



Report Identification Number: SV-21-017

Prepared by: New York State Office of Children & Family Services

Issue Date: Oct 26, 2021

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 Deceased
Age: 15 year(s)

Jurisdiction: Rockland
Gender: Female

Date of Death: 05/14/2021
Initial Date OCFS Notified: 05/14/2021

Presenting Information

Rockland County Department of Social Services (RCDSS) became aware of the death of the 15-year-old subject child (SC) on 5/14/2021. The child was involved with RCDSS on an open Family Assessment Response (FAR) case. The child was found deceased by a staff member of a hospital where the child was admitted for a mental health issue.

Executive Summary

This report concerns the death of a 15-year-old child which occurred while she was hospitalized for mental health concerns. The child was found unresponsive in her bed by a staff member of the hospital during a bed check at 8:45 AM. The family was involved with RCDSS through an open FAR case to address concerns for the subject child’s mental health and ungovernable behavior in the home.

RCDSS met with the mother and surviving siblings in the home. They identified no knowledge about how the subject child died and were only given limited information from the hospital. The child was observed to be alive during a bed check at 8:30 AM, and then found unresponsive at 8:45 AM during the next bed check. The child was brought to the emergency room in cardiac arrest and was unable to be revived.

RCDSS interviewed the medical examiner (ME). The ME stated that preliminary findings showed the child had an abnormality in her heart; however, it was unclear if the child passed away from natural causes or suicide. The cause of death would be dependent on the toxicology report.

RCDSS closed the case pending the final autopsy report. The family was offered services in response to the child’s death. It was unknown from the case record if the services were utilized by the family.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? No

**Explain:**

There were no documented supervisory consultations that occurred in relation to the death of the SC other than to document the SC's death.

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: 05/14/2021

Time of Death: Unknown

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

08:45 AM

County where fatality incident occurred:

Rockland

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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 15 Minutes

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Asleep
- Absent
- Other: Working

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	Female	15 Year(s)
Deceased Child's Household	Mother	No Role	Female	51 Year(s)
Deceased Child's Household	Sibling	No Role	Male	14 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)



LDSS Response

On 5/14/2021, RCDSS was informed by a family member that the SC had passed away on the same date. The family was involved in an open FAR case with RCDSS at the time of the SC's death. The SC had been hospitalized and was found unresponsive in her bed by a staff member of the hospital.

RCDSS interviewed the mother (BM) and the 14-year-old, 12-year-old, and 11-year-old surviving siblings (SSs) in the home. The BM identified being informed by the hospital that the SC was alive during a bed check at 8:30 AM and was found unresponsive in her bed at 8:45 AM. The SM stated that the doctor treating the SC had contacted her the day before for permission to change the SC's medication. No other information was known by the family regarding how the SC passed away. The SSs were assessed as being safe in the care of the BM. The BF was not interviewed regarding the SC's death as there was an existing order of protection against him barring unsupervised contact with the SSs. It was not documented in the case record when the BF last had contact with the SC and he had no known contact with the SC during her hospitalization. RCDSS provided information for bereavement and grief counseling. It was unknown from the record if services were utilized.

RCDSS interviewed the hospital staff that treated the SC. RCDSS was informed that the SC was alive during a bed check at 8:30 AM and found unresponsive at 8:45 AM during the next scheduled bed check. The SC was brought to the emergency room in cardiac arrest and was unable to be revived.

The ME was interviewed by RCDSS. The ME identified an abnormality in the SC's heart but could not definitively identify a cause of death until the toxicology report was returned. The ME identified that the death could be from suicide or natural causes pending the toxicology results.

RCDSS closed the case prior to the final autopsy results being made available to them and the cause of death was pending. No other information regarding the death of the SC was made available to RCDSS prior to the closure of the FAR case.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: Rockland County does not have an OCFS approved Child Fatality Review Team

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"/>



Child Fatality Report

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 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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 There were no allegations for which the safety of the SSs needed to be assessed. The SSs were seen and interviewed in the home within 7 days and the case was closed within 30 days.

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:**

Services were offered and it was unknown from the case record if the services were accepted.

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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input 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"/>

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? Unable to Determine

Explain:
Services were offered in relation to the SC's death. It was unknown from the case record if services were utilized.

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

Explain:
Services were offered in relation to the SC's death. It was unknown from the case record if services were utilized.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** No
- Was the child acutely ill during the two weeks before death?** No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/02/2021	Deceased Child, Female, 14 Years	Mother, Female, 50 Years	Inadequate Guardianship	Far-Closed	No

Report Summary:
The SCR report alleged that the BM was unable to control the behaviors of the SC in the home. The SC was violent and physical towards the BM and the BM was not able or willing to care for the SC in the home.

OCFS Review Results:
RCDSS worked with the family to identify resources in which the child could be placed upon discharge from the hospital. The SC was re-admitted to the hospital and transferred to an adolescent mental health unit where she later passed away. RCDSS interviewed all family members and relevant collateral contacts to assess the safety of the children and identify appropriate services. Upon the death of the SC, no other service needs were identified and the case was closed.

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)
12/11/2019	Sibling, Female, 10 Years	Father, Male, 40 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 10 Years	Father, Male, 40 Years	Sexual Abuse	Substantiated	
	Sibling, Female, 9 Years	Father, Male, 40 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Father, Male, 40 Years	Sexual Abuse	Substantiated	
	Sibling, Male, 12 Years	Father, Male, 40 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 12 Years	Father, Male, 40 Years	Sexual Abuse	Substantiated	
	Sibling, Female, 10 Years	Mother, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 12 Years	Mother, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The SCR report alleged that the BF was inappropriately touching the 12-year-old, 10-year-old, and 9-year-old children. As a result, the children were acting out by touching others. The parents were unable to control the children's behaviors and they got into physical altercations with each other.

