

**Report Identification Number: NY-22-005**

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

**Issue Date: Aug 01, 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:** 11 year(s)

**Jurisdiction:** Richmond  
**Gender:** Male

**Date of Death:** 01/30/2022  
**Initial Date OCFS Notified:** 01/30/2022

## Presenting Information

The SCR report alleged, on the morning of 1/30/22, the subject child(SC) woke up and stated that his chest was "tight", and the stepmother(SM) provided an asthma treatment. Approximately twenty minutes after he finished the treatment, she heard a thump, and he was found on the floor. The SM stated she performed CPR while the father called 911. The report alleged that the timeline noted by the parents was inconsistent with the manner in which the SC was found as it was noted that rigor had already set in and according to child abuse specialist, rigor takes about 2-6 hours to set in after death.

## Executive Summary

This fatality concerns the death of an eleven-year-old subject child (SC) who died on 1/30/22. As of the writing of this report, the final autopsy report had not been received. However, the ME reported the cause of death was a fatal asthma attack.

ACS learned the SC's BM had not been involved with him for more than five years. At the time of the incident, the SC resided with his father, stepmother(SM) and three siblings, ages three, six and seven. The father of the six and seven-year-old SSs had limited involvement in their lives. LE found no criminality.

At the time of the fatality, there were CPS intakes dated 12/3/21 and 1/26/22 that were still open.

The parents explained that the SC awoke at 6:00AM and told the SM his chest felt tight. She gave him a nebulizer treatment between 7:00AM and 7:30 AM, shortly after, he fell to the floor. The SM initiated CPR she was not trained for but had viewed on television. The father summoned 911 at 8:42AM and administer CPR as instructed by the operator. EMS responded to the case address at 8:48AM and encountered difficulty initiating CPR due to rigidity. EMS transported the SC to the hospital. The SC was pronounced dead at 9:34AM on 1/30/22. Upon arrival at the ER, the physician confirmed that rigor mortis, which took two to six hours, had begun and the explanation given by the parents was unlikely.

ACS conducted an emergency removal of the SSs followed by the filing of an Article Ten Petition in Family Court on behalf of the SSs on 1/31/22. The judge granted a remand, and the SSs were placed in kinship FC. ACS supervised visits between the parents and the children. On 3/3/22, the judge returned the children to the parents with continued ACS supervision and PPRS.

ACS learned that the SC was diagnosed with asthma since he was three years old and was prescribed medication. He was hospitalized several times in the past three years for asthma exacerbation and he was referred to a pulmonologist, but was never seen as the father refused to attend the appointments.

On 3/30/22, ACS unsubstantiated the DOA/Fatality, IF/C/S and IG allegations of the SC by the SM and father citing that the ME reported the death was a result of fatal asthma attack and there were no signs of trauma to his body. The IF/C/S allegation of the SSs was unsubstantiated citing no credible evidence. ACS substantiated the IG allegation of the SC and SSs citing credible evidence.

## Findings Related to the CPS Investigation of the Fatality

**Safety Assessment:**

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

**Determination:**

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

**Explain:**

ACS completed the investigation appropriately.

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

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

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

**Explain:**

ACS implemented services to the family starting with relocating the family to a shelter.

**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:** 01/30/2022

**Time of Death:** 09:34 AM

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

07:00 AM

**County where fatality incident occurred:**

Richmond

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

Yes

**Time of Call:** 08:42 AM  
**Did EMS respond to the scene?** Yes  
**At time of incident leading to death, had child used alcohol or drugs?** No  
**Child's activity at time of incident:**

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> Sleeping                          | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing                           | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input checked="" type="checkbox"/> Other: Awake and alert |                                  |   |

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

**How long before incident was the child last seen by caretaker?** 20 Minutes

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Absent                |
| <input type="checkbox"/> Asleep     | <input checked="" type="checkbox"/> Other: N/A |

**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	Alleged Victim	Male	11 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	7 Year(s)
Deceased Child's Household	Stepmother	Alleged Perpetrator	Female	31

### LDSS Response

Upon receipt of the SCR report, ACS initiated an investigation into the fatal incident by contacting hospital staff, ME, and LE who found no indication of maltreatment or abuse.

On 1/30/22, the Specialist interviewed the parents separately and they gave similar accounts of the incident. They reported the SC last took his medication on 1/17/22. The SSs were found to be disheveled with dirty hair and clothing; however, they presented free of marks or bruises except the three-year-old SS had a burn scar on his stomach. They were medically cleared and interviewed at the CAC. The six and seven-year-old SS accounts were like that of their parents; however, the seven-year-old reported he saw the SM start chest compressions which the six-year-old did not recall. Both SS added that after the SC completed his treatment, he went over to open the window, used his inhaler once and fell; the father called 911. The six-year-old SS was unable to engage in the conversation as he made gestures to his older brother to speak for him. The SS reported they felt safe in their home.

