



**Report Identification Number: NY-18-124**

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

**Issue Date: May 31, 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

| 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                 |   |                                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 10 year(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 11/25/2018  
**Initial Date OCFS Notified:** 11/29/2018

## Presenting Information

On 11/22/18, at approximately 2:45 AM, the ten-year-old SC reported to her family she could not breathe then she fell unconscious. The SM and three adult siblings (AS) all called 911. The SM administered CPR until EMS and LE responded to the home. The SC was transported to Jacobi Hospital (JH) and was later transferred to Montefiore Hospital (MH). She died on 11/25/18. The SCR report alleged the SM and three AS were all named subjects because the SC was in their care when she fell unconscious. The report narrative stated the SC had a preexisting medical condition and that the SC had experienced an asthma attack on 11/19/18. The report also stated that although the SM administered the SC's prescribed medications, she did not seek medical attention after the 11/19/18 episode or previous episodes. It was unknown whether the lack of medical care had a negative impact or contributed to the SC's death.

## Executive Summary

On 11/29/18, the SCR registered a report regarding the death of the ten-year-old female SC that occurred on 11/25/18. The report alleged that on 11/22/18, at approximately 2:25 AM, the SC reported to her family she could not breathe and then she fell unconscious. 911 was contacted and the SM was instructed to administer CPR on the SC until EMS arrived. EMS transported the SC to JH and later, she was transferred to MH where she remained until she died on 11/25/18. The report named the SM and the AS subjects because the SC was in their care at the time of the incident. The allegations were DOA/Fatality and IG of the SC by the SM and AS were unsubstantiated. During the investigation, ACS added the allegations of EdN and IG of the eight, thirteen, fifteen and seventeen-year-old SS and EN of the seventeen-year-old by the SM that were substantiated on 1/30/19.

The family had an open investigation for IG of the SS and EN of the seventeen-year-old by the SM in a report dated 10/11/2018. The EN allegation was substantiated on 12/12/18.

ACS initiated the 11/29/18 fatality investigation by contacting medical providers and LE and confirmed the information in the report. The medical staff reported the SC experienced a loss of oxygen that resulted in irreversible brain damage. The Specialist visited the home and interviewed the SM, AS and SS. The Specialist documented the family members were interviewed separately and there were no inconsistencies in the details regarding the incident. ACS learned the SC was born prematurely and diagnosed with Asthma within her first year. The family reported the SC was her usual self until the incident occurred. On the evening of the incident the SC had fallen asleep on the sofa, woke up two times and drank water before going to bed. The SC did not complain of discomfort prior to going to bed. At 2:45 AM, the AS awoke to find the SC "bouncing on the bed," and panicking because she was having difficulty breathing while the SM attempted to calm the SC to no avail.

ACS contacted LE who reported no suspicion of criminality. The ME reported the cause of the SC's death was acute and chronic bronchial asthma and the manner of death was natural. ACS documented that the home, school and family member's residence were equipped with the SC's medications in the event she had an asthma attack.

ACS repeatedly documented concerns regarding the family's cluttered living conditions. The SM smoked in the home despite the children having exhibited symptoms of a respiratory condition. The younger SS's hygiene was not good and they wore dirty, inappropriate clothing. The SC sniffled constantly. The SS failed to attend school regularly. There is an open case in the Bronx Family Court on behalf of the SS naming the BF (of the three youngest children) the respondent. The BF was excluded from the home with an OP. ACS had provided cleaning services and clothing to the family in the



recent past.

On 11/30/18, ACS filed an Article Ten Neglect Petition on behalf of the SS against the SM for EdN and requested COS of the family. ACS obtained psychological evaluations for the SM and SS, individual education plans, school transfers and medicals for the SS were obtained. ACS assisted in the relocation of the family to a new apartment. ACS provided the family with clothing, furniture and a washer. Homemaking Services were provided through the Rising Ground agency and the SS engaged in bereavement counseling. The SM was enrolled in therapy and counseling. The seventeen-year-old SS was enrolled into a day treatment program with plans to transfer to a program for extended residential treatment. ACS documented the family had sufficient food, appropriate clothing, stable housing and working utilities. The case remained open for services.