Report Determination: Indicated

Date of Determination: 02/10/2020

Basis for Determination:

RCDSS coordinated their investigation with LE and interviewed the family and relevant collateral contacts. The three SSs each made admissions to the sexual abuse and the BF was arrested and charged with three counts of Course of Sexual Conduct against a Child in the 2nd degree. Orders of protection were issued against the BF regarding the three siblings. The SC was interviewed in the congregate care facility where she was admitted to. The SC made no disclosures of sexual abuse to RCDSS or LE.

OCFS Review Results:

RCDSS met regulatory requirements in their investigation of the allegations and a determination of the allegations was made in congruence with the evidence gathered. Orders of protection were issued on behalf of the children against the BF and the father left the home and had no further contact with RCDSS. The SC had been admitted to a congregate care facility prior to the investigation and remained in care throughout the duration of the investigation.

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)
08/15/2019	Deceased Child, Female, 13 Years	Mother, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 13 Years	Father, Male, 40 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Deceased Child, Female, 13 Years	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 12 Years	Father, Male, 40 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Sibling, Male, 12 Years	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Father, Male, 40 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Sibling, Female, 10 Years	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	



Deceased Child, Female, 13 Years	Father, Male, 40 Years	Lacerations / Bruises / Welts	Unsubstantiated
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Report Summary:

The SCR report alleged that the BF had a history of domestic violence against the BM and being aggressive towards and using excessive corporal punishment against the SC. As a result of the physical incidents, the SC had sustained marks and bruises and did not feel safe in the home. Subsequent reports were received on 8/27/2021, 9/10/2019, and 10/2/2019 with additional allegations of excessive corporal punishment of the SSs by the BF.

Report Determination: Unfounded**Date of Determination:** 10/10/2019**Basis for Determination:**

RCDSS interviewed all family members and all denied the allegations in the report aside from the SC. RCDSS learned that the SC had a history of calling an ambulance and then refusing to return to the home when ready for discharge. The SC was aggressive towards the BM and BF in the home and had a history of running away and staying in youth shelters. The case was already open for prevention services to address the concerns for the SC's behavior which continued upon the closure of the investigation.

OCFS Review Results:

RCDSS met regulatory requirements in their investigation of the allegations. RCDSS interviewed the family members and relevant collateral contacts to gather evidence. A determination of the allegations was made in accordance with the evidence gathered and the case remained open for prevention services. Collateral information obtained from LE showed no reports of DV in the home.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/18/2018	Sibling, Male, 11 Years	Mother, Female, 48 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child, Female, 12 Years	Mother, Female, 48 Years	Choking / Twisting / Shaking	Far-Closed	
	Deceased Child, Female, 12 Years	Mother, Female, 48 Years	Inadequate Guardianship	Far-Closed	
	Deceased Child, Female, 12 Years	Mother, Female, 48 Years	Lack of Medical Care	Far-Closed	
	Deceased Child, Female, 12 Years	Father, Male, 39 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

The SCR report alleged that the BM and BF hit the SC with objects such as belts, coat hangers, and a broom handle. It was unknown if the SC had sustained any injuries from the physical incidents. The SSs had unknown roles.

OCFS Review Results:

RCDSS initiated their investigation and the allegations were denied by the family, citing that the SC was making false allegations as a result of her mental health. A FAR case was opened to address the needs of the family and a prevention case was opened upon the closure of the case. RCDSS met regulatory requirements in their investigation into the incident and in identifying the prevention service needs of 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)	Status/Outcome	Compliance Issue(s)
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06/19/2018	Deceased Child, Female, 12 Years	Father, Male, 39 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child, Female, 12 Years	Father, Male, 39 Years	Lacerations / Bruises / Welts	Far-Closed	

Report Summary:
 The SCR report alleged that on multiple occasions the BF has thrown objects at and hit the SC leaving bruises. The most recent incident occurred on 6/17/2018 and it was unknown if the SC had sustained any injuries. The role of the mother and SSs was unknown.

OCFS Review Results:
 RCDSS met regulatory requirements in their investigation of the allegations. The allegations of physical discipline were denied by all parties aside from the SC. There were no marks or bruises observed on the SC. The parents identified behavioral issues with the SC and that they were seeking mental health counseling to assist with the issues at home. The case was tracked for a FAR response as there were no identified safety concerns for the children in the care of the parents.

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.

Preventive Services History

Preventive services were provided to the family between 4/7/2019-11/18/2020 to assist them with dealing with the mental health of the SC and to further develop the parenting skills of the BM and the BF.

Legal History Within Three Years Prior to the Fatality

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

Family Court Criminal Court Order of Protection

Criminal Charge: Course of sexual conduct against a child Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
01/16/2020	Biological Father	Unknown	Unkown
Comments:	The father was arrested and charged with three counts of Course of Sexual Conduct Against a Child in the 2nd degree.		

Have any Orders of Protection been issued? Yes	
From: Unknown	To: 03/01/2023



Explain:

The Order of Protection was issued against the father for the sexual abuse of the two female surviving siblings and the male surviving sibling which occurred in 2019.

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