On 1/30/22, ACS conducted a removal of the three SSs and presented in family court on 1/31/22 the Article Ten petition that stated the hospital staff noted the timeline was not consistent with the rigor of the SC. ACS stated that the family had an open CPS case, extensive indicated history for LMC, IF/C/S, IG, and deplorable home conditions. ACS documented the parental capacity to protect the SSs was low and threat of harm high. The remand was upheld, and the judge ordered services; the family complied. The three-year-old SS was placed in the care of his PA and the six and seven-year-old SSs with their father. ACS assisted the family with relocating to an emergency shelter and the mother with obtaining prenatal classes. On 3/3/22, the SSs were released to their parents.

ACS learned from the pediatrician that the SC was diagnosed with mild-persistent asthma, and he last visited the office on 12/1/21, when he was sent to the ER and admitted. The father was leaving against medical advice; however, security intervened and the SC was admitted and discharged on 12/3/21. He was scheduled for doctor's appointments on 12/9/21 and 12/13/21 but did not attend. According to ACS case documentation, the school and the pediatrician noted that the father failed to accept the seriousness of asthma.

On 9/27/21, CPS documented the SC's medications and noted the father's objections to giving the child medication except for the rescue pump. The father said the SC did not need the others.

During ACS last home visit on 1/27/22, the Specialist urged the SM contact the pediatrician for medication to treat the SC's asthma since the SM did not know where the father hid the other doses while he was not in the home.

ACS received information from the pediatrician that reflected the SSs had recent visits and there were no concerns. three-year-old SS's last visit occurred on 1/6/21, and he had no chronic conditions, and was scheduled to return in six months; however, he was treated on 10/19/21 for a burn. The six and eleven year-old were last seen on 10/26/21 and were deemed healthy. Due to concerns regarding the SSs behavior in school, the pediatrician provided forms to be completed by the parent and teacher; however, the forms were never returned. With ACS' assistance, the parents completed the school evaluations.

On 3/30/22, ACS unsubstantiated the DOA/Fatality of the SC, and IF/C/S of the SC and SS by the parents citing no credible evidence and that the ME reported the death was a result of fatal asthma attack and there were no signs of trauma to his body. ACS substantiated the IG allegation of the SC and SS citing the result of their investigation found credible evidence. ACS' noted that the parents failed to follow through with referrals, recommendations, and appointments for all children.

### Official Manner and Cause of Death

**Official Manner:** Pending

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

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**Yes

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060833 - Deceased Child, Male, 11 Yrs	060881 - Stepmother, Female, 31	DOA / Fatality	Unsubstantiated
060833 - Deceased Child, Male, 11 Yrs	060882 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
060833 - Deceased Child, Male, 11 Yrs	060881 - Stepmother, Female, 31	Inadequate Food / Clothing / Shelter	Unsubstantiated
060833 - Deceased Child, Male, 11 Yrs	060882 - Father, Male, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
060833 - Deceased Child, Male, 11 Yrs	060881 - Stepmother, Female, 31	Inadequate Guardianship	Substantiated
060833 - Deceased Child, Male, 11 Yrs	060882 - Father, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
060883 - Sibling, Male, 3 Year(s)	060881 - Stepmother, Female, 31	Inadequate Guardianship	Substantiated
060883 - Sibling, Male, 3 Year(s)	060881 - Stepmother, Female, 31	Inadequate Food / Clothing / Shelter	Unsubstantiated
060883 - Sibling, Male, 3 Year(s)	060882 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
060883 - Sibling, Male, 3 Year(s)	060882 - Father, Male, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
060884 - Sibling, Male, 6 Year(s)	060882 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
060884 - Sibling, Male, 6 Year(s)	060882 - Father, Male, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
060884 - Sibling, Male, 6 Year(s)	060881 - Stepmother, Female, 31	Inadequate Guardianship	Substantiated
060884 - Sibling, Male, 6 Year(s)	060881 - Stepmother, Female, 31	Inadequate Food / Clothing / Shelter	Unsubstantiated
060885 - Sibling, Male, 7 Year(s)	060882 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
060885 - Sibling, Male, 7 Year(s)	060882 - Father, Male, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
060885 - Sibling, Male, 7 Year(s)	060881 - Stepmother, Female, 31	Inadequate Guardianship	Substantiated
060885 - Sibling, Male, 7 Year(s)	060881 - Stepmother, Female, 31	Inadequate Food / Clothing / Shelter	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 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"/>

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

### 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> As a result of the fatality, ACS conducted an emergency removal of the SS followed by the filing of an Article Ten Petition on 1/31/22. ACS also conducted a removal of the three SS on the basis that the family had an open CPS case, extensive indicated history of LMC, IF/C/S, IG, and deplorable home conditions. ACS noted that the parental capacity to protect the SS was low and the threat of harm was high.				

