



**Report Identification Number: NY-22-046**

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

**Issue Date: Dec 06, 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

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	DA-District Attorney	
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	SXTF-Sex Trafficking
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 year(s)

**Jurisdiction:** Queens  
**Gender:** Female

**Date of Death:** 05/15/2022  
**Initial Date OCFS Notified:** 06/22/2022

## Presenting Information

OCFS was notified by the Administration for Children’s Services (ACS) via the 7065 Agency Reporting Form that the 2-year-old subject child passed away in the hospital on 5/15/22 at 9:58 PM. The subject child had a congenital liver disorder and she was hospitalized on the date of her death.

## Executive Summary

On 5/15/22, the Administration for Children’s Services (ACS) received notification that the 2-year-old female subject child passed away at the hospital on that date due to complications from a previously diagnosed medical condition. ACS had an open CPS services case since 10/25/21, due to an incident of intimate partner violence perpetrated by the father towards the mother. ACS filed an Article 10 Neglect Petition against the father on 10/27/21 and the children were placed in the custody of the mother with court ordered supervision. At the time of the child’s death, she resided with her mother and four siblings, ages 13, 12, 10 and 7. The father did not reside in the home, and he had weekly supervised visitation with the children. The father had two additional children, ages 17 and 15, who resided with their mother and visited the father on occasion.

ACS investigated the circumstances surrounding the child’s death by speaking to the family and collateral resources. It was learned the subject child was born with a congenital liver disease that required surgery after birth, ongoing follow up medical care, and she was on a liver transplant list. The parents were following through with medical appointments and there were no concerns expressed for the subject child’s care. The parents were actively participating in service plan goals and the father was engaged in court ordered services. On 5/15/22, the subject child had a fever, diarrhea and was vomiting. The mother brought the child to the hospital, where her condition worsened, and she became unresponsive. Attempts to revive the child were unsuccessful and she was declared deceased at 9:58 PM. After the child’s death, the siblings were assessed to be safe in the mother’s care.

The medical examiner reported the child had an extensive medical history and she suffered from fever, vomiting and diarrhea for several days prior to her death. There were no signs of trauma or abuse. The final autopsy results were pending at the time this report was written. Hospital staff reported the child’s cause of death was Cardiac Arrest secondary to Disseminated Intravascular Coagulation.

ACS determined the child’s death was caused by a pre-existing medical condition and not abuse or maltreatment by a caregiver. The family was referred for bereavement services and ACS provided funeral assistance to the family. On 7/11/22, the Neglect Petition settled with a 6-month adjournment in contemplation of dismissal and the order of protection was modified to include unsupervised visitation for the father. The CPS services case remained open at the time this report was written.

### PIP Requirement

ACS will submit a PIP to the New York City Regional Office within 45 days of the receipt of this report. The PIP will identify action(s) the ACS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACS will review the plan and revise as needed to address ongoing concerns.

## 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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

ACS investigated the circumstances surrounding the child's death and determined her death was caused by a pre-existing medical condition. The child's death was not reported to the SCR, therefore Safety Assessments and a determination of allegations were not required.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**

The CPS services case remained open at the time this report was written.

**Required Actions Related to the Fatality**

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

<b>Issue:</b>	Failure to report death of child in open CPS or Preventive/CPS services case in timely manner
<b>Summary:</b>	ACS learned of the child's death on 5/15/22 and they did not complete and submit the 7065 Agency Reporting Form until 6/30/22.
<b>Legal Reference:</b>	06-OCFS-LCM-13
<b>Action:</b>	ACS will complete the OCFS 7065 Agency Reporting Form and send it to the appropriate Regional Office of the New York State Office of Children and Family Services within 72 hours of the injury, accident, or death.

**Fatality-Related Information and Investigative Activities****Incident Information**

Date of Death: 05/15/2022

Time of Death: 09:58 PM



**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

**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	2 Year(s)
Deceased Child's Household	Mother	No Role	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)
Other Household 1	Father	No Role	Male	44 Year(s)

### LDSS Response

Hospital staff informed ACS of the child's death on 5/15/22; however, the 7065 Agency Reporting Form was not completed and submitted to OCFS until 6/30/22. ACS investigated the child's death by speaking to medical providers, hospital staff, the medical examiner, friends of the family, and neighbors. ACS conducted home visits and spoke to the mother, father, and siblings. The father's two other children were spoken to, and they expressed no concerns.

The mother stated that the child was born with a medical condition which caused her to have blocked veins and a liver condition. She said the child had a fever since 5/13/22, and she gave the child over the counter fever reducer. On 5/15/22, the child started vomiting, had diarrhea, and she couldn't keep food down so the mother brought the child to the hospital. The father said the mother called him on 5/15/22 and told him she was taking the child to the hospital because the child had a fever, and she was vomiting. He left work and met the mother at the hospital. He said the child had attended all required medical appointments and took her medication as prescribed.

Hospital staff reported the subject child was born with a medical condition that affected her liver. She had surgery at 1-month-old; however, there were complications due to sepsis. Since that time, the child had been taking prescribed medication and attending follow up medical appointments. The parents followed the child's treatment plan and the mother sought medical care timely when the child became ill. Hospital staff stated that on 5/15/22, the mother brought the child to the hospital at 2:29 PM because she had a fever, was vomiting and had diarrhea. When the child arrived, she was alert but dehydrated and anemic. Three hours later medical staff conducted an oral challenge where they gave the child apple juice to see if she could tolerate it. Thirty minutes later the child's mental and physical health started to decline, and she was no



longer alert. The child was going to be transferred to a second hospital for a higher level of care, but she was not stable enough to be transferred. Hospital staff attempted life-saving measures for three hours prior to the child being declared deceased at 9:58 PM. The doctor reported that the child's liver failed causing her death.