## 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

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 remained open for services.

## Required Actions Related to the Fatality

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

|                 |   |
|-----------------|---|
| <b>Issue:</b>   | Appropriateness of allegation determination   |
| <b>Summary:</b> | ACS substantiated the allegation of EN; however, the determination narrative does not support the substantiation. |



|                         |  |
|-------------------------|--|
| <b>Legal Reference:</b> | FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)  |
| <b>Action:</b>          | ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed. |
| <b>Issue:</b>           | A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.  |
| <b>Summary:</b>         | The 24-Hour Fatality Report was not completed within the required timeframe.   |
| <b>Legal Reference:</b> | CPS Program Manual, Chapter 6, K-1   |
| <b>Action:</b>          | ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed. |
| <b>Issue:</b>           | Timely/Adequate 24 Hour Assessment   |
| <b>Summary:</b>         | The 24-Hour Safety assessment was not completed timely.  |
| <b>Legal Reference:</b> | SSL 424(6);18 NYCRR 432.2(b)(3)(i)   |
| <b>Action:</b>          | ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed. |

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 11/25/2018

**Time of Death:** 11:55 AM

**Date of fatal incident, if different than date of death:**

11/22/2018

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

02:25 AM

**County where fatality incident occurred:**

Bronx

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

Yes

**Time of Call:**

02:28 AM

**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**

**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 | Adult Sibling  | Alleged Perpetrator | Female | 21 Year(s) |
| Deceased Child's Household | Adult Sibling  | Alleged Perpetrator | Female | 19 Year(s) |
| Deceased Child's Household | Adult Sibling  | Alleged Perpetrator | Male   | 18 Year(s) |
| Deceased Child's Household | Deceased Child | Alleged Victim      | Female | 10 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 41 Year(s) |
| Deceased Child's Household | Sibling        | Alleged Victim      | Male   | 8 Year(s)  |
| Deceased Child's Household | Sibling        | Alleged Victim      | Female | 13 Year(s) |
| Deceased Child's Household | Sibling        | Alleged Victim      | Male   | 15 Year(s) |
| Deceased Child's Household | Sibling        | Alleged Victim      | Female | 17 Year(s) |

### LDSS Response

ACS' Bronx Field Office initiated the investigation by visiting JH and MH to obtain information regarding the incident. The ACS Specialist learned from the medical staff at JH that on 11/22/18, the SC arrived at the ER unresponsive. The SM reported the SC had experienced an asthma attack at approximately 2:45 AM while they slept. The Dr. reported the SC displayed symptoms of brain damage due to lack of oxygen. Later, she was transferred to MH where she was kept on life support. Tests results revealed the SC had no brain activity and the damage was irreversible. The SC was pronounced dead at 11:55 AM, on 11/25/18. LE reported they found no criminality as the SC suffered a fatal asthma attack.

On 11/30/18, the ACS Specialist interviewed the SM, AS and SS separately and found no discrepancies. The SM reported the SC was diagnosed with asthma that was severe as she often had trouble breathing. The AS stated that on the day of the incident, the SC was well, she and the eight-year-old SS had been preparing apples to bake a pie. The SC carried her asthma pump around the apartment just in case it got smoky, however, she did not use it prior to falling asleep. The older SS described the trauma they experienced at the time of the incident. They all awakened and observed EMT's, Paramedics, LE and firemen hurrying the SC out as she appeared swollen and blue/purple in color. The AS kept the SS calm and notified the BF. ACS documentation does not reflect the BF became involved with the family after the incident. The SC had been enrolled in an asthma program with a medical facility and the home contained medical equipment in addition to the appropriate medication for in home medical treatment.