### Legal Activity Related to the Fatality

**Was there legal activity as a result of the fatality investigation?**

Family Court
  Criminal Court
 Order of Protection

<b>Family Court Petition Type: FCA Article 10 - CPS</b>		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
01/31/2022	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	060882 Father Male 30 Year(s)	
<b>Comments:</b>	The three SS were placed in kinship FC and were released to the parents on 3/30/22 with ACS supervision.	

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Additional information, if necessary:**

The parents declined DV counseling and substance abuse services.

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

**Explain:**

The family accepted and engaged in PPG.

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

**Explain:**

The family accepted and engaged in PPRS.

## 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)
01/26/2022	Sibling, Male, 6 Years	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 6 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Other Adult - Birth father of 6&7 y/o SS, Male, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 6 Years	Other Adult - Birth father of 6&7 y/o SS, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 7 Years	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 7 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 7 Years	Other Adult - Birth father of 6&7 y/o SS, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 3 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Other Adult - Birth father of 6&7 y/o SS, Male, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 3 Years	Other Adult - Birth father of 6&7 y/o SS, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 11 Years	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Male, 11 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 11 Years	Other Adult - Birth father of 6&7 y/o SS, Male, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	

**Report Summary:**

The SCR report alleged the mother was unable to provide the children ages 6 and 7 with adequate care. She did not ensure they were bathed and clean. She allowed them to wear the same clothes for days. These clothes were not weather appropriate. The children were always dirty and unkempt and had poor hygiene. Due to lack of warm clothing and socks, both children were cold. The six-year-old slept in a bed with a broken pole. Two days prior to the report, the pole went into the child's chest and he was in pain. The floors were sticky and infested with roaches. A few weeks prior, a roach came out of the six-year-old child's lunch, which the mother packed. The situation was ongoing.

**Report Determination:** Indicated

**Date of Determination:** 03/26/2022

**Basis for Determination:**

ACS unsubstantiated the IF/C/S and IG allegations of the 6 and 7-year-old children by their birth father stating he did not reside in the home and his involvement was infrequent. ACS unsubstantiated the IF/C/S allegation of the three-year-old and SC by the father of the 6 and 7-year-old stating he was not deemed a PLR. ACS unsubstantiated IF/C/S of all children on the basis of no credible evidence. ACS substantiated the IG allegation of all children by the PS and father citing credible evidence. ACS noted that they failed to follow through with medical recommendations, follow-up appointments and evaluations for the three-year-old who was non-verbal.

**OCFS Review Results:**

The investigation was completed in a timely manner and the appropriate collaterals were contacted. NYCRO agreed with ACS's decision to file an Article 10 Petition of Neglect in Family Court on behalf of the children. The father and the SM were the respondents and the court case was pending.

**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)
12/03/2021	Sibling, Male, 3 Years	Father, Male, 30 Years	Burns / Scalding	Unsubstantiated	No
	Sibling, Male, 3 Years	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 3 Years	Father, Male, 30 Years	Lack of Medical Care	Substantiated	
	Sibling, Male, 3 Years	Father, Male, 30 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 11 Years	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 11 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 11 Years	Father, Male, 30 Years	Lack of Medical Care	Substantiated	
	Sibling, Male, 6 Years	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 6 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Father, Male, 30 Years	Lack of Medical Care	Substantiated	
	Sibling, Male, 7 Years	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 7 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 7 Years	Father, Male, 30 Years	Lack of Medical Care	Substantiated	

**Report Summary:**

The SM and the parent(name unknown) were unable to provide the 3, 6, 7, and 11-year-old children with adequate care or food. As a result, the six-year-old was always hungry, dirty, unkempt, and exuding an odor that the parents failed to

address. The report also alleged the three-year-old tried to reach for a snack in a cabinet above an open flame on the stove and sustained a burn. During the investigation, ACS identified the unknown parent as the father and added allegations of IF/C/S, IG of all children, and LS and burns of the three-year-old by the father.

