



**Report Identification Number: NY-22-013**

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

**Issue Date: Jul 19, 2022**

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 year(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 02/25/2022  
**Initial Date OCFS Notified:** 03/07/2022

## Presenting Information

The New York City Administration for Children's Services (ACS) learned of the death of the 3-year-old male subject child that occurred on 2/25/22. The family had an open Preventive Services Case at the time of his death. ACS notified the New York City Regional Office via the 7065 Agency Reporting Form.

## Executive Summary

ACS was notified of the death of the 3-year-old male child by hospital personnel and notified the voluntary agency providing preventive services to the family. The Preventive Services Case began on 12/1/21 and was opened after ACS filed a Neglect Petition against the father for concerns of ongoing domestic violence in the presence of the children. More specifically, an incident on 11/20/21, where the father stabbed the mother in her leg. At the time of the child's death, there was an Order of Protection against the father regarding the mother and children. The Order was modified on 2/2/22, to allow the father contact with the child at the hospital.

ACS made all necessary contacts with the family and collaterals to gather information related to the fatality. It was learned that the subject child was diagnosed with brain cancer in March 2021. The family became involved with ACS because of domestic violence; however, when ACS learned that the subject child had advanced brain cancer they referred the family to a medical preventive program, which assisted in the care of medically fragile children. On 1/28/22, the child was brought to the emergency department after he had a seizure and stopped breathing. The child was transferred to another hospital and admitted. It was learned the cancer had spread throughout his body and he was no longer responding to treatment. The child's condition continued to decline and he died on 2/25/22.

An autopsy was not performed and the record did not reflect that law enforcement was notified of the death. The information gathered regarding the child's diagnosis and following the death did not support a concern for abuse or maltreatment of the subject child by the parents that would have contributed to the death.

ACS coordinated with the hospital and medical prevention program to provide the family with grief counseling services. The father arranged the funeral and had refused to disclose the arrangements to the mother. ACS conferenced with their legal department and a hearing was held in which the father was ordered to allow the mother at the funeral. At the time this report was written the mother was cooperating with ACS and participating in services. The father refused to engage with ACS. The Order of Protection remained in place and the family continued to receive prevention services.

### PIP Requirement

ACS must meet with the staff involved, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

**Determination:**

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

**Explain:**

ACS gathered information surrounding the circumstances of the death and offered appropriate services.

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 family remained open with preventive services.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 02/25/2022

Time of Death: 08:47 AM

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

County where fatality incident occurred: Queens

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

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

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

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:



- Distracted
- Absent
- Asleep
- Other: **At the hospital with the child**

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

**Children ages 0-18:** 1  
**Adults:** 0

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	3 Year(s)
Deceased Child's Household	Father	No Role	Male	29 Year(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Month(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)

**LDSS Response**

ACS had an open preventive services case with the family at the time of the child fatality. The case was opened on 12/1/21, after ACS filed a Neglect Petition against the father. Upon notice of the death, ACS completed the required 7065 Agency Reporting Form, contacted medical collaterals, assessed the safety of the siblings and provided referrals for services.

ACS became involved with the family in November 2021, after receipt of a CPS investigation regarding a domestic incident in which the father and mother were in a verbal dispute, and the father stabbed the mother in the leg with a pocket knife. The children were in the same room that the incident occurred and the parents reported ongoing domestic violence by the father toward the mother. The father was referred to a batterer's intervention program; however, refused to participate and continued to make threats of violence toward the mother during the preventive services case. During ACS' involvement with the family, it was learned that the subject child was diagnosed with brain cancer in March 2021. The mother had limited resources and ACS responded by making referrals for services such as domestic violence and a medical prevention program for medically fragile children. ACS assisted the mother in obtaining health insurance and public assistance. The medical prevention program included regular medical assessments of the subject child and his treatment plan.

It was learned through contact with the child's oncologist that child was diagnosed with medulloblastoma after he was hospitalized in March 2021 for 2 weeks due to gait instability, lethargy, worsening appetite, nausea and vomiting. The child did not have prior medical history, was not on any medication, his immunizations were up to date and he was meeting developmental milestones prior to his diagnosis. The brain cancer was aggressive in nature and the child was in receipt of various treatments, including chemotherapy, radiation and surgery; however, there was minimal improvement and the tumor spread.

The child was scheduled to have surgery on 1/27/22 and was not able to, due to becoming sick with a flu-like illness. The child's symptoms were mild and being monitored at home. On 1/28/22, the child had a seizure and stopped breathing. The mother called 911 and the child was taken to the emergency room. The child was transferred to the hospital in which he received his cancer treatment. The child was admitted and his condition continued to worsen and he was placed in a medically induced coma. The medical staff discussed care options with the family, and end of life treatment. The child died in the hospital on 2/25/22.



Following the death, ACS completed a home visit with the mother and siblings. The home and the siblings were assessed to be safe. The siblings received a nursing assessment and were reported to be healthy and were up to date with their medical care. ACS coordinated grief services for the mother and the siblings were referred to Early Intervention. ACS developed a domestic violence safety plan with the mother and continued to refer her to domestic violence services. The father was referred to services following the fatality and he declined them.

