



Report Identification Number: NY-19-099

Prepared by: New York City Regional Office

Issue Date: Feb 20, 2020

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Found Alive
Age: 15 year(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: Unknown
Initial Date OCFS Notified: 08/23/2019

Presenting Information

The 8/23/19 SCR report alleged the SM jumped off the 20th floor of her apartment building while holding the 5-year-old half sibling in her arms. The 15-year-old SC subsequently jumped off the building. It was alleged that as a result of the fall, the SM, SC, and the 5-year-old half sibling died. The roles of the two half siblings were unknown.

Executive Summary

According to the 8/23/19 report, the SM jumped off the 20th floor of her apartment building while holding the 5-year-old half sibling in her arms. The 15-year-old SC subsequently jumped off the building. It was alleged that as a result of the fall, the SM, SC, and the 5-year-old half sibling died. ACS investigated the report and found the two children, who were referenced in the report, were found alive.

The 8/23/19 report included the allegations of DOA/Fatality and IG of the half-sibling (age 5) and SC (age 15) by the SM.

During the investigation, ACS made pertinent collateral contacts with neighbors, LE, CAC, foster care agency CP, and domestic violence, mental health and investigative consultants. A neighbor did not express any concerns for the children at the case address. ACS conducted a conference call meeting with the foster care agency, and the investigating team to discuss the family's services and compliance.

The ACS investigating team maintained ongoing collaboration with the provider agencies. ACS conducted multiple announced and unannounced home visits, observed the children and verified they were healthy. The children did not have suspicious marks/bruises.

ACS contacted the children's medical providers and reported that the children had no medical illnesses that required daily medication.

On 10/21/19, ACS unsubstantiated the allegations of DOA/Fatality and IG of the 5-year-old half sibling and 15-year-old SC by the SM on the basis the children were found alive. ACS unsubstantiated the other allegations of the 8/23/19 report on the basis of no credible evidence. ACS noted there was no information obtained throughout the investigation that reflected children were found dead at the case address listed in the report.

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:

Sufficient information was gathered to determine all allegations.

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:

ACS obtained relevant information from the collateral contacts.

Required Actions Related to the Fatality

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

| | |
|-------------------------|--|
| Issue: | Failure to Conduct a Face-to-Face Interview (Subject/Family) |
| Summary: | There were no face-to-face interviews or assessments of the SM, SC and father of 5-year-old half sibling reflected or documented in the 8/23/19 investigation progress notes. |
| Legal Reference: | 18 NYCRR 432.2(b)(3)(ii)(a) |
| Action: | ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed. |

Fatality-Related Information and Investigative Activities

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 15 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 33 Year(s) |
| Deceased Child's Household | Other Child - Half Sibling | Alleged Victim | Male | 9 Year(s) |



| | | | | |
|----------------------------|--|---------------------|--------|------------|
| Deceased Child's Household | Other Child - Half Sibling | Alleged Victim | Male | 8 Month(s) |
| Other Household 1 | Other Adult - Female Half Sibling Father | Alleged Perpetrator | Male | 35 Year(s) |
| Other Household 2 | Other Deceased Child - Half Sibling | Alleged Victim | Female | 5 Year(s) |

LDSS Response

Between 8/23/19 and 8/26/19, ACS initiated the investigation and learned there were no physical injuries noted for the subject children. ACS investigating team convened a Heightened Oversight Conference to discuss the case; thereafter, the investigating team created a plan to visit the home and assess the subject family. ACS visited the SM and children at the BF's residence. ACS observed the children and noted they had no marks or bruises. At the time, ACS reported that the family was alive.

On 8/26/19, ACS met with the SM and her children at the LDSS office. The investigating team reviewed the active OOP pertaining to the father of the half-sibling (age 5). The ACS team escorted the SM to her local precinct to file a report. ACS assessed the children and did not observe visible marks or bruises on the children's bodies.

On 8/26/19, ACS learned that the father of the half-sibling (age 5) was arrested for violating the OOP and was charged with aggravated harassment and criminal content. The SM said she planned to testify and participate in the prosecution attempt.

On 8/28/19, ACS met with the mental health and domestic violence consultants to assess the case and based on the case material and finding, the consultant recommended utilizing completed DV protocol and obtaining information about the family's mental health services.

