Guardianship	Unsubstantiated	



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Sibling, Male, 11 Years	Father, Male, 37 Years	Inadequate Guardianship	Substantiated
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Report Summary:

On 9/4/19, the BF hit the 11-year-old SS one time with an open hand on the right shoulder, as a form of discipline. As a result, the SS sustained two marks on the right shoulder. The BF had a history of throwing objects while the children were in the home. The BF's actions placed the children at risk of harm. The BM had an unknown role.

Report Determination: Indicated **Date of Determination:** 11/04/2019

Basis for Determination:

ACS substantiated the allegation of IG of the 11-year-old and 14-year-old SS on the basis of credible evidence that showed the BF hit the two SS as a form of discipline.

ACS unsubstantiated the allegation of IG of child, 5-year-old SS and cousin, and XCP of the 11-year-old SS on the basis of no credible evidence. ACS explained that the BF and BM provided the basic needs of the children in the household. Regarding the XCP allegation, ACS added that the discipline method was not excessive.

OCFS Review Results:

The findings showed the BF hit the siblings. ACS observed the children and noted they did not have visible marks/bruises although the investigative findings showed the BF hit the children. The BM denied the BF hit her. She said the BF used verbal aggression in the home.

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)
12/12/2018	Sibling, Male, 10 Years	Father, Male, 37 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Sibling, Male, 10 Years	Father, Male, 37 Years	Lacerations / Bruises / Welts	Substantiated	

Report Summary:

The report alleged the BF used excessive force to punish the 10-year-old SS. The BF used a "flip flop" to hit the SS in the face, causing the SS to sustain a cut inside his upper lip. The roles of the BM, child and other SS were unknown.

Report Determination: Indicated **Date of Determination:** 02/19/2019

Basis for Determination:

ACS substantiated the allegation of L/B/W of the 10-year-old SS by the BF as the SS sustained a mark/bruise that was the result of the BF hitting him.

ACS unsubstantiated the allegation of XCP on the basis of no credible evidence to suggest the allegation that stated the BF's use of "corporal punishment was excessive beyond what is objectively reasonable."

OCFS Review Results:

ACS findings showed the BM and BF utilized corporal punishment to discipline the children. ACS addressed proper forms of discipline with the BM and BF, discussed the allegations during a Family Team Meeting, and addressed the concerns with the CP. The ACS safety interventions included Intensive Home Based Family Preservation Services, immediate supervision/monitoring and Family Court intervention. The judge issued a limited OP against the father. The Risk Assessment Profile did not include the BM and BF's inappropriate use of corporal punishment in the home. However, the documentation showed the BM and BF were willing to use appropriate methods to discipline the 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)
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11/06/2017	Deceased Child, Female, 6 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 3 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 9 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 12 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The 11/6/17 report alleged, during the weekend, the BM and BF engaged in physical altercation in the presence of the five children. The BF struck the BM while the children were at home. It was unknown if the children were injured. The BM had an unknown role.

Report Determination: Indicated

Date of Determination: 01/05/2018

Basis for Determination:

ACS substantiated the allegation of IG on the basis of credible evidence. The BF committed acts of DV in the presence of the children. The BF used verbal threats and harassed the BM in the presence of the children.

OCFS Review Results:

ACS interviewed the BM and older SS and found the BF verbally abused, threatened and hit the BM. The SS witnessed the DV incidents and they exhibited behavioral problems. ACS interviewed the BF, who denied DV occurred in the family. He refused to attend a batterer's intervention program.

ACS filed an Article Ten Neglect petition naming the BF as the respondent. The judge issued an OP that stipulated the BF must refrain from harassing, menacing, assaulting or arguing with the BM in the presence of the children. The family received Court Ordered Supervision with ACS. The child received nursing and therapeutic services. ACS completed ongoing safety assessments and risk assessments.

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)
08/16/2017	Deceased Child, Female, 6 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 3 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 12 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 6 Years	Mother, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 12 Years	Mother, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The report alleged the BM missed her appointment for services. The BM would have no food for the children. The home was deplorable and unfit for the children because of infestation, trash, dirty clothes and dirty dishes throughout the home.

Report Determination: Unfounded

Date of Determination: 10/15/2017



Child Fatality Report

Basis for Determination:

ACS unsubstantiated the allegation of IG on the basis of no credible evidences. The BM and BF provided the child and SS with their basic needs.

OCFS Review Results:

ACS visited the home, interviewed the BM, BF and older SS, and observed the home conditions. ACS obtained information from collateral contacts and verified the BM received services as scheduled. The investigative findings showed the family had a history of DV. ACS contacted LE and initiated interventions to address the history of DV. The BM and BF experienced difficulty in meeting the needs of the child. ACS referred the family for PPRS and community-based services to address the child's medical and developmental needs, and to provide support services to the family.

