



**Report Identification Number: NY-19-017**

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

**Issue Date: Aug 16, 2019**

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

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



## Case Information

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

**Jurisdiction:** New York  
**Gender:** Female

**Date of Death:** 02/16/2019  
**Initial Date OCFS Notified:** 02/16/2019

## Presenting Information

On 2/16/19, at approximately 11:00 AM, the seventeen-year-old SS found the nine-year-old SC hanging from her bunk bed with a belt around her neck. The SS yelled for his mother SM and she took the SC down from the hanging position. The SM summoned 911 while the SS initiated CPR to the SC. EMS responded to the home and transported the SC to St. Barnabas Hospital where she was pronounced dead at 12:37 PM on the same day. It was unknown whether the SC had any preexisting physical or mental health conditions.

## Executive Summary

This nine-year-old female child died on 2/16/19. The ME listed the cause of the SC's death hanging and manner of suicide.

At the time of the SC's death, the family had an open preventive service case. The investigative findings reflected the SM had admitted she smoked marijuana in the presence of the children.

ACS obtained information from the medical staff who reported the SC had ligature marks around her neck. The SC hung herself with her belt off her bunk bed in the bedroom she shared with her fifteen-year-old SS. At the time the SC was discovered, the SS had left the home to attend a class; she was not aware the SC had intended to hurt herself. The SM was in the living room, the ten and seventeen-year-old SS were in their bedroom. The SM made the discovery after the SS asked for the SC. EMS was summoned and the SC was transported to St. Barnabas Hospital, where she was pronounced dead at 12:37PM.

LE reported they found no suicide note or criminality. LE reported the BF is currently incarcerated for the abuse of the SS in another state and has no contact with the SS. EMS reported upon their arrival, the SC had ligature marks around her neck and she was unresponsive.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

### Determination:



- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** 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:**

Family is receiving 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:** 02/16/2019

**Time of Death:** 12:37 PM

**County where fatality incident occurred:** Bronx

**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?** No

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

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

**How long before incident was the child last seen by caretaker?** 2 Hours

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

**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	Alleged Victim	Female	9 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	10 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	17 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	15 Year(s)

## LDSS Response

On 2/16/19, the SCR registered two reports regarding the death of the SC. The first report narrative alleged that on 2/16/19, sometime between 9:00 AM and 10:00 AM, the SM took the SC's cell phone and sent her to her bedroom as a form of discipline, for using her phone too often. The SM went to her bedroom. At approximately one hour later, the SM checked on the SC and found her hanging from her bunk bed with a nylon belt around her neck. The report further alleged that the SC had been recently exposed to the sexual abuse of her SS by her BF; this trauma potentially contributed to the SC's suicide. The report noted that the BF was incarcerated due to that alleged crime in another state and the SM was aware of the abuse.

The subsequent 2/16/19 SCR report alleged the SM reported the SC was aware that her BF sexually abused the SS causing trauma to the SC that may have contributed to the SC's suicide. The living conditions in the home were deplorable and unsafe for the SS. The reported allegations were IF/C/S, LMC and IG of the SC and the SS by the SM and BF.

On 2/19/19, the SCR registered a subsequent report that alleged the BF sexually abused the fifteen and seventeen-year-old SS. The report alleged that approximately two weeks prior to the SC's demise, the SC told the SM she wanted to die and the SM failed to seek medical treatment for the SC's suicidal ideation. The report added that during that time the SM left the SC and the ten-year-old SS at home alone for two days with no food and that occurred often. The allegations were LMC, LS, IG, and IF/C/S of the SC and the SS by the SM and SA of the fifteen and seventeen-year-old SS by the BF. On 5/21/19, ACS documented no credible evidence that the allegations of DOA/ fatality, IG and IF/C/S by the SM to be unsubstantiated.

ACS had investigated in the SA allegation in the 7/26/17 report and on 9/22/17, the allegation was unfounded; it was noted that there was no evidence of SA as the SS made no disclosure. However, according to ACS' case documentation, the BF was arrested on 8/31/18 in another state, held on charges of SA, he had not been sentenced.

