# Child Fatality Report

## Report Identification Number: NY-25-053

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

## Issue Date: Aug 21, 2025

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 had an open investigation or a CPS monitored services 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 Grandmother | MGF-Maternal Grandfather | FF-Foster Father |
| PGM-Paternal Grandmother | PGF-Paternal Grandfather | DCP-Day Care Provider |
| MGGM-Maternal Great Grandmother | MGGF-Maternal Great Grandfather | PGGF-Paternal Great Grandfather |
| PGGM-Paternal Great Grandmother | 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-Caseworker | 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:** 1 month(s)
**Jurisdiction:** Queens
**Gender:** Female
**Date of Death:** 05/27/2025
**Initial Date OCFS Notified:** 05/27/2025

### Presenting Information

Two SCR reports were received on 5/27/25, which stated the mother, and the parent substitute failed to adequately secure a dog in the home. As a result, on 5/27/25, at around 6:00am, the dog bit the 1-month-old child in the face. The mother and parent substitute failed to adequately intervene to protect the child, and she passed away from her injuries. Emergency medical services and law enforcement responded to the home.

### Executive Summary

This report concerns the death of a 1-month-old female child. On 5/27/25, Administration for Children's Services (ACS) received two SCR report's regarding the child's death. At the time of the child's death, she resided with her mother and 1-year-old sibling in a shelter, however at the time of the fatal incident, the family was visiting the parent substitute's home.

The subject mother stated on 5/26/25 at approximately 11:30pm, she placed the subject child and the surviving sibling, in bed between her and the parent substitute. She stated the parent substitute's 8-week-old puppy was laying on the foot of the bed at the time. At approximately 6:00am she awoke and observed the subject child to be unresponsive with the puppy on top of her, biting her face. She began screaming and a guest in the home called 911. EMS and law enforcement responded but the child could not be resuscitated. She was pronounced deceased at the home at 6:57am.

The medical examiner was notified, and an autopsy of the subject child was conducted. The results of the autopsy were still pending at the close of the investigation, however the medical examiner stated the dog bites were inflicted post-mortem and there were no signs of abuse or neglect on the subject child's body. At the close of the investigation, law enforcement was still investigating the incident and had not determined if criminal charges would be filed.

Due to a fair preponderance of evidence, the allegations of IG and DOA/Fatality against the SM and PS were substantiated. They both admitted to placing the children in an unsafe sleeping environment and failing to secure the dog while they slept.

Due to a fair preponderance of evidence, the allegation of PD/AM against the SM was substantiated. At the time of the fatal incident, drug paraphernalia and illicit substances were observed in the home. The subject mother also tested positive for illicit substances immediately following the subject child's death.

The allegations of II against the SM and PS, were unsubstantiated. There was no evidence revealed in the investigation that supported the allegation.

## 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:**
The investigation was appropriately determined.

**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:**
Casework activity was commensurate with the case circumstances. A FSS case was open for long-term services and support of the family.

### 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:** 05/27/2025 **Time of Death:** 06:57 AM

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

**County where fatality incident occurred:** Queens

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

**Time of Call:** Unknown

**Did EMS respond to the scene?** Yes

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?** Unknown

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

- ☒ Sleeping
- ☐ Working
- ☐ Driving / Vehicle occupant
- ☐ Playing
- ☐ Eating
- ☐ Unknown
- ☐ Other

**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 | Female | 1 Month(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 26 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 1 Year(s) |
| Other Household 1 | Mother's Partner | Alleged Perpetrator | Male | 21 Year(s) |

**LDSS Response**

On 5/27/25, two SCR reports were received regarding the death of a 1-month-old female subject child. ACS initiated their investigation immediately, spoke with the sources of the reports, notified the district attorney, coordinated with law enforcement and completed a CPS history review.

