



**Report Identification Number: NY-15-077**

**Prepared by: New York City Regional Office**

**Issue Date: 2/18/2016**

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

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

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

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

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

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

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

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



## Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

## Case Information



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 7 year(s)

**Jurisdiction:** Richmond  
**Gender:** Female

**Date of Death:** 07/08/2015  
**Initial Date OCFS Notified:** 07/09/2015

## Presenting Information

The SC, who was in the care of the BM, was receiving weekly treatments for a life threatening condition. On the evening of 7/7/15, the BM called for EMS because the child's condition was deteriorating. The SC was transported to the Staten Island University Hospital (SIUH) where she expired the following day, 7/8/15. On 7/9/15, ACS was informed of the SC's death.

## Executive Summary

The seven-year-old female SC died of natural causes on 7/8/15. The SC was born with serious medical issues. ACS determined that the SC's death was not due to neglect or maltreatment by the BM; therefore, no fatality report regarding the death was registered with the SCR. The BF or paternal family members were not involved with the SC throughout the SC's life.

On 7/9/15, NYCRO was notified of the child's death via the OCFS-7065 form Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases. The additional information regarding the child's death was reported to OCFS under Chapter 485 of the Laws of 2006 and was included in the family's open case for further exploration by ACS.

According to the ACS documentation, the SC expired in the hospital on 7/8/15 at 7:00 P.M. ACS learned the SC was admitted to the hospital on 7/7/15 and was receiving treatment for her medical condition. The SC had been receiving weekly medical treatments for this condition prior to this hospitalization at the Memorial Sloan Kettering Cancer Center (MSKCC). However, when her condition deteriorated she was taken to the SIUH where she remained until her death.

ACS had been involved with the BM and the four surviving siblings ages one, two, three and thirteen years of age since 11/15/13.

The mother has refused PPRS services but ACS has continued to monitor the family.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

- **Safety assessment due at the time of determination?**

Yes

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the**

Yes, sufficient information was gathered to determine all



investigation?

- Was the determination made by the district to unfound or indicate appropriate?

allegations.

Yes

Explain:

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:

Required Actions Related to the Fatality

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

<b>Issue:</b>	Investigation Conclusion Safety Assessments
<b>Summary:</b>	The safety decision for the Investigation Determination S/A of the 5/27/15 report should reflect safety decision #2 as opposed to #3. Although there were issues in the home there were no factors at that time that placed them in impending danger.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(iii)(b)
<b>Action:</b>	The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS 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.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/08/2015

Time of Death: 07:00 AM

County where fatality incident occurred:

RICHMOND

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

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

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown



Other: The SC was hospitalized

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

**Is the caretaker listed in the Household**

**Composition? No**

**At time of incident supervisor was:** Not impaired.

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

**Children ages 0-18: 01**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	7 Year(s)
Deceased Child's Household	Mother	No Role	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	02 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	07 Year(s)
Deceased Child's Household	Sibling	No Role	Male	03 Year(s)

### LDSS Response

On 7/8/15, the ACS Specialist was notified by the MSKCC social worker (SW) that the SC had expired at 7:00 A.M. According to the SW, the BM called the hospital at 1:00 A.M., then she called 911 and the SC was taken to a hospital on Staten Island where she died. The SW told the Specialist there was nothing the BM could have done to prevent the SC's death. The SW explained that the BM had been very involved with caring for the SC and MSKCC staff believed the mother's care had prolonged the child's life. The SW added that the child was expected to die given the nature of the illness.

Later the same day, following the receipt of the information regarding the SC's death, the Specialist contacted the BM by telephone and inquired about the surviving siblings. The BM told the Specialist the younger surviving siblings were with her and the thirteen-year-old was with the MGM. The Specialist then visited the home. ACS documented that the Specialist assessed the home to be clean with sufficient food and there were no safety concerns for the surviving siblings observed. The Specialist interviewed the BM who stated she did not have the finances for the funeral. On 7/9/15, the Specialist contacted the funeral home responsible for the SC's funeral arrangement to begin the process of assisting with BM with the expenses.