### Official Manner and Cause of Death

**Official Manner:** Natural

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

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

### Multidisciplinary Investigation/Review

Was the fatality referred to an OCFS approved Child Fatality Review Team? No

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

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 As there was no SCR report surrounding the fatality, ACS inquired of relevant collaterals and family members and determined there was no reasonable cause to suspect abuse or maltreatment with respect to the SC's death. Although safety assessments in these instances are not required, ACS did assess and document the safety of the surviving siblings.

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A	Unable to Determine
<b>Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed 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"/>

**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 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## History Prior to the Fatality

### Child Information

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

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

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

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

## 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)
FINAL					





11/20/2021	Deceased Child, Male, 3 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 1 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Months	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

An SCR report alleged that the father had a history of physically assaulting the mother. On 11/20/21, the father stabbed the mother in the presence of the subject child and siblings. As a result, law enforcement intervention was required. The roles of the mother, grandmother and grandfather were unknown.

**Report Determination:** Indicated**Date of Determination:** 12/22/2021**Basis for Determination:**

ACS completed interviews with the family, the maternal uncle, the maternal aunt, the landlord, and children's medical provider. The mother and father admitted to ongoing domestic violence in the presence of the children. The father denied that he stabbed the mother as stated in the SCR report. The mother reported that she was giving the subject child medication and the child hit his head on the bed frame. The father became upset and stabbed the mother with a pocket knife while the children were present. The mother reported 5 other incidents when the father physically abused her, and left marks or bruises. The landlord corroborated that he heard the father verbally abusing the mother.

**OCFS Review Results:**

ACS completed interviews with the BM and BF and assessed the CHN for safety. Efforts were documented to interview the grandparents. ACS utilized a domestic violence, mental health and medical consultant to address concerns regarding mental health, domestic violence, substance misuse, and the medically fragile SC. ACS filed a Neglect Petition against the BF and the family accepted preventive services. There was an Order of Protection against the BF, protecting the BM and CHN. Appropriate services were offered in response to the concerns identified. Although there were controlling interventions in place to protect the CHN, they were not accurately reflected in the final safety assessment.

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

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

There was no CPS investigative history more than three years prior to the fatality.

**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:** 12/01/2021

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

	Yes	No	N/A	Unable to Determine
<b>Did the service provider(s) comply with the timeliness and content requirements for progress notes?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the services provided meet the service needs as outlined in the case record?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did all service providers comply with mandated reporter requirements?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<b>Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Casework Contacts

	Yes	No	N/A	Unable to Determine
<b>Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<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
<b>Was the most recent FASP approved on time?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider

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

**Additional information, if necessary:**  
 The family was in receipt of medical preventive services due to the child's medical fragility.

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**  
 Yes  No

<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	The record did not reflect that ACS completed a Plan Amendment following the death of the child.



<b>Legal Reference:</b>	18 NYCRR428.3(f)
<b>Action:</b>	ACS will complete a plan amendment any time a significant change occurs in the status of the case, which includes when services end for a family member due to death. As required, this will be done within 30 days of the change if an initial FASP has already been completed, unless the change occurs within 60 days of the next FASP. In that instance, the change can be documented at that time.

**Preventive Services History**

On 11/20/21, ACS received an SCR report regarding the mother and the father having a verbal altercation which later escalated to a physical altercation where the father stabbed the mother in her leg with a pocket knife. The subject child witnessed the incident and the younger siblings were asleep in the same room when the incident occurred. The mother and father reported several instances of domestic violence, and ACS observed bruising on the mother. The father was arrested and an Order of Protection was issued against the father protecting the mother and children. ACS filed a Neglect Petition against the father and requested he participate in services, including batter's accountability, anger management, parenting classes and counseling. During the investigation, ACS learned the subject child was diagnosed with an aggressive brain cancer in March 2021 and referred the family to services to assist with medically fragile children.

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?**

- Family Court
  Criminal Court
  Order of Protection

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
12/03/2021	Adjudicated Neglected	Order of Supervision
<b>Respondent:</b>	060747 Father Male 29 Year(s)	
<b>Comments:</b>	ACS filed a Neglect Petition against the father. He was ordered to participate in services including batter's accountability, anger management, parenting classes and counseling.	

<b>Criminal Charge:</b> Endangering the welfare of a child <b>Degree:</b> NA			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
11/20/2021	Father	Unknown	Unknown
<b>Comments:</b>	The father was charged with endangering the welfare of a child as result of the domestic incident that occurred on 11/20/21.		

<b>Criminal Charge:</b> Assault <b>Degree:</b> NA			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
11/20/2021	Father	Unknown	Unknown



**Comments:** The father was charged with assault as result of the domestic incident that occurred on 11/20/21.

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

**From:** 12/03/2021 **To:** Unknown

**Explain:**  
The father had an Order of Protection regarding the mother and children. He was allowed supervised contact with the children.

**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