ACS documented the conditions in the home were deplorable and it negatively impacted the family's medical and mental health. The home contained five cats with dirty litter boxes, mice, roaches and dirty clothing were strewn across the floors. The home smelled of urine and the SC and SS often attended school with dirty, disheveled ill-fitting clothing that smelled. The family experienced DV at the hands of the father of the older SS and the BF. The BF had been excluded from the home since 12/8/17 due to DV; the OP is still in effect. Throughout the family's history, ACS' involvement with the family had been limited as the SM had a pattern of declined services; or she initially accepted services and later canceled, not attend, or was uncooperative.

The SM responded positively to ACS' involvement; the family has been relocated and was provided with necessities. ACS' case documentation reflected that the SS are safe and showed signs of improvement.

On 1/30/19, ACS unsubstantiated the allegations of DOA/ fatality by the AS and the SM and noted that they responded appropriately at the time of the incident. The allegations of IG, EdN of the SS by the SM were substantiated. The EN of





the seventeen-year-old by the SM was substantiated; however, the narrative supported the EN allegation was unsubstantiated.

### 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:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Comments:** The New York City region does not currently have a Multidisciplinary Team.

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

**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 |
|---|--|-------------------------|--------------------|
| 050009 - Deceased Child, Female, 10 Yrs | 050034 - Adult Sibling, Female, 19 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 050009 - Deceased Child, Female, 10 Yrs | 050032 - Mother, Female, 41 Year(s)        | DOA / Fatality          | Unsubstantiated    |
| 050009 - Deceased Child, Female, 10 Yrs | 050034 - Adult Sibling, Female, 19 Year(s) | Inadequate Guardianship | Unsubstantiated    |
| 050009 - Deceased Child, Female, 10 Yrs | 050032 - Mother, Female, 41 Year(s)        | Inadequate Guardianship | Unsubstantiated    |
| 050009 - Deceased Child, Female, 10 Yrs | 050035 - Adult Sibling, Male, 18 Year(s)   | DOA / Fatality          | Unsubstantiated    |
| 050009 - Deceased Child, Female, 10 Yrs | 050033 - Adult Sibling, Female, 21 Year(s) | Inadequate Guardianship | Unsubstantiated    |
| 050009 - Deceased Child, Female, 10 Yrs | 050035 - Adult Sibling, Male, 18 Year(s)   | Inadequate Guardianship | Unsubstantiated    |
| 050009 - Deceased Child, Female, 10 Yrs | 050033 - Adult Sibling, Female, 21 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 050037 - Sibling, Female, 17 Year(s)    | 050032 - Mother, Female, 41 Year(s)        | Emotional Neglect       | Substantiated      |
| 050037 - Sibling, Female, 17 Year(s)    | 050032 - Mother, Female, 41 Year(s)        | Educational Neglect     | Substantiated      |
| 050037 - Sibling, Female, 17 Year(s)    | 050032 - Mother, Female, 41 Year(s)        | Inadequate Guardianship | Substantiated      |
| 050038 - Sibling, Male, 15 Year(s)      | 050032 - Mother, Female, 41 Year(s)        | Inadequate Guardianship | Substantiated      |
| 050038 - Sibling, Male, 15 Year(s)      | 050032 - Mother, Female, 41 Year(s)        | Educational Neglect     | Substantiated      |
| 050039 - Sibling, Female, 13 Year(s)    | 050032 - Mother, Female, 41 Year(s)        | Educational Neglect     | Substantiated      |
| 050039 - Sibling, Female, 13 Year(s)    | 050032 - Mother, Female, 41 Year(s)        | Inadequate Guardianship | Substantiated      |



# Child Fatality Report

|                                   |                                     |                         |               |
|-----------------------------------|-------------------------------------|-------------------------|---------------|
| 050040 - Sibling, Male, 8 Year(s) | 050032 - Mother, Female, 41 Year(s) | Educational Neglect     | Substantiated |
| 050040 - Sibling, Male, 8 Year(s) | 050032 - Mother, Female, 41 Year(s) | Inadequate Guardianship | 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/> |

**Additional information:**

LE did not conduct an investigation because the SC died of natural medical causes in a hospital.