On 7/20/15, the Specialist visited the home and observed the surviving siblings who were playing outside the home. The BM stated that she and the surviving siblings were doing well. The BM provided the Specialist with a copy of the SC's death certificate for ACS to assist with the SC's funeral expenses. ACS documented there were no safety concerns in the home.



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On 7/27/15, ACS substantiated the allegations of EdN and IG of the 13 year old surviving sibling by the BM. ACS determined the BM had not taken action to have the 13-year-old attend school or receive the school based services offered by the Board of Education. The case remained open for services.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

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

## Multidisciplinary Investigation/Review

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the New York City region.

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

## 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 safety assessment of impending or immediate danger to surviving siblings/other children				



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

## 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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 There was no removal required as a result of the death of the SC. ACS' investigation centered on the 13 year old



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surviving sibling's poor attendance and behavior.

## 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	Needed but 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" 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 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 mother has consistently refused PPRS and other services offered by ACS. ACS has remained the case manager and has directly monitored the family.



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: The BM was not receptive to services with the exception of ACS assisting with funeral expenses for the SC. The BM has consistently declined services for herself and the children.

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

Explain: The BM was not receptive to services with the exception of ACS assisting with funeral expenses for the SC. The BM has consistently declined services for herself and the children. The Sloan Kettering Memorial Hospital offered the BM bereavement counseling but this would not be for the surviving siblings.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
Was there an open CPS case with this child at the time of death? Yes
Was the child ever placed outside of the home prior to the death? Yes
Were there any siblings ever placed outside of the home prior to this child's death? Yes
Was the child acutely ill during the two weeks before death? Yes

CPS - Investigative History Three Years Prior to the Fatality

Table with 6 columns: Date of SCR Report, Alleged Victim(s), Alleged Perpetrator(s), Allegation(s), Status/Outcome, Compliance Issue(s). Contains 6 rows of case details.



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6527 - Sibling, Male, 2 Years	6523 - Mother, Female, 33 Years	Lack of Medical Care	Unfounded
6528 - Sibling, Female, 2 Years	6523 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
6528 - Sibling, Female, 2 Years	6523 - Mother, Female, 33 Years	Inappropriate Isolation / Restraint	Unfounded
6528 - Sibling, Female, 2 Years	6523 - Mother, Female, 33 Years	Lack of Medical Care	Unfounded
6528 - Sibling, Female, 2 Years	6523 - Mother, Female, 33 Years	Lack of Supervision	Unfounded
6525 - Sibling, Male, 3 Years	6526 - Mother's Partner, Male, 36 Years	Inadequate Guardianship	Indicated
6525 - Sibling, Male, 3 Years	6526 - Mother's Partner, Male, 36 Years	Inappropriate Isolation / Restraint	Unfounded
6525 - Sibling, Male, 3 Years	6526 - Mother's Partner, Male, 36 Years	Lack of Supervision	Unfounded
6527 - Sibling, Male, 2 Years	6526 - Mother's Partner, Male, 36 Years	Lack of Medical Care	Unfounded
6528 - Sibling, Female, 2 Years	6526 - Mother's Partner, Male, 36 Years	Inadequate Guardianship	Indicated
6528 - Sibling, Female, 2 Years	6526 - Mother's Partner, Male, 36 Years	Inappropriate Isolation / Restraint	Unfounded
6524 - Sibling, Male, 13 Years	6523 - Mother, Female, 33 Years	Inappropriate Isolation / Restraint	Unfounded
6524 - Sibling, Male, 13 Years	6523 - Mother, Female, 33 Years	Lack of Supervision	Unfounded
6525 - Sibling, Male, 3 Years	6523 - Mother, Female, 33 Years	Lack of Medical Care	Unfounded
6525 - Sibling, Male, 3 Years	6523 - Mother, Female, 33 Years	Lack of Supervision	Unfounded
6527 - Sibling, Male, 2 Years	6523 - Mother, Female, 33 Years	Lack of Supervision	Unfounded
6522 - Deceased Child, Female, 7 Years	6526 - Mother's Partner, Male, 36 Years	Inadequate Guardianship	Indicated
6522 - Deceased Child, Female, 7 Years	6526 - Mother's Partner, Male, 36 Years	Lack of Medical Care	Unfounded
6524 - Sibling, Male, 13 Years	6526 - Mother's Partner, Male, 36 Years	Inadequate Guardianship	Indicated
6524 - Sibling, Male, 13 Years	6526 - Mother's Partner, Male, 36 Years	Lack of Medical Care	Unfounded
6525 - Sibling, Male, 3 Years	6526 - Mother's Partner, Male, 36 Years	Lack of Medical Care	Unfounded
6527 - Sibling, Male, 2 Years	6526 - Mother's Partner, Male, 36 Years	Inadequate Guardianship	Indicated