ACS interviewed the SM on 2/19/19, and she denied any of the children expressed suicidal ideations before or after the incident. The clinical documentation identified no MH concerns during the evaluation on 10/18/18.

On 2/21/19, ACS filed an Article 10 Neglect Petition in Bronx Family Court against the SM, on behalf of the SS for supervision because the SM placed the SS in imminent risk of harm as she prevented them from attending MH services with Safe Horizon that she had previously accepted but failed to follow through. The court ordered the SM to comply with ACS' PPRS and the family to engage in MH services.

ACS obtained information from the SS schools that reflected the two eldest SS were doing well; however, the ten-year-old SS had to be transferred due to the fatal incident and bullying; the SC and SS attended the same school.



ACS assisted in relocating the family to another apartment. ACS provided burial assistance to the SM.

On 5/21/19, ACS unsubstantiated the allegation of DOA/Fatality, LS, LM, IG and IF/C/S of the SC by the SM. ACS substantiated the allegation of LMC and IG of the ten-year-old SS and unsubstantiated the IF/C/S and LS by the SM. ACS substantiated LMC, IG and unsubstantiated IF/C/S and substantiated LMC of the fifteen and seventeen-year-old SS by the SM. ACS substantiated the SA of the fifteen and seventeen-year-old SS by the BF. ACS wrote that the SM scheduled intake appointments and failed to follow through with MH services and allow the SS to engage. The SM was aware the ten-year-old was acting violently in school and failed to seek medical care until court intervention.

**Official Manner and Cause of Death**

**Official Manner:** Suicide

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

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

**Multidisciplinary Investigation/Review**

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**Yes

**Comments:** There is no OCFS approved CFRT in the New York City region.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050737 - Deceased Child, Female, 9 Yrs	050738 - Mother, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
050737 - Deceased Child, Female, 9 Yrs	050738 - Mother, Female, 37 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
050737 - Deceased Child, Female, 9 Yrs	050738 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated
050739 - Sibling, Male, 10 Year(s)	050738 - Mother, Female, 37 Year(s)	Lack of Medical Care	Substantiated
050739 - Sibling, Male, 10 Year(s)	050738 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Substantiated
050739 - Sibling, Male, 10 Year(s)	050738 - Mother, Female, 37 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
050740 - Sibling, Female, 15 Year(s)	050738 - Mother, Female, 37 Year(s)	Lack of Medical Care	Substantiated
050740 - Sibling, Female, 15 Year(s)	050738 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Substantiated
050741 - Sibling, Male, 17 Year(s)	050738 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Substantiated
050741 - Sibling, Male, 17 Year(s)	050738 - Mother, Female, 37 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
050741 - Sibling, Male, 17 Year(s)	050738 - Mother, Female, 37 Year(s)	Lack of Medical Care	Substantiated



### 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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain:</b> The SM was already receiving services through Universal Behavioral Associates. The family enrolled in MH PPRS in July 2019.				

## 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"/>
<b>Explain as necessary:</b> The SS remained in the care of the SM; however, the court ordered supervision of services.				

## Legal Activity Related to the Fatality

Was there legal activity as a result of 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:
02/22/2019	Adjudicated Neglected	Order of Supervision
<b>Respondent:</b>	050738 Mother Female 37 Year(s)	
<b>Comments:</b>	The SM did not follow through with the service referrals that resulted in an Article 10 Petition filed by ACS in Bronx Family Court on behalf of the children. During the hearing on 2/22/19, the court ordered the SM to accept services, including PPRS and bereavement for the SS with ACS' supervision.	





# Child Fatality Report

## 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 SM initially denied that she smoked marijuana; however, she admitted she smoked on the night of the SC's death.

**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:**

Bereavement counseling, mental health counseling in addition to other services.

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

**Explain:**

The family has been engaged in PPRS since 7/2018. The SS had been engaged in MH services since the death of the SC.