On 9/10/19, ACS learned that LE requested CAC interviews of the children in the home. The SM reported that a consult would be made with the attorney's for children to discuss the CAC appointments.

ACS obtained relevant information from the neighbors, LE, CAC, foster care agency CP, domestic violence, mental health and investigative consultants. A neighbor did not express any concerns for the children at the case address. ACS conducted a conference call meeting with the foster care agency to discuss the family's services and compliance. ACS conducted multiple announced and unannounced home visits and observed the children. The children were in good health and they were free of marks and bruises. ACS contacted the medical providers and verified the children had no medical illnesses that required daily medication.

Multidisciplinary Investigation/Review

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

Comments: The children reported on this fatality were found alive.

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

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

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|-------------------|------------------------|---------------|--------------------|
|-------------------|------------------------|---------------|--------------------|



Child Fatality Report

| | | | |
|--|--|-------------------------------|-----------------|
| 053012 - Deceased Child, Male, 15 Yrs | 053023 - Mother, Female, 33 Year(s) | Childs Drug / Alcohol Use | Unsubstantiated |
| 053012 - Deceased Child, Male, 15 Yrs | 053023 - Mother, Female, 33 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 053012 - Deceased Child, Male, 15 Yrs | 053024 - Other Adult - Female Half Sibling Father, Male, 35 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 053012 - Deceased Child, Male, 15 Yrs | 053023 - Mother, Female, 33 Year(s) | Lack of Supervision | Unsubstantiated |
| 053012 - Deceased Child, Male, 15 Yrs | 053023 - Mother, Female, 33 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 053012 - Deceased Child, Male, 15 Yrs | 053023 - Mother, Female, 33 Year(s) | DOA / Fatality | Unsubstantiated |
| 053021 - Other Child - Half Sibling, Male, 9 Year(s) | 053023 - Mother, Female, 33 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 053021 - Other Child - Half Sibling, Male, 9 Year(s) | 053023 - Mother, Female, 33 Year(s) | Lack of Supervision | Unsubstantiated |
| 053021 - Other Child - Half Sibling, Male, 9 Year(s) | 053023 - Mother, Female, 33 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 053021 - Other Child - Half Sibling, Male, 9 Year(s) | 053023 - Mother, Female, 33 Year(s) | Choking / Twisting / Shaking | Unsubstantiated |
| 053021 - Other Child - Half Sibling, Male, 9 Year(s) | 053024 - Other Adult - Female Half Sibling Father, Male, 35 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 053022 - Other Child - Half Sibling, Male, 8 Month(s) | 053023 - Mother, Female, 33 Year(s) | Lack of Supervision | Unsubstantiated |
| 053022 - Other Child - Half Sibling, Male, 8 Month(s) | 053023 - Mother, Female, 33 Year(s) | Lacerations / Bruises / Welts | Unsubstantiated |
| 053022 - Other Child - Half Sibling, Male, 8 Month(s) | 053023 - Mother, Female, 33 Year(s) | Childs Drug / Alcohol Use | Unsubstantiated |
| 053022 - Other Child - Half Sibling, Male, 8 Month(s) | 053024 - Other Adult - Female Half Sibling Father, Male, 35 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 053022 - Other Child - Half Sibling, Male, 8 Month(s) | 053023 - Mother, Female, 33 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 053022 - Other Child - Half Sibling, Male, 8 Month(s) | 053023 - Mother, Female, 33 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 053301 - Other Deceased Child - Half Sibling, Female, 5 Year(s) | 053023 - Mother, Female, 33 Year(s) | DOA / Fatality | Unsubstantiated |
| 053301 - Other Deceased Child - Half Sibling, Female, 5 Year(s) | 053023 - Mother, Female, 33 Year(s) | Allowing Sex Abuse to Occur | Unsubstantiated |
| 053301 - Other Deceased Child - Half Sibling, Female, 5 Year(s) | 053023 - Mother, Female, 33 Year(s) | Inadequate Guardianship | Unsubstantiated |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| All children observed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| When appropriate, children were interviewed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact with source? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the investigation adhere to established protocols for a joint investigation? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional information:

The SCHN, SM and father of 5-year-old half sibling's assessments were not documented in the 8/23/19 investigation.