**Report Determination:** Indicated **Date of Determination:** 02/01/2022

**Basis for Determination:**

ACS substantiated the IG and LMC allegations of all children by the parents and unsubstantiated the allegation of IF/C/S of all children by the parents citing credible evidence to support the allegations. ACS noted that the parents failed to follow through with referrals, recommendations, and follow-up appointments for all children, also dental care for the six-year-old and failed to seek evaluations the children for learning disabilities or behavioral concerns.

**OCFS Review Results:**

ACS initiated the investigation of the report in a timely manner and made collateral contacts . There was evidence of supervisory involvement for 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)
09/22/2021	Deceased Child, Male, 11 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 11 Years	Father, Male, 30 Years	Lack of Medical Care	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 30 Years	Burns / Scalding	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

On 9/22/21, the SCR registered a report that alleged in 2020, the eleven-year-old (SC) was admitted to a hospital due to difficulty breathing from an asthma attack. Upon discharge, the father was recommended to seek follow up care with a specialist for the SC and to ensure he receives specific prescribed medication. However, the father failed to follow through on both recommendations. As a result, on 9/21/21, the SC suffered another asthma attack, had difficulty breathing and required hospitalization again.

During this investigation, ACS added allegations of LS and Burn to the three-year-old SS by the father. The SS sustained a burn to the abdomen while in the care of the father.

**Report Determination:** Indicated **Date of Determination:** 11/19/2021

**Basis for Determination:**

ACS substantiated all allegations citing credible evidence to support the allegations. The father failed to follow-up with the medical specialist and to retrieve the SC's medication; he failed to supervise the SS resulting in the SS being burned.

**OCFS Review Results:**

An ICSC was held on 9/24/21 when parents made it clear to ACS they were not in agreement with medicating the SC or services for the six-year-old who told the school, on 9/22/21, that he had researched and wanted to kill himself. On 10/10/21, a report with allegations of LS and Burn to the three-year-old while in the care of his father. ACS filed for a 1029 hearing and an OP due to the SC and SS hospitalization. They were discharged as LE found no abuse.

**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)
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04/10/2020	Sibling, Male, 5 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	No
<b>Report Summary:</b> The SCR report alleged on 4/6/20, the SM sent the then five-year-old (now age 7) to the father as she was sick. For approximately 13 days, the child did not attend his on-line school program. The SM refused to divulge the SC's father information. On-line schooling guidelines for establishing performance had not yet been determined; therefore the allegation was IG.					
<b>Report Determination:</b> Unfounded			<b>Date of Determination:</b> 05/18/2020		
<b>Basis for Determination:</b> ACS unsubstantiated the IG allegation citing no credible evidence was found to support the reported concern. The miscommunication between the SM and the teacher was resolved and the SC completed all assignments.					
<b>OCFS Review Results:</b> The investigation was conducted and completed appropriately despite the pandemic.					
<b>Are there Required Actions related to the compliance issue(s)?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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

The father was indicated in seven reports between 11/13/2010 and 10/12/2016. The allegations were PD/AM, LMC, and IG of the SC. The father was charged with assaulting the SC's mother, in the presence of the SC. The father failed to follow-up with medical specialists and to provide asthma medication to the school for the SC who had an asthma attack at school that resulted in hospitalization. The stepmother had no role in those reports; however, she had one unfounded report dated 7/11/14 for PD/AM of her newborn. She tested positive for marijuana use and the newborn tested negative. The father had admitted to marijuana use but declined services.

### Known CPS History Outside of NYS

There is no known CPS History outside of NYS.

### Services Open at the Time of the Fatality

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

**Date the preventive services case was opened:** 09/23/2021

**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:** 09/23/2021

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

### Provider

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

**Additional information, if necessary:**

The judge ordered services and the family complied. ACS assisted the family with relocating to an emergency PATH shelter housing and they continued to engage in PPRS. ACS assisted the PS with obtaining prenatal classes. ACS assisted the SS with the enrollment and evaluation in their respective schools. The family were assisted with TANF.



## Preventive Services History

ACS referred the mother to the Family Preservation Program on 7/30/14 because she tested positive for marijuana and it reflected recent usage, the newborn tested negative. The mother received assistance in obtaining financial support, medical insurance, furniture, and clothing. The goals were met, and the services were completed 9/15/14.

ACS referred the family for PPRS in September 2021 to address issues of LMC as it related to the father's failure to follow-up with a referral to the pulmonologist for the SC, maintain his medications, address the six-year-old SS suicidal ideations, seek therapy for the three-year-old SS's inability to speak, and verbal confrontations between the parents in the presence of the children. The family was referred to PPRS on 9/30/2021. The parents had agreed but failed to follow through with services. They did not engage until after the fatality in January 2022.

## Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity.

## 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