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)
06/23/2017	Deceased Child, Female, 6 Years	Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Deceased Child, Female, 6 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 6 Years	Mother, Female, 31 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

The 6/23/17 report alleged the child had a brain injury and other medical condition. The BM failed to provide the adequate amount of nutrition to ensure the child was growing. As a result, the child was frail and underweight.

Report Determination: Unfounded

Date of Determination: 08/22/2017

Basis for Determination:

ACS unsubstantiated the allegations of the report on the basis of no credible evidence. The child and SS received adequate care in the home. The medical records showed the BM took the child to scheduled medical appointments.

OCFS Review Results:

During the 6/23/17 investigation, ACS did not make diligent efforts to observe the family until 6/26/17. In June and July of 2017, ACS interviewed household members and assessed the home conditions. The BM and BF denied the allegations of the report. ACS obtained information from collateral contacts and verified the children received a minimum degree of care. ACS, the BM and BF discussed medical care concerns to make certain the child received prescribed in-home nursing services. The investigative findings showed the BF yelled and used derogatory words when speaking with the BM and children. ACS obtained LE involvement to address DV in the home.

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)
04/14/2017	Sibling, Male, 12 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

The 4/14/17 report alleged the BF was violent and out of control. He screamed at the BM and children and threw items and broke doors and household items. He threatened physical violence towards the BM. The roles of the other family members were unknown.

Report Determination: Unfounded

Date of Determination: 06/16/2017



Child Fatality Report

Basis for Determination:

ACS unsubstantiated the allegation of the report on the basis of no credible evidence. ACS added that the BM was the sole caretaker of the children, the BF assisted with supervising the children and he addressed their needs.

OCFS Review Results:

ACS engaged all household members and assessed the home conditions. During separate interviews with ACS, the BM and BF denied the allegations of the report and they said they spoke in a loud manner in the home. ACS made unannounced visits to the home, obtained information from collateral contacts, and noted there was no sign of physical abuse, and no recent DV incident report. The children did not have suspicious marks/bruises. ACS addressed Early Intervention services for the 2-year-old SS, and the medical needs of the child, who required in-home nursing care. ACS opened a preventive services case to monitor the child's needs and support the family.

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

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

Between 9/9/09 and 6/24/16, the BM was an alleged subject in 11 reports. The allegations of the 11 reports were a combination of IG, LS, IF/C/S and II pertaining to the children in the BM and BF's household. ACS investigated the reports and substantiated the allegations of IG, II and LS.

Five of the 11 reports, which were dated 12/1/09, 9/29/11, 5/21/12, 11/6/12 and 3/4/13, were indicated, and the remaining six reports were unfounded.

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: 06/14/2017

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: 06/14/2017

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

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

Casework Contacts



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	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"/>

Provider

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

Additional information, if necessary:
The family received PPRS.

Required Action(s)

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

Yes No

Child Fatality Report



Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	SCO Family Services completed a RAP dated 6/18/19, and assigned a Final Risk Rating of "Low" to the case circumstances. The RAP did not include the BF's violent behavior and his refusal to engage in DV services.
Legal Reference:	18 NYCRR 432.2(d)
Action:	SCO Family Services must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. SCO must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	
Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	SCO Family Services did not enter progress notes contemporaneously. Some progress notes with event dates of 6/20/19 and 6/28/19 were not entered until 8/22/19 and 9/18/19, respectively.
Legal Reference:	18 NYCRR 428.5
Action:	SCO Family Services must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. SCO Family Services must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Preventive Services History

During the 12/1/09 investigation, ACS found the BM and BF engaged in DV in the presence of the children. ACS provide court ordered supervision under an Article Ten Neglect petition that was filed in Family Court in January 2010. ACS closed the case after the parents completed DV and batterer's counseling, and other required services in May 2011.

The family received preventive services from October 2011 to February 2013, and March 2013 to January 2016. The services addressed the DV and mental health concerns, and children's developmental and Early Intervention needs. The preventive services case was open when the child sustained brain injuries from a television that fell on her. The child was hospitalized, then transferred to long-term rehabilitation care, and received therapeutic and nursing services in the home. ACS closed the preventive services case as there were no longer any safety factors the placed the children in danger, the BM and BF received training to care for the child in the home, and risk issues were addressed.

On 6/14/17, ACS opened a preventive services case for the family to address DV in the home and monitor the child's needs. ACS and the provider agency completed the required number of casework contacts. A home visit occurred on 1/10/20. The CP noted there were no safety concerns.

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



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