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"/> |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

Fatality Risk Assessment / Risk Assessment Profile

| | Yes | No | N/A | Unable to Determine |
|--|-----|----|-----|---------------------|
|--|-----|----|-----|---------------------|



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

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

| Services | Provided After Death | Offered, but Refused | Offered, Unknown if Used | Not Offered | Needed but Unavailable | N/A | CDR Lead to Referral |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Economic support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| | | | | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:
The family received preventive services.

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

Explain:
The children were found alive.

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

Explain:
The children were found alive.

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? N/A
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) |
|--------------------|---|--|-------------------------|--------------------|---------------------|
| 08/15/2019 | Other Child - Half Sibling, Male, 8 Years | Other Adult - BF Female Half Sibling, Male, 35 Years | Inadequate Guardianship | Unsubstantiated | No |



| | | | |
|--|---|-------------------------------|-----------------|
| Other Deceased Child - Half Sibling, Female, 5 Years | Mother, Female, 33 Years | Inadequate Guardianship | Unsubstantiated |
| Other Child - Half Sibling, Male, 8 Months | Mother, Female, 33 Years | Childs Drug / Alcohol Use | Unsubstantiated |
| Other Child - Half Sibling, Male, 8 Months | Other Adult - BF Female Half Sibling , Male, 35 Years | Inadequate Guardianship | Unsubstantiated |
| Other Child - Half Sibling, Male, 8 Months | Mother, Female, 33 Years | Lacerations / Bruises / Welts | Unsubstantiated |
| Other Child - Half Sibling, Male, 8 Months | Mother, Female, 33 Years | Lack of Supervision | Unsubstantiated |
| Other Child - Half Sibling, Male, 8 Months | Mother, Female, 33 Years | Parents Drug / Alcohol Misuse | Unsubstantiated |
| Other Child - Half Sibling, Male, 8 Months | Mother, Female, 33 Years | Inadequate Guardianship | Unsubstantiated |
| Deceased Child on Report, Male, 15 Years | Mother, Female, 33 Years | Childs Drug / Alcohol Use | Unsubstantiated |
| Deceased Child on Report, Male, 15 Years | Other Adult - BF Female Half Sibling , Male, 35 Years | Inadequate Guardianship | Unsubstantiated |
| Deceased Child on Report, Male, 15 Years | Mother, Female, 33 Years | Inadequate Guardianship | Unsubstantiated |
| Deceased Child on Report, Male, 15 Years | Mother, Female, 33 Years | Lack of Supervision | Unsubstantiated |
| Deceased Child on Report, Male, 15 Years | Mother, Female, 33 Years | Parents Drug / Alcohol Misuse | Unsubstantiated |
| Other Deceased Child - Half Sibling, Female, 5 Years | Mother, Female, 33 Years | Allowing Sex Abuse to Occur | Unsubstantiated |
| Other Child - Half Sibling, Male, 8 Years | Mother, Female, 33 Years | Choking / Twisting / Shaking | Unsubstantiated |
| Other Child - Half Sibling, Male, 8 Years | Mother, Female, 33 Years | Inadequate Guardianship | Unsubstantiated |
| Other Child - Half Sibling, Male, 8 Years | Mother, Female, 33 Years | Lack of Supervision | Unsubstantiated |
| Other Child - Half Sibling, Male, 8 Years | Mother, Female, 33 Years | Parents Drug / Alcohol Misuse | Unsubstantiated |

Report Summary:

The 8/15/19 report alleged on an ongoing basis, the SM smoked marijuana while being the sole caregiver of 15-year-old, 8-year-old, and the 8-month-old children. The SM blew smoke in the children's faces. The SM became impaired and was unable to care for the children. The SM and 15-year-old SC smoked marijuana together to the point where he became impaired. The SM left the 8-year-old and the 8-month-old at home with the 15-year-old while he was inebriated.

Report Determination: Unfounded

Date of Determination: 10/11/2019

Basis for Determination:

During the 8/15/19 investigation, ACS found there was no credible evidence to substantiate the allegations of the report. ACS interviewed the subject children who said they had not witnessed the SM smoke anything in the home nor had she blown smoke in the 8-month-old child's face. There were allegations pertaining to the SM from anonymous reports that



were called against the SM. The allegations ranged from excessive corporal punishment to suicide and fatality. According to ACS, all reports have been false and malicious.