# NYS Office of Children and Family Services - Child Fatality Report

6527 - Sibling, Male, 2 Years	6526 - Mother's Partner, Male, 36 Years	Inappropriate Isolation / Restraint	Unfounded
6528 - Sibling, Female, 2 Years	6526 - Mother's Partner, Male, 36 Years	Lack of Medical Care	Unfounded
6528 - Sibling, Female, 2 Years	6526 - Mother's Partner, Male, 36 Years	Lack of Supervision	Unfounded
6524 - Sibling, Male, 13 Years	6523 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
6525 - Sibling, Male, 3 Years	6523 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
6525 - Sibling, Male, 3 Years	6523 - Mother, Female, 33 Years	Inappropriate Isolation / Restraint	Unfounded
6527 - Sibling, Male, 2 Years	6523 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
6522 - Deceased Child, Female, 7 Years	6526 - Mother's Partner, Male, 36 Years	Inappropriate Isolation / Restraint	Unfounded
6522 - Deceased Child, Female, 7 Years	6526 - Mother's Partner, Male, 36 Years	Lack of Supervision	Unfounded
6524 - Sibling, Male, 13 Years	6526 - Mother's Partner, Male, 36 Years	Inappropriate Isolation / Restraint	Unfounded
6524 - Sibling, Male, 13 Years	6526 - Mother's Partner, Male, 36 Years	Lack of Supervision	Unfounded
6527 - Sibling, Male, 2 Years	6526 - Mother's Partner, Male, 36 Years	Lack of Supervision	Unfounded

**Report Summary:**

The 11/15/13 SCR report contained allegations of MN, LS, Inappropriate Isolation/Restraint and IG of the BM's children by the BM and the BF of the then two-month-old and one-year-old children. ACS' investigation revealed the BM and BF constantly engaged in domestic violence in the home despite an OOP barring them from having contact with each other.

**Determination:** Indicated

**Date of Determination:** 01/14/2014

**Basis for Determination:**

ACS substantiated the allegations IG of the BM's five children citing ongoing domestic violence between the BM and the BF of the then two-month-old and the one-year-old children. Both parents had violated an order of protection that was in existence preventing them from having contact with each other and this placed the children yet still fought in the home.

**OCFS Review Results:**

ACS sought Richmond County Family Court intervention and the children were placed into foster kinship with the MGM until May, 2014 when they were released to the BM with ACS supervision. ACS has continued monitoring the family directly as the BM has consistently refused services offered by ACS.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/29/2014	6534 - Sibling, Female, 2 Years	6533 - Mother's Partner, Male, 36 Years	Inadequate Guardianship	Indicated	Yes
	6535 - Sibling, Male, 2	6533 - Mother's Partner,	Inadequate Food /	Unfounded	