### 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 referred to an OCFS approved Child Fatality Review Team?**No

**Comments:** There is no OCFS approved Child Fatality Review Team in NYC.

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



<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:**  
The death of the subject child was not reported to the SCR, therefore 24-hour and 30-day Safety Assessments were not required. The siblings were assessed as safe in the mother's care with court ordered supervision.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?</b>	<input 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"/>

**Explain:**  
Risk was assessed for the siblings and the family was receiving the necessary services through the ongoing CPS services case.

**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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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? Yes

Explain:

The siblings were referred for mental health and bereavement services.

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

Explain:

The parents were referred for mental health and bereavement services.

## 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)
10/24/2021	Sibling, Female, 13 Years	Father, Male, 44 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 13 Years	Father, Male, 44 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 11 Years	Father, Male, 44 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 11 Years	Father, Male, 44 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 6 Years	Father, Male, 44 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Father, Male, 44 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Female, 1 Years	Father, Male, 44 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 1 Years	Father, Male, 44 Years	Parents Drug / Alcohol Misuse	Substantiated	

### Report Summary:

An SCR report alleged on 10/24/21, while intoxicated and following a verbal dispute, the father punched the mother in the leg in the presence of the children. The father then attempted to take the subject child out of the mother's arms by grabbing the child by her arms and he pushed the now 12-year-old sibling. No one was harmed or injured during the incident. On more than one occasion, the father consumed alcohol to the point of intoxication while acting as the sole caregiver for the children. While intoxicated, the father became aggressive in the past.

**Report Determination:** Indicated

**Date of Determination:** 12/21/2021

### Basis for Determination:

There was evidence gathered that the father was intoxicated when he returned home on 10/24/21. He physically assaulted the mother by punching her in the leg in the presence of the children. The father attempted to pull the subject child out of the mother's arms and he pushed the now 12-year-old sibling. The father was arrested, barred from the home and barred from contact with the mother and any unsupervised contact with the siblings. ACS filed an Article 10 Neglect Petition against the father and the siblings were placed in the custody of the mother with an order of supervision. The case opened for ongoing CPS services.

### OCFS Review Results:

The parents' homes were assessed to be safe and the mother, father and siblings were interviewed. Safety Assessments and the RAP were completed timely and accurately. Court intervention was appropriately sought and the family was referred for the necessary services. The mother was referred for DV services and the mother and siblings were referred for mental health counseling. The father was referred for anger management, parent training, chemical dependency services and a batterer's intervention program. ACS contacted relevant collaterals, including law enforcement, school staff, the babysitter, a friend, Early Intervention, the pediatrician and the subject child's medical specialists.

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



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

An SCR report dated 10/28/14 was unsubstantiated against the mother for the allegations of Inadequate Guardianship and Lacerations, Bruises, Welts regarding the oldest sibling.

An SCR report dated 11/20/17 with the allegation of Inadequate Food, Clothing, Shelter against the mother and father regarding the three oldest siblings was tracked FAR.

### Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

### 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: 10/25/2021

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: 10/25/2021

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

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

### Services Provided

	Yes	No	N/A	Unable to Determine



Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Family Assessment and Service Plan (FASP)**

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Closing**

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Provider**

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

**Additional information, if necessary:**  
 A community agency provided preventive services to the family.

**Preventive Services History**

An ongoing CPS services case opened on 10/25/21 following an incident the day prior in which the father was intoxicated and he tried to take the subject child out of the mother's arms, the now 12-year-old sibling intervened and the father pushed the sibling, then the father punched the mother in the leg. The father was charged with Endangering the Welfare of a Child and Assault 3rd and an order of protection was issued. ACS filed an Article 10 Neglect Petition against the father on 10/27/21 and the children were placed in the mother's custody with an order of supervision. The mother and siblings were referred for mental health services and the mother was additionally referred for DV services and legal services. The father was referred for anger management, parent training, chemical dependency services and a batterer's intervention program. ACS conducted home visits, met with the mother and children regularly, and assessed the parents' homes to be safe. ACS spoke to medical providers to confirm the subject child and siblings were up to date with well child visits. Providers confirmed the subject child was attending the required medical appointments and receiving the necessary treatment for her medical condition prior to her death on 5/15/22. The case remained open with the mother, father and siblings at the time of this writing.



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

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

Family Court

Criminal Court

Order of Protection

#### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
10/27/2021	Not Adjudicated	Adjourned in Contemplation of Dismissal (ACD)
<b>Respondent:</b>	062090 Father Male 44 Year(s)	
<b>Comments:</b>	An Article 10 Neglect Petition was filed against the father on 10/27/21. On 7/11/22, an ACD for a period of 6 months was ordered, to expire in January 2023.	

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

**From:** 10/27/2021

**To:** Unknown

**Explain:**

An order of protection was issued barring the father from the home and any unsupervised contact with the children. On 7/11/22, the order was modified to allow unsupervised contact with the siblings.

### 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