The subject mother stated on 5/26/25 at approximately 11:30pm, she placed the subject child and the surviving sibling, in bed between her and the parent substitute. She stated the 8-week-old puppy was laying on the foot of the bed at the time. At approximately 6:00am she awoke and observed the subject child to be unresponsive with the puppy on top of her, biting her face. She began screaming and a guest in the home called 911. EMS and law enforcement responded but the child could not be resuscitated. She was pronounced deceased at the home at 6:57am.

The subject mother, the parent substitute and the three other adults who were in the home at the time of the fatal incident were interviewed and stated that the puppy belonged to the parent substitute. They stated the puppy was fixated on the subject child and had been observed licking her face and eating feces from her discarded diaper. They also acknowledged that the puppy was teething and had been biting objects in the home.

At the time of fatal incident, law enforcement and EMS observed the parent substitute’s home to be unkept with alcohol bottles, drug paraphernalia and illicit substances observed throughout. ACS also visited the shelter where the subject mother and the children resided. Shelter staff reported that the subject mother left the shelter with the children on 5/25/25 and had not returned. Their room was observed to be dirty and in disarray. ACS requested that the subject mother submit to a drug screen, the results were positive for illicit substances. The subject mother also suffered from mental illness and was not engaged in treatment at the time of the fatal incident.

ACS conducted a protective removal of the surviving sibling, and he was placed with his maternal aunt. ACS made a referral for Early Intervention services for the child and ensured he was medically evaluated. ACS also provided the subject mother with referrals for grief counseling, mental health treatment, substance abuse treatment, parenting education and anger management. At the time of the fatal incident, an FSS case was already open for ongoing services and monitoring of the family. The FSS case remained open at the close of the fatality investigation.

## 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 investigation conducted by a Multidisciplinary Team (MDT)?**Yes

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

**Comments:** The New York City region does not have an OCFS approved Child Fatality Review team.

## SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|---|---|---|
| 072008 - Deceased Child, Female, 1 Month(s) | 072010 - Mother, Female, 26 Year(s) | DOA / Fatality | Substantiated |
| 072008 - Deceased Child, Female, 1 Month(s) | 072010 - Mother, Female, 26 Year(s) | Inadequate Guardianship | Substantiated |
| 072008 - Deceased Child, Female, 1 Month(s) | 072010 - Mother, Female, 26 Year(s) | Internal Injuries | Unsubstantiated |
| 072008 - Deceased Child, Female, 1 Month(s) | 072010 - Mother, Female, 26 Year(s) | Parents Drug / Alcohol Misuse | Substantiated |
| 072008 - Deceased Child, Female, 1 Month(s) | 072011 - Mother's Partner, Male, 21 Year(s) | DOA / Fatality | Substantiated |
| 072008 - Deceased Child, Female, 1 Month(s) | 072011 - Mother's Partner, Male, 21 Year(s) | Inadequate Guardianship | Substantiated |
| 072008 - Deceased Child, Female, 1 Month(s) | 072011 - Mother's Partner, Male, 21 Year(s) | Internal Injuries | Unsubstantiated |
| 072009 - Sibling, Male, 1 Year(s) | 072010 - Mother, Female, 26 Year(s) | Inadequate Guardianship | Substantiated |
| 072009 - Sibling, Male, 1 Year(s) | 072010 - Mother, Female, 26 Year(s) | Parents Drug / Alcohol Misuse | Substantiated |
| 072009 - Sibling, Male, 1 Year(s) | 072011 - Mother's Partner, Male, 21 Year(s) | Inadequate Guardianship | Substantiated |

## CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| All children observed? | ☒ | ☐ | ☐ | ☐ |
| When appropriate, children were interviewed? | ☐ | ☐ | ☒ | ☐ |
| Alleged subject(s) interviewed face-to-face? | ☒ | ☐ | ☐ | ☐ |
| All 'other persons named' interviewed face-to-face? | ☒ | ☐ | ☐ | ☐ |
| Contact with source? | ☒ | ☐ | ☐ | ☐ |
| All appropriate Collaterals contacted? | ☒ | ☐ | ☐ | ☐ |
| Was a death-scene investigation performed? | ☒ | ☐ | ☐ | ☐ |
| 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)? | ☒ | ☐ | ☐ | ☐ |
| Coordination of investigation with law enforcement? | ☒ | ☐ | ☐ | ☐ |
| Was there timely entry of progress notes and other required documentation? | ☒ | ☐ | ☐ | ☐ |

## Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| Were there any surviving siblings or other children in the household? | ☒ | ☐ | ☐ | ☐ |
| 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? | ☒ | ☐ | ☐ | ☐ |
| At 7 days? | ☒ | ☐ | ☐ | ☐ |
| At 30 days? | ☒ | ☐ | ☐ | ☐ |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | ☒ | ☐ | ☐ | ☐ |
| Are there any safety issues that need to be referred back to the local district? | ☐ | ☒ | ☐ | ☐ |

| | | | | |
|---|---|---|---|---|
| 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? | ☒ | ☐ | ☐ | ☐ |

## Fatality Risk Assessment / Risk Assessment Profile

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **Was the risk assessment/RAP adequate in this case?** | ☒ | ☐ | ☐ | ☐ |
| **During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?** | ☒ | ☐ | ☐ | ☐ |
| **Was there an adequate assessment of the family's need for services?** | ☒ | ☐ | ☐ | ☐ |
| **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?** | ☒ | ☐ | ☐ | ☐ |
| **Were appropriate/needed services offered in this case** | ☒ | ☐ | ☐ | ☐ |

## 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?** | ☒ | ☐ | ☐ | ☐ |
| **Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?** | ☒ | ☐ | ☐ | ☐ |
| **If Yes, court ordered?** | ☒ | ☐ | ☐ | ☐ |

**Explain as necessary:**
An emergency removal of the surviving sibling was conducted on 5/27/25 and the child was placed with a relative.

## Legal Activity Related to the Fatality

**Was there legal activity as a result of 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: |
|---|---|---|
| 06/02/2025 | There was not a fact finding | There was not a disposition |
| **Respondent:** | 072010 Mother Female 26 Year(s) | |
| **Comments:** | An Article 10 petition was filed against the mother on 6/2/25 and ACS requested the remand of the sibling. The Judge approved the remand and the child remained in the kinship foster care of his maternal aunt. | |

| **Have any Orders of Protection been issued?** Yes | |
|---|---|
| **From:** 06/02/2025 | **To:** Unknown |

**Explain:**
An Article 10 neglect petition was filed against the mother on 6/2/25, and ACS requested the remand of the sibling. The remand was granted and the sibling remained in the kinship placement of his maternal aunt. The subject mother was granted supervised contact of the child.

**Services at the Time of and/or in Response to the Fatality**

| Services | Received | Offered, but Refused | Offered, Unknown if Used | Not Offered | Needed but Unavailable | N/A |
|---|---|---|---|---|---|---|
| **Bereavement counseling** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Economic support** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| **Funeral arrangements** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Housing assistance** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| **Mental health services** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Foster care** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Health care** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| **Legal services** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Family planning** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| **Homemaking Services** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| **Parenting Skills** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Domestic Violence Services** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Early Intervention** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Alcohol/Substance abuse** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Child Care** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Intensive case management** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Family or others as safety resources** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Preventive Services** | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Other** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |

**Were services offered to and/or received by siblings or other children in the household at the time of and/or in response to the fatality?** Yes

**Explain:**
The surviving sibling was too young for grief counseling but received a referral for Early Intervention services.

**Were services offered to and/or received by parent(s) and other care givers at the time of and/or in response to the fatality?** Yes
**Explain:**
The subject mother received referrals for grief counseling, mental health treatment, substance abuse treatment, parenting education and anger management.

Grief counseling referrals were also provided to the biological father, maternal grandfather and maternal aunt.