OCFS Review Results:

During the investigation ACS assessed the SM's and the PGM's home (both homes were assessed to be safe, and proper provisions for the children were observed through announced and unannounced home visits). ACS created a safety plan with the SM and the children. ACS obtained relevant information from the MA, PGM, physicians, foster care agency, building management and neighbors. ACS contacted other district agency staff assigned to monitor the half sibling's foster home. ACS interviewed the BF and attempted to contact the father of the half sibling. ACS sought legal intervention and an order of protection for the SM and 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) |
|--------------------|---|--------------------------|-------------------------|--------------------|---------------------|
| 12/13/2018 | Other Child - Half Sibling, Male, 14 Days | Mother, Female, 32 Years | Inadequate Guardianship | Substantiated | Yes |

Report Summary:

The 12/13/18 report alleged the SM gave birth to a male child. The SM's other children were removed from the SM's care and placed in foster care. The child (age 14), fathers of the unknown named child, and child (age 14) had unknown roles.

Report Determination: Indicated

Date of Determination: 02/12/2019

Basis for Determination:

During the 12/13/18 investigation, ACS found credible evidence to substantiate the allegation of IG of the infant by the SM. The investigative findings showed the SM admitted she hid her pregnancy from the foster care agency and as a result she missed supervised visits with her children. Due to the SM's history and her non-compliance with the foster care agency, an Article Ten Neglect Petition was filed against the SM due to derivative neglect.

OCFS Review Results:

ACS obtained information from the foster care agency, made referrals for MH consultations and followed up with the infant's medical provider. ACS interviewed the child (age 14) and visited his school. ACS documented safe sleep discussion with the SM. ACS interviewed the father of the child (age 14). The SM refused to provide information about the father of the infant. The progress notes were not written contemporaneously. Several of the supervisory directives were not followed or were incomplete at the closure of the investigation, (including directives to follow-up and document pertinent investigative information in the Family Services Progress Notes).

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

The progress notes in the 12/13/18 investigation were not entered contemporaneously. An event occurred on 1/9/19 and the note was entered on 2/11/19.

Legal Reference:

18 NYCRR 428.5

Action:

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.



Child Fatality Report

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|---|--|--|-------------------------------|--------------------|---------------------|
| 07/24/2018 | Deceased Child on Report, Male, 14 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Inadequate Guardianship | Substantiated | No |
| | Deceased Child on Report, Male, 14 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Lack of Medical Care | Unsubstantiated | |
| | Deceased Child on Report, Male, 14 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Lack of Supervision | Unsubstantiated | |
| | Deceased Child on Report, Male, 14 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Deceased Child on Report, Male, 14 Years | Mother, Female, 32 Years | Childs Drug / Alcohol Use | Unsubstantiated | |
| | Deceased Child on Report, Male, 14 Years | Mother, Female, 32 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child on Report, Male, 14 Years | Mother, Female, 32 Years | Lacerations / Bruises / Welts | Unsubstantiated | |
| | Deceased Child on Report, Male, 14 Years | Mother, Female, 32 Years | Lack of Supervision | Unsubstantiated | |
| | Sibling, Female, 12 Years | Mother, Female, 32 Years | Childs Drug / Alcohol Use | Unsubstantiated | |
| | Sibling, Female, 12 Years | Mother, Female, 32 Years | Lack of Supervision | Unsubstantiated | |
| | Sibling, Male, 11 Years | Mother, Female, 32 Years | Childs Drug / Alcohol Use | Unsubstantiated | |
| | Sibling, Male, 11 Years | Mother, Female, 32 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 11 Years | Mother, Female, 32 Years | Lack of Supervision | Unsubstantiated | |
| | Sibling, Female, 12 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Inadequate Guardianship | Substantiated | |
| | Sibling, Female, 12 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Lack of Supervision | Unsubstantiated | |
| | Sibling, Female, 12 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Male, 11 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 11 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Lack of Supervision | Unsubstantiated | |
| | Sibling, Male, 11 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Other Child - Half Sibling, Male, 7 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Inadequate Guardianship | Unsubstantiated | |
| Other Child - Half Sibling, Male, 7 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Lack of Supervision | Unsubstantiated | | |