Years	Male, 36 Years	Clothing / Shelter	
6535 - Sibling, Male, 2 Years	6533 - Mother's Partner, Male, 36 Years	Inadequate Guardianship	Indicated
6537 - Sibling, Male, 13 Years	6533 - Mother's Partner, Male, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded
6531 - Deceased Child, Female, 7 Years	6532 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
6534 - Sibling, Female, 2 Years	6532 - Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Indicated
6535 - Sibling, Male, 2 Years	6532 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
6536 - Sibling, Male, 3 Years	6532 - Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Indicated
6537 - Sibling, Male, 13 Years	6532 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
6537 - Sibling, Male, 13 Years	6533 - Mother's Partner, Male, 36 Years	Inadequate Guardianship	Indicated
6531 - Deceased Child, Female, 7 Years	6532 - Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Indicated
6534 - Sibling, Female, 2 Years	6532 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
6535 - Sibling, Male, 2 Years	6532 - Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Indicated
6536 - Sibling, Male, 3 Years	6532 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
6537 - Sibling, Male, 13 Years	6532 - Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Indicated
6531 - Deceased Child, Female, 7 Years	6533 - Mother's Partner, Male, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded
6531 - Deceased Child, Female, 7 Years	6533 - Mother's Partner, Male, 36 Years	Inadequate Guardianship	Indicated
6534 - Sibling, Female, 2 Years	6533 - Mother's Partner, Male, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded
6536 - Sibling, Male, 3 Years	6533 - Mother's Partner, Male, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded
6536 - Sibling, Male, 3 Years	6533 - Mother's Partner, Male, 36 Years	Inadequate Guardianship	Indicated

**Report Summary:**

The 10/29/15 SCR report alleged the BF assaulted the BM in the presence of the children and the condition of the home was deplorable with garbage and insects observed in the home. ACS' investigation revealed the BM had a pattern of failing to protect the family from the BF by not enforcing the OOPs against him. The BF was arrested at the case address and the BM and children entered the DV shelter system. In addition, ACS determined that the the poor condition of the BM's home prior to entering the shelter was also an issue that had been discussed with the BM who continually refused services.



# NYS Office of Children and Family Services - Child Fatality Report

**Determination:** Indicated **Date of Determination:** 12/23/2014

**Basis for Determination:**  
On 12/23/14, ACS determined the allegations of IF/C/S of the children by the BM were substantiated because the BM's home was consistently not clean. The allegation of IG against the BM and BF was substantiated because the BM continued to allow the BF in the home despite an OOP which prevented him from being around the BM or any of the children due to ongoing DV between the parents in the presence of the children.

**OCFS Review Results:**  
ACS initiated this investigation timely and contacted the necessary collateral contacts to make their determination. ACS' substantiation of the allegations was appropriate.

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

**Issue:**  
Timely/Adequate Seven Day Assessment

**Summary:**  
The Seven Day Safety Assessment for the 10/29/14 report had safety decision number three which indicates there are safety factors present that place the children in immediate or impending danger of serious harm but does not identify these factors on the safety assessment then selected "none" when asked what factors placed the children in immediate or impending danger of serious harm.

**Legal Reference:**  
SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**  
The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS 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:**  
Investigation Conclusion Safety Assessments

**Summary:**  
The Investigation Determination S/A for the 10/29/14 SCR report had safety decision number three which indicates there are safety factors present that place the children in immediate or impending danger of serious harm but does not identify these factors on the safety assessment then selected "none" when asked what factors placed the children in immediate or impending danger of serious harm.

**Legal Reference:**  
18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**  
The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS 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.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/27/2015	6539 - Sibling, Male, 13 Years	6538 - Mother, Female, 33 Years	Lack of Supervision	Unfounded	Yes
	6539 - Sibling, Male, 13	6538 - Mother, Female,	Educational	Indicated	



# NYS Office of Children and Family Services - Child Fatality Report

Years	33 Years	Neglect	
6539 - Sibling, Male, 13 Years	6538 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
6539 - Sibling, Male, 13 Years	6538 - Mother, Female, 33 Years	Lack of Medical Care	Unfounded

**Report Summary:**

The SCR registered a report that alleged MN, LS, EdN and IG of the 13 year old male SC by the BM. The report alleged the SC missed 76 days of school and his behavior was aggressive; had cut himself, and he required constant supervision. ACS' investigation revealed the SC had missed the reported number of days from school in addition to having been suspended for behavioral issues. The BM admitted she had not sent the SC to school as she should have but denied the other allegations of the report. There is no documentation ACS discussed the option of the BM filing a Person in Need of Supervision petition for the SC. On 7/27/15, ACS substantiated the allegations EdN and IG of the SC by the BM.