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** No
**Was the child acutely ill during the two weeks before death?** No

### Infants Under One Year Old

**During pregnancy, mother:**

- ☐ Had medical complications / infections
- ☐ Misused over-the-counter or prescription drugs
- ☐ Experienced domestic violence
- ☐ Had a positive toxicology at the time of delivery
- ☐ Used marijuana
- ☐ Had heavy alcohol use
- ☐ Smoked tobacco
- ☐ Used illicit drugs
- ☐ Used prescription drugs
- ☒ Was not noted in the case record to have any of the issues listed

**Infant was born:**

- ☐ With a positive toxicology
- ☐ Exhibiting withdrawal symptoms
- ☐ With fetal alcohol effects or syndrome
- ☒ With none of the issues listed noted in case record

## 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) |
|---|---|---|---|---|---|
| 11/28/2024 | Sibling, Male, 7 Months | Father, Male, 25 Years | Inadequate Guardianship | Substantiated | Yes |
| | Sibling, Male, 7 Months | Father, Male, 25 Years | Parents Drug / Alcohol Misuse | Substantiated | |

**Report Summary:**
ACS received two reports from the SCR alleging the biological father came home intoxicated and got into an argument with the subject mother. The argument escalated and the father punched the mother multiple times and bit her foot. The

7-month-old surviving sibling was present during the incident. The father pulled the child by the arm during the incident to move him out of the way.

| **Report Determination:** Indicated | **Date of Determination:** 01/10/2025 |
|---|---|

**Basis for Determination:**
Allegations from the report dated 11/28/24 of IG and PD/AM of the surviving sibling, by the biological father, were indicated. The biological father was arrested for the incident. The subject mother and the staff at the shelter where they were residing, confirmed the details in the SCR report were accurate.

**OCFS Review Results:**
The investigation was initiated timely and a home visit was conducted promptly. The mother and child were moved to a safe location. An Article 10 neglect petition was filed against the father and an order of protection was issued. A FSS case was opened for ongoing supervision and support of the family. The father was not interviewed face-to-face regarding the incident. The two SCR reports were not merged as required.

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

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

The father was contacted once by phone and stated he was unable to speak at that time. ACS failed to contact him again to discuss the incident and schedule a face-to-face interview.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

ACS will make efforts to make face-to-face contacts with a child and/or child's parents or guardians and document efforts that were unsuccessful.

**PIP Requirement:**

This OCFS review resulted in a citation. In response, ACS will submit a Program Improvement Plan (PIP) to the NYC Regional Office, which will identify what action ACS has taken, or will take, to address the cited issue. For citations where a PIP is currently implemented, ACS will review the plan and revise them as needed to address ongoing concerns.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|---|---|---|---|---|---|
| 07/10/2024 | Sibling, Male, 3 Months | Mother, Female, 25 Years | Inadequate Guardianship | Far-Closed | No |
| | Sibling, Male, 3 Months | Mother, Female, 25 Years | Lack of Medical Care | Far-Closed | |
| | Sibling, Male, 3 Months | Father, Male, 25 Years | Inadequate Guardianship | Far-Closed | |
| | Sibling, Male, 3 Months | Father, Male, 25 Years | Lack of Medical Care | Far-Closed | |

**Report Summary:**
ACS received a report from the SCR alleging the 3-month-old child suffered from a skin condition that caused abnormal spots on the skin that could be associated with brain or eye abnormality. It was recommended that the child have an MRI to rule out any abnormalities. The mother and father missed two scheduled appointments for the child to have the MRI. On 7/8/24, the parents brought the child in for the MRI, but became verbally aggressive with staff and left before the scan

was completed. There were also concerns about the child's failure to gain weight and the parents missed several pediatric appointments to address it.

**OCFS Review Results:**
ACS met with the family promptly and learned the parents arranged for the sibling to reside with his maternal aunt. Home visits were made to the aunt's home, and it was confirmed all his basic needs were being provided, and the home was safe and appropriate. ACS provided the aunt with a childcare voucher to enroll him in daycare. ACS confirmed the MRI was completed and no follow-up treatment was needed.

**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

No known CPS history outside of NYS.