Child Fatality Report

| | | | |
|--|--|-------------------------------|-----------------|
| Other Child - Half Sibling, Male, 7 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Parents Drug / Alcohol Misuse | Unsubstantiated |
| Other Deceased Child - Half Sibling, Female, 4 Years | Other Adult - Female Half Sibling BF, Male, 34 Years | Inadequate Guardianship | Unsubstantiated |
| Other Deceased Child - Half Sibling, Female, 4 Years | Mother, Female, 32 Years | Inadequate Guardianship | Unsubstantiated |

Report Summary:

The 7/24/2018 report alleged the SM rolled marijuana for the SSs (14) and (11). The stepparent intervened and the SM and SSs became upset and physically assaulted the stepparent. The stepparent's role was unknown.

Report Determination: Indicated

Date of Determination: 09/21/2018

Basis for Determination:

ACS found there was credible evidence to substantiate the allegation of IG of the SC and SS by the father of the half sibling. The father of the half sibling assaulted the SM in the presence of the children.

ACS unsubstantiated the allegations of CD/A, L/B/W, PD/AM, LMC, IG, and LS of the SC by the SM and the father of the half sibling on the basis of no credible evidence.

OCFS Review Results:

During the investigation, ACS assessed the SM's homes and the PGM's home (both homes were assessed to be safe, and proper provisions for the children were observed through announced and unannounced home visits). ACS created a safety plan with the SM and children. ACS made pertinent collateral contact with the MA, PGM, physicians, foster care agency, building management and neighbors. ACS contacted other district agency staff assigned to monitor the half sibling's foster home. ACS interviewed the BF and attempted to contact the father of the half sibling. ACS sought legal intervention and an order of protection for the SM and 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) |
|--------------------|--|--------------------------|-------------------------------|--------------------|---------------------|
| 04/27/2018 | Other Deceased Child - Half Sibling, Female, 4 Years | Mother, Female, 32 Years | Inadequate Guardianship | Unsubstantiated | Yes |
| | Other Deceased Child - Half Sibling, Female, 4 Years | Mother, Female, 32 Years | Lacerations / Bruises / Welts | Unsubstantiated | |

Report Summary:

The 4/27/2018 report alleged on 4/18/18, the SM hit the female half sibling (age 4) with a hammer and a hanger leaving bruising on the half sibling's left arm. The SM had mental health issues and was not stable.

Report Determination: Unfounded

Date of Determination: 06/26/2018

Basis for Determination:

During the 4/27/2018 investigation, ACS did not find credible evidence to substantiate the allegations of the report. The investigative findings showed the half sibling did not sustain injuries as a result of actions inflicted on her by the SM. The half sibling did not make disclosures of being hit by the SM. ACS observed the SM exercised a minimum degree of care in providing adequate guardianship to the half-sibling.

OCFS Review Results:

During the investigation, ACS assessed the SM, PGM, and foster parent's home (the homes were assessed to be safe with proper provisions for the children). ACS obtained relevant information from the foster parent, PGM, physicians, foster care agency, daycare provider/school, CAC, medical and investigative consultants. ACS did not interview the half sibling's father.

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



Issue:

Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:

During the 4/27/18 investigation, ACS did not interview the half-sibling's father.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(a)

Action:

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|---------------------------|--|---|--------------------------------|--------------------|---------------------|
| 06/13/2017 | Other Deceased Child - Half Sibling, Female, 3 Years | Mother, Female, 31 Years | Excessive Corporal Punishment | Unsubstantiated | No |
| | Other Deceased Child - Half Sibling, Female, 3 Years | Other Adult - Biological Father, Male, 56 Years | Inadequate Guardianship | Unsubstantiated | |
| | Other Deceased Child - Half Sibling, Female, 3 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated | |
| | Other Deceased Child - Half Sibling, Female, 3 Years | Mother, Female, 31 Years | Poisoning / Noxious Substances | Unsubstantiated | |
| | Deceased Child on Report, Male, 13 Years | Other Adult - Biological Father, Male, 56 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 10 Years | Other Adult - Biological Father, Male, 56 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 9 Years | Other Adult - Biological Father, Male, 56 Years | Inadequate Guardianship | Unsubstantiated | |
| | Other Child - Half Sibling, Male, 6 Years | Other Adult - Biological Father, Male, 56 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child on Report, Male, 13 Years | Mother, Female, 31 Years | Excessive Corporal Punishment | Unsubstantiated | |
| | Deceased Child on Report, Male, 13 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child on Report, Male, 13 Years | Mother, Female, 31 Years | Poisoning / Noxious Substances | Unsubstantiated | |
| | Sibling, Female, 10 Years | Mother, Female, 31 Years | Excessive Corporal Punishment | Unsubstantiated | |
| | Sibling, Female, 10 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated | |
| Sibling, Female, 10 Years | Mother, Female, 31 Years | Poisoning / Noxious Substances | Unsubstantiated | | |