### Fatality Safety Assessment Activities

|  | Yes                                 | No                                  | N/A                      | Unable to Determine      |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: |                                     |                                     |                          |                          |
| Within 24 hours?   | <input type="checkbox"/>            | <input checked="" 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 checked="" 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"/> |





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

**Explain:**  
The 24-Hour Safety Assessment was not submitted and approved until 11/30/18, five days after the SC's death on 11/25/18.

**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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Were appropriate/needed services offered in this case</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Explain:**  
The family receives mandated services including preventive services, homemaking services, and random drug screenings for the SM.

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

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

**Explain as necessary:**  
ACS has filed a neglect petition that mandates services for the SM and SS.

**Legal Activity Related to the Fatality**

**Was there legal activity as a result of 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> |



|                    |  |                      |
|--------------------|--|----------------------|
| 11/30/2018         | There was not a fact finding   | Order of Supervision |
| <b>Respondent:</b> | 050032 Mother Female 41 Year(s)  |                      |
| <b>Comments:</b>   | The SM and SS are required to comply with all Family Court mandated services which include all preventive services, homemaking services and random drug screenings for the SM. |                      |

**Have any Orders of Protection been issued?** No

**Services Provided to the Family in Response to the Fatality**

| Services                             | Provided After Death                | Offered, but Refused                | Offered, Unknown if Used            | Not Offered              | Needed but Unavailable   | N/A                                 | CDR Lead to Referral     |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling               | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Homemaking Services                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Parenting Skills                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Alcohol/Substance abuse              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 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 SM and SS are engaged in multiple mandated 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 SS were engaged in services prior to the death of the SC and services for the SS are continuing.



## 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? 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? 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) |
|--------------------|----------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 10/11/2018         | Deceased Child, Female, 10 Years | Father, Male, 41 Years   | Inadequate Guardianship | Unsubstantiated    | No                  |
|                    | Sibling, Male, 8 Years           | Father, Male, 41 Years   | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Female, 13 Years        | Father, Male, 41 Years   | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Male, 15 Years          | Father, Male, 41 Years   | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Female, 17 Years        | Father, Male, 41 Years   | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Female, 17 Years        | Mother, Female, 41 Years | Emotional Neglect       | Substantiated      |                     |

**Report Summary:**

This report alleged that the SM continuously degraded the seventeen-year-old SS by calling her derogatory names that caused the SS to cut and harm herself. The report also alleged that the BF had physically assaulted the SM in the presence of the children.

**Report Determination:** Indicated**Date of Determination:** 12/12/2018**Basis for Determination:**

The allegation of EN was substantiated against the SM who called the SS derogatory names knowing the SS had a MH condition that would result in self harm. The allegation of IG was unsubstantiated against the BF because the previous investigation was substantiated and resulted in the BF excluded from the home; the family had no contact with him for three months.

**OCFS Review Results:**

Investigation determinations were 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) |
|--------------------|-------------------|------------------------|---------------|--------------------|---------------------|
|--------------------|-------------------|------------------------|---------------|--------------------|---------------------|



|            |                                  |                          |                                      |               |    |
|------------|----------------------------------|--------------------------|--------------------------------------|---------------|----|
| 08/09/2018 | Deceased Child, Female, 10 Years | Mother, Female, 41 Years | Excessive Corporal Punishment        | Substantiated | No |
|            | Deceased Child, Female, 10 Years | Mother, Female, 41 Years | Inadequate Food / Clothing / Shelter | Substantiated |    |
|            | Deceased Child, Female, 10 Years | Mother, Female, 41 Years | Inadequate Guardianship              | Substantiated |    |
|            | Sibling, Male, 8 Years           | Mother, Female, 41 Years | Inadequate Food / Clothing / Shelter | Substantiated |    |
|            | Sibling, Female, 13 Years        | Mother, Female, 41 Years | Inadequate Food / Clothing / Shelter | Substantiated |    |
|            | Sibling, Male, 15 Years          | Mother, Female, 41 Years | Inadequate Food / Clothing / Shelter | Substantiated |    |
|            | Sibling, Female, 17 Years        | Mother, Female, 41 Years | Inadequate Food / Clothing / Shelter | Substantiated |    |

**Report Summary:**

The SCR registered a report on 8/9/18, alleging the SM had been repeatedly hitting the SC using a plastic and wooden bat with excessive force as punishment. The report alleged that the SM threatened the SC that on her birthday, she will beat her and lock her in her room. During the interview, ACS added the allegations of IF/CS and IG of the SC and IF/CS of the eight, thirteen, fifteen and seventeen-year-old SS by the SM.