## 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? No

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/30/2019	Deceased Child, Female, 9 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 10 Years	Father, Male, 29 Years	Emotional Neglect	Substantiated	
	Sibling, Male, 10 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

This report alleged that in the past, the BF would make the now SC and the ten-year-old SS watch him sexually abuse their older SS. According to the report, the SS emotional well being was negatively impacted as he displayed behavioral issues and became oppositional. There was an allegation of IF/C/S.

**Report Determination:** Indicated

**Date of Determination:** 03/29/2019

**Basis for Determination:**

ACS' case investigation reflected they found credible evidence to substantiate IG of the SC and EN,IG of the SS. ACS documented that the SC committed suicide as a result of the trauma experienced at the hands of the BF who had been incarcerated. ACS also documented the SS had been exhibiting behavioral issues in school in addition to being bullied due to the abuse.

**OCFS Review Results:**

The investigation was thorough and the determination appropriate.

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)
10/27/2017	Sibling, Female, 14 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 14 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Female, 8 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Female, 8 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 9 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 15 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 15 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	

**Report Summary:**

The 10/27/17 report narrative alleged drug use by the SM and the now fifteen-year-old SS, deplorable conditions in the home and unkempt children.

**Report Determination:** Indicated**Date of Determination:** 12/21/2017**Basis for Determination:**

On 12/21/17, ACS substantiated the allegation of PD/AM and unsubstantiated the IF/C/S of the four children by the SM. The SM accepted services but never followed through.

**OCFS Review Results:**

ACS FSU monitored the family and filed an Article Ten Petition in Bronx Family Court on behalf of the children for supervision. The court ordered the SM to comply with ACS' PPRS. ACS' follow-up was thorough and complete.

**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)
07/26/2017	Deceased Child, Female, 7 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 8 Years	Father, Male, 29 Years	Emotional Neglect	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

On 7/26/17, the SC and ten-year-old SS were children in a report with an allegation of SA by the BF. The SM had no role. ACS unfounded the SA allegation and it was noted that there was no evidence of SA, the SS made no disclosure.

**Report Determination:** Unfounded**Date of Determination:** 09/22/2017**Basis for Determination:**

ACS found no evidence of SA and it was noted the SS made no disclosure.

**OCFS Review Results:**

The investigation was thorough and appropriately completed.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**CPS - Investigative History More Than Three Years Prior to the Fatality**

On 4/15/13, the SCR registered a report that alleged IG of the now fifteen-year-old by the SM. ACS' investigation revealed the SM was on her way home with her four children when the now fifteen-year-old, who was nine at the time, quickly climbed up the scaffold of the building beyond the SM's reach. The SM commanded the SC to come down to no avail. The SM summoned 911 and LE climbed up the scaffold and safely retrieved the SC. ACS concluded the SM acted appropriately. On 6/10/13, ACS unsubstantiated the allegation against the SM, citing no credible evidence was found to support the allegation.

**Known CPS History Outside of NYS**

This family had history in Connecticut; however, the details of that history has not been documented in ACS case progress notes. ACS requested information regarding the investigation but the details were denied.

**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:** 09/25/2018**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: 09/25/2018

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

**Additional information, if necessary:**  
 The SM and children were referred from the Bronx Field Office on 9/25/18 due to substantiated allegations of parental substance misuse.

### Preventive Services History

On 1/8/18, PPRS was initiated due to an allegation of SA of the now nine and ten-year-old children by their BF. During the investigation, ACS learned the now fifteen and seventeen-year-old SS were sexually abused by the BF when they were five and seven-years-old, respectively. The abuse occurred in another state where the BF is currently incarcerated as a result. The family relocated to NY where they engaged in Mental Health and Case Management Services. The service case was closed in court on 10/10/18, and no additional ACS services were required.

### 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

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
02/05/2018	Adjudicated Neglected	Adjourned in Contemplation of Dismissal (ACD)
<b>Respondent:</b>	050738 Mother Female 37 Year(s)	
<b>Comments:</b>	The court ordered the SM to comply with ACS' PPRS to include Drug Treatment and MH Services; and to follow-up with NYCHA repairs. The SM was to ensure the SS attend school regularly. The case was closed in court on 10/10/2018.	

### Additional Local District Comments

### 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