| | | | |
|---|--------------------------|--------------------------------|-----------------|
| Sibling, Male, 9 Years | Mother, Female, 31 Years | Excessive Corporal Punishment | Unsubstantiated |
| Sibling, Male, 9 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated |
| Sibling, Male, 9 Years | Mother, Female, 31 Years | Poisoning / Noxious Substances | Unsubstantiated |
| Other Child - Half Sibling, Male, 6 Years | Mother, Female, 31 Years | Excessive Corporal Punishment | Unsubstantiated |
| Other Child - Half Sibling, Male, 6 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated |
| Other Child - Half Sibling, Male, 6 Years | Mother, Female, 31 Years | Poisoning / Noxious Substances | Unsubstantiated |

Report Summary:

The 6/13/17 report alleged on 6/12/17 at 9:00 PM, the SM hit the SC along with his male siblings ages 10, 9 and 6. The SM threw objects in the home. The violence occurred frequently in the home and the father was unable to intervene to protect the children. The police responded often to the home. It was unknown if anyone was harmed during the 6/12/17 incident.

Report Determination: Unfounded

Date of Determination: 06/19/2017

Basis for Determination:

ACS found there was no credible evidence to substantiate the allegations of the 6/13/17 report. The investigative findings showed the SC, and SSs ages 10 and 9, were in the care of the BF. The half siblings ages 6 and 3 were in non-kinship foster homes during the investigation. ACS did not observe marks or bruises on the children.

OCFS Review Results:

During the investigation, ACS was unable to merge into the existing 6/6/17 investigation due to technical issues. The 6/6/17 investigation had similar allegations. ACS documented the initial home visit and assessment of the BF's home. No other information was documented within the 6/13/17 investigation. The 6/13/17 investigation was subsequently closed on 6/19/17.

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|--|--------------------------|--------------------------------|--------------------|---------------------|
| 06/06/2017 | Other Deceased Child - Half Sibling, Female, 3 Years | Mother, Female, 31 Years | Excessive Corporal Punishment | Unsubstantiated | No |
| | Other Deceased Child - Half Sibling, Female, 3 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated | |
| | Other Deceased Child - Half Sibling, Female, 3 Years | Mother, Female, 31 Years | Poisoning / Noxious Substances | Unsubstantiated | |
| | Deceased Child on Report, Male, 13 Years | Mother, Female, 31 Years | Excessive Corporal Punishment | Unsubstantiated | |
| | Deceased Child on Report, Male, 13 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated | |

| | | | |
|--|---|--------------------------------|-----------------|
| Deceased Child on Report, Male, 13 Years | Mother, Female, 31 Years | Poisoning / Noxious Substances | Unsubstantiated |
| Sibling, Female, 10 Years | Mother, Female, 31 Years | Excessive Corporal Punishment | Unsubstantiated |
| Sibling, Female, 10 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated |
| Sibling, Female, 10 Years | Mother, Female, 31 Years | Poisoning / Noxious Substances | Unsubstantiated |
| Sibling, Male, 9 Years | Mother, Female, 31 Years | Excessive Corporal Punishment | Unsubstantiated |
| Sibling, Male, 9 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated |
| Sibling, Male, 9 Years | Mother, Female, 31 Years | Poisoning / Noxious Substances | Unsubstantiated |
| Other Child - Half Sibling, Male, 6 Years | Mother, Female, 31 Years | Excessive Corporal Punishment | Unsubstantiated |
| Other Child - Half Sibling, Male, 6 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated |
| Other Child - Half Sibling, Male, 6 Years | Mother, Female, 31 Years | Poisoning / Noxious Substances | Unsubstantiated |
| Other Deceased Child - Half Sibling, Female, 3 Years | Other Adult - Biological Father, Male, 56 Years | Inadequate Guardianship | Unsubstantiated |
| Deceased Child on Report, Male, 13 Years | Other Adult - Biological Father, Male, 56 Years | Inadequate Guardianship | Unsubstantiated |
| Sibling, Female, 10 Years | Other Adult - Biological Father, Male, 56 Years | Inadequate Guardianship | Unsubstantiated |
| Sibling, Male, 9 Years | Other Adult - Biological Father, Male, 56 Years | Inadequate Guardianship | Unsubstantiated |
| Other Child - Half Sibling, Male, 6 Years | Other Adult - Biological Father, Male, 56 Years | Inadequate Guardianship | Unsubstantiated |