**Report Determination:** Indicated**Date of Determination:** 09/19/2018**Basis for Determination:**

ACS documented the home was found in a deplorable condition during home visits. There were five cats in the home that contained dirty litter boxes, flies, roaches, garbage and a urine odor throughout the home. The SM smoked cigarettes in the home in the presence of the children who had respiratory conditions. ACS provided heavy duty cleaning, new beds and a washing machine for the family.

All allegations of the report were substantiated based on the SM's admission to the XCP. The case remained open with services.

**OCFS Review Results:**

ACS' actions were 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) |
|--------------------|-------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 05/07/2018         | Sibling, Male, 15 Years | Mother, Female, 41 Years | Educational Neglect     | Unsubstantiated    | No                  |
|                    | Sibling, Male, 15 Years | Mother, Female, 41 Years | Inadequate Guardianship | Unsubstantiated    |                     |

**Report Summary:**

The 5/7/18 registered report alleged the SM failed to provide the now fifteen-year-old SS with home instruction that resulted negatively in his educational progress.

**Report Determination:** Unfounded**Date of Determination:** 07/06/2018**Basis for Determination:**

ACS unsubstantiated the EdN and IG allegations of the SS by the SM. ACS documented that the SM was in the process of homeschooling.

**OCFS Review Results:**

ACS had been involved with the family thru many investigations and lend appropriate support 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) |
|--------------------|---------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 12/01/2017         | Sibling, Female, 12 Years       | Mother, Female, 40 Years | Inadequate Guardianship | Unsubstantiated    | No                  |
|                    | Deceased Child, Female, 9 Years | Father, Male, 40 Years   | Inadequate Guardianship | Substantiated      |                     |
|                    | Sibling, Male, 7 Years          | Father, Male, 40 Years   | Inadequate Guardianship | Substantiated      |                     |
|                    | Sibling, Male, 14 Years         | Father, Male, 40 Years   | Inadequate Guardianship | Substantiated      |                     |
|                    | Sibling, Female, 16 Years       | Father, Male, 40 Years   | Inadequate Guardianship | Substantiated      |                     |
|                    | Sibling, Female, 16 Years       | Mother, Female, 40 Years | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Female, 16 Years       | Mother, Female, 40 Years | Lack of Medical Care    | Unsubstantiated    |                     |
|                    | Sibling, Male, 17 Years         | Father, Male, 40 Years   | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Female, 12 Years       | Father, Male, 40 Years   | Inadequate Guardianship | Substantiated      |                     |

**Report Summary:**

On 12/01/2017, the SCR initiated a report with allegations of IG and LMC of the now eighteen, seventeen, fifteen, thirteen eight-year-old SS and the SC by the father and SM. The report alleged that the father and the SM engaged in physical altercations in the presence of the children. The report stated that on 11/30/17, the SM threatened to kill the father. Due to the DV, the thirteen-year-old became severely depressed and expressed suicidal ideations.

**Report Determination:** Indicated

**Date of Determination:** 02/01/2018

**Basis for Determination:**

ACS substantiated the IG allegations of the seventeen, fifteen, thirteen, eight and the SC by the father based on the SS and SC's admission to the DV and the negative impact it had on them; they were afraid of the father. ACS filed a petition and a full stay away OP was issued on the behalf of the SS and SC. All allegations of IG of the thirteen and seventeen-year-old children were unsubstantiated along with the LMC of the seventeen-year-old. The SM acted appropriately in the situations.

**OCFS Review Results:**

ACS took the appropriated steps to maintain safety for 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) |
|--------------------|---------------------------------|--------------------------|--------------------------------------|--------------------|---------------------|
| 12/15/2016         | Deceased Child, Female, 8 Years | Mother, Female, 39 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated    | No                  |
|                    | Deceased Child, Female, 8 Years | Mother, Female, 39 Years | Inadequate Guardianship              | Unsubstantiated    |                     |



|                                 |                          |                                      |                 |
|---------------------------------|--------------------------|--------------------------------------|-----------------|
| Sibling, Male, 6 Years          | Mother, Female, 39 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Male, 6 Years          | Mother, Female, 39 Years | Inadequate Guardianship              | Unsubstantiated |
| Sibling, Female, 11 Years       | Mother, Female, 39 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Female, 11 Years       | Mother, Female, 39 Years | Inadequate Guardianship              | Unsubstantiated |
| Sibling, Female, 15 Years       | Mother, Female, 39 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Female, 15 Years       | Mother, Female, 39 Years | Inadequate Guardianship              | Unsubstantiated |
| Sibling, Male, 13 Years         | Mother, Female, 39 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Male, 13 Years         | Mother, Female, 39 Years | Inadequate Guardianship              | Unsubstantiated |
| Deceased Child, Female, 8 Years | Father, Male, 39 Years   | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Deceased Child, Female, 8 Years | Father, Male, 39 Years   | Inadequate Guardianship              | Unsubstantiated |
| Sibling, Male, 6 Years          | Father, Male, 39 Years   | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Male, 6 Years          | Father, Male, 39 Years   | Inadequate Guardianship              | Unsubstantiated |
| Sibling, Female, 11 Years       | Father, Male, 39 Years   | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Female, 11 Years       | Father, Male, 39 Years   | Inadequate Guardianship              | Unsubstantiated |
| Sibling, Female, 15 Years       | Father, Male, 39 Years   | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Female, 15 Years       | Father, Male, 39 Years   | Inadequate Guardianship              | Unsubstantiated |
| Sibling, Male, 13 Years         | Father, Male, 39 Years   | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Male, 13 Years         | Father, Male, 39 Years   | Inadequate Guardianship              | Unsubstantiated |
| Sibling, Female, 11 Years       | Mother, Female, 39 Years | Sexual Abuse                         | Unsubstantiated |
| Sibling, Female, 11 Years       | Father, Male, 39 Years   | Sexual Abuse                         | Unsubstantiated |

**Report Summary:**

On 12/15/16, ACS initiated an investigation registered by the SCR that alleged the now thirteen-year-old SS was being molested by her father (father of the youngest three children). The report alleged the SM was aware and failed to address the situation. In addition, the SM punched the now thirteen-year-old SS in the face using excessive force and beats the other children. There was no food in the home and the children were going without.

**Report Determination:** Unfounded

**Date of Determination:** 02/13/2017





**Basis for Determination:**

ACS unsubstantiated all of the allegations of the children by the parents. ACS based their determination on the SS denial of the allegations and there was sufficient food and clothing in the home. Also the father had been excluded from the home. The case remained open with services.

**OCFS Review Results:**

The determination was 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) |
|--------------------|---------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 10/30/2016         | Sibling, Female, 15 Years       | Mother, Female, 39 Years | Inadequate Guardianship | Unsubstantiated    | No                  |
|                    | Sibling, Female, 15 Years       | Father, Male, 39 Years   | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Female, 17 Years       | Mother, Female, 39 Years | Inadequate Guardianship | Substantiated      |                     |
|                    | Sibling, Female, 17 Years       | Mother, Female, 39 Years | Sexual Abuse            | Substantiated      |                     |
|                    | Sibling, Female, 17 Years       | Father, Male, 39 Years   | Inadequate Guardianship | Substantiated      |                     |
|                    | Sibling, Female, 17 Years       | Father, Male, 39 Years   | Sexual Abuse            | Substantiated      |                     |
|                    | Sibling, Male, 13 Years         | Father, Male, 39 Years   | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Female, 11 Years       | Mother, Female, 39 Years | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Female, 11 Years       | Father, Male, 39 Years   | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Deceased Child, Female, 8 Years | Mother, Female, 39 Years | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Deceased Child, Female, 8 Years | Mother, Female, 39 Years | Sexual Abuse            | Unsubstantiated    |                     |
|                    | Deceased Child, Female, 8 Years | Father, Male, 39 Years   | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Deceased Child, Female, 8 Years | Father, Male, 39 Years   | Sexual Abuse            | Unsubstantiated    |                     |
|                    | Sibling, Male, 13 Years         | Mother, Female, 39 Years | Inadequate Guardianship | Unsubstantiated    |                     |

**Report Summary:**

The SCR report dated 10/30/16 alleged that the father of the three youngest children SA and molested the now nineteen-year-old SS since she was ten-years-old and the SC. It was alleged that the SM was aware of the SA and failed to protect the children. The allegations were SA of the now nineteen-year-old SS and the SC by the father who was considered a PLR and the SM. During the investigation, ACS added the allegation of IG of the now nineteen, seventeen, fifteen-year-old SS and the SC by the parents.

**Report Determination:** Indicated

**Date of Determination:** 12/29/2016

**Basis for Determination:**

On 12/29/16, the allegations of SA and IG of the nineteen-year-old SS were substantiated against the father and the SM. ACS based their determination on the nineteen-year-old SS disclosure in the previously indicated report which led to the filing of an Article Ten petition. The allegations of SA and IG of the SC by the father and the SM were unsubstantiated as the SC denied the abuse. The IG allegations against the father and SM were unsubstantiated as the SS denied the father supplied them with razors to protect themselves during Halloween. The case remained open for services.

**OCFS Review Results:**

ACS conducted a thorough investigation and assisted the family appropriately.

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

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

The SM was known to the SCR in thirty-five reports from 1999 to 2018, prior to the fatality. Twenty-one of those reports were registered from 1999 to 2015. Of the twenty-one reports, the SM was the confirmed subject in nine indicated reports. In eight reports, she had no role and four were unfounded. The allegations of the indicated reports were EdN, EN, PD/AM, LMC, EXCP, IG and IFCS of the children by the SM. As a result of those indicated reports, the family was referred to services and the BM declined until 2013. In November of 2013, the SM engaged in PPRS under the auspices of St. Dominic's. DV had been an issue in the home that had negatively impacted the children for many years, DV was also addressed in the services. During the investigations ACS provided the family with beds and weather appropriate clothing. The four oldest children received intensive in-home-therapy that addressed their mental health concerns. The SM completed drug a treatment program. The family completed those services in June 2014.

**Known CPS History Outside of NYS**

There is 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: 07/10/2015

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: 07/10/2015

**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**



# Child Fatality Report

|  | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 receives preventive services under the auspices of Rising Ground Agency.

## Preventive Services History



The family engaged in services under the auspices of Family Connections Preventive Services beginning on 8/3/17, and the services are continuing.

### Foster Care Placement History

On 7/10/15, a family service stage was initiated to service the family. On 7/13/15, ACS filed an Article Ten neglect petition in Bronx Family Court on behalf of all of the children. The children were released to the SM with ACS supervision. On 9/2/15, a remand was granted for the now nineteen-year-old sibling because she had refused to return home because the SM had allowed the father into the home, she was placed in a Four Winds Hospital where she remained until

### 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: |
|--------------------|---------------------------------|--------------------------|
| 07/13/2015         | There was not a fact finding    | Order of Supervision     |
| <b>Respondent:</b> | 050032 Mother Female 41 Year(s) |                          |
| <b>Comments:</b>   |                                 |                          |

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

**From:** Unknown

**To:** Unknown

**Explain:**

An OOP was filed against the BF on behalf of the family and a full stay away order was granted the SM and SS.

### 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