**Determination:** Indicated**Date of Determination:** 07/27/2015**Basis for Determination:**

ACS determined the allegations EdN and IG of the 13 year old by the BM were substantiated because the BM admitted she was not sending the SC to school as she should have and was also not following through with referrals for therapy for the SC arranged by the school.

ACS unsubstantiated the allegations MN and LS of the SC by the BM citing the SC had no medical issues that required attention. The allegation of LS of the SC by the BM was unsubstantiated because ACS determined the SC was 13 years old and was able to be alone for a period of time but had never been left alone for an extended period of time.

**OCFS Review Results:**

The decision to substantiate the allegations of the report against the BM was consistent with the information obtained during the investigation. However; the 7-Day and Investigation Determination Safety Assessments decisions did not reflect the circumstances of the case.

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

Timely/Adequate Seven Day Assessment

**Summary:**

The seven day S/A for the 5/27/15 SCR report had safety decision number three which indicates there are safety factors present that place the children in immediate or impending danger of serious harm but does not identify these factors on the safety assessment then selected "none" when asked what factors placed the children in immediate or impending danger of serious harm.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS 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:**

Investigation Conclusion Safety Assessments

**Summary:**

The investigation determination safety assessment has safety decision number three which indicates the children are in immediate or impending danger of serious harm yet when asked which factors place the children in danger of serious



harm the response is "none."

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**

The Administration for Children’s Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS 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.

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

On 10/30/08, the SCR registered a report that alleged LMC and IG of the then six-year-old male SC by the BM. According to the report, the SC was having clinical issues and the BM failed to seek medical assistance for the SC. ACS' investigation revealed the SC's behavior was based on a horror film he had observed when he was younger and he stated he had been "using his imagination." The SC was observed and assessed at an emergency psychological clinic and discharged. ACS documented the SC was receiving therapy through his school based therapist. On 12/29/08, ACS unsubstantiated the allegations of the report and closed the case.

### Known CPS History Outside of NYS

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

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes**

**Date the Child Protective Services case was opened: 05/27/2015**

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



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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"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings/other children in the household as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input checked="" 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"/>

## Required Action(s)

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

Yes No



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## Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

## Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes  No

## Foster Care Placement History

On 11/22/13, ACS filed an Article 10 Neglect Petition against the BM and BF; the SC and her four siblings were removed from the BM and placed into the home of the MGM. The Neglect Petition was filed due to ongoing domestic violence in the home between the BM and the BF of the then 2 and 11 year old and and 22 month-old siblings of the SC. There was an order of protection filed by the BM in Criminal Court against the BF which prevented him from being in the BM's home and both parents were in violation of this order. On 9/12/14, Richmond County Family Court released the children to the BM with ACS supervision with an order of protection against the BF.

## 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:
11/22/2013	There was not a fact finding	Care/Custody to Local Social Services District
<b>Respondent:</b>	023081 Mother Female 33 Year(s)	
<b>Comments:</b>	On 11/22/2013, ACS performed a protective removal of the BM's five children and Richmond County Family Court ordered the children to be placed into Kinship foster care with the MGM. On 12/6/13, at the MGM's request, Family Court released the five children to her without foster care funding. The children remained with the MGM where they remained until May, 2014 when they were returned to the BM with court ordered supervision.	



<b>Have any Orders of Protection been issued? Yes</b>	
<b>From:</b> Unknown	<b>To:</b> 10/11/2014
<b>Explain:</b> The BM and her paramour had engaged in ongoing DV and the BM obtained a full stay away OOP.	

**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