Report Summary:

The 6/6/2017 report alleged the SM had suicidal ideations and homicidal ideations while being the sole caretaker of SC (age 13), SSs ages (10 and 9), half sibling (age 6), and an unknown child. The report alleged on 6/6/17, the SM poisoned all five children and herself. It was unknown if the children sustained injuries as a result.

Report Determination: Unfounded

Date of Determination: 07/24/2017

Basis for Determination:

During the 6/6/2017 investigation, ACS did not find credible evidence to substantiate the allegations of the report. The investigative findings showed the SC, and SSs ages 10 and 9, were in the care of their BF. The half siblings ages 6 and 3 were in non-kinship foster homes. The SC (age 13), SSs (ages 9 and 10) were medically cleared at the local hospital and there were no signs of physical abuse or poisoning. ACS did not observe marks or bruises on the children.

OCFS Review Results:

During the investigation, ACS assessed the BF and foster parent's home (both homes were assessed to be safe, and proper



provisions for the children were observed during announced and unannounced home visits). ACS obtained relevant information from the physician, LE, foster care agency CP, and investigative consultants. ACS held a meeting with the foster care agency to discuss the children's safety. ACS devised a plan to monitor the children's safety through supervised agency visits.

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

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

The family had extensive prior history with ACS. The family's child welfare history began in 2006. The SM was an alleged subject in reports dated 6/29/06 (IND), 7/10/09 (IND), 8/3/10 (UNF), 9/24/10 (IND), 1/28/11 (IND), 8/6/11 (IND), 6/13/12 (UNF), 1/25/13 (IND), 4/23/13 (IND), 4/28/14 (IND), 10/31/14 (UNF), 4/20/15 (IND), and 6/27/15 (UNF). The allegations of these reports were a combination of EDN, M/FTTH, IG, L/B/W, IF/C/S, LMC and PD/AM.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Services Open at the Time of the Fatality

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

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:

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

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the service provider(s) comply with the timeliness and content requirements for progress notes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the services provided meet the service needs as outlined in the case record? | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were services provided to parents as necessary to achieve safety, permanency, and well-being? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |

Preventive Services History

ACS opened the foster care services case in February 2013. The SM was admitted into the New Directions program on 9/23/13 and completed the program on 4/22/14. New Directions provided the SM with substance abuse services, parenting skills classes, individual psychotherapy and mental health services. The father of the half sibling (age 5) completed domestic violence program on 5/18/16 and parenting education on 5/3/16. The subject family received services from ACS, SCO and New York Foundling. An evaluation of case management revealed ACS, New York Foundling, and SCO visits were adequate as the subject family was assessed in the home and the community at least twice a month. The SM was compliant with all recommended services.

Foster Care Placement History

The half sibling (age 9) was placed in non-kinship foster care in February 2013, due to domestic violence, IG, PD/AM by the SM and father of the half-sibling (age 5).

The half sibling (age 5) was placed in non-kinship foster care in May 2014 due to the SM's lack of compliance with mental health services. The SM continued to engage in domestic violence with the half-siblings father. The half sibling (age 5) was in the kinship home of her PGM at the time of the 8/23/19 ACS investigation.

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

Have any Orders of Protection been issued? Yes

From: Unknown

To: 10/29/2019



| | |
|---|--------------------|
| Explain: The SM had an OP against the father of the half sibling (age 5). | |
| From: 12/14/2019 | To: Unknown |
| Explain: The PGM of the half sibling (age 5) had an OP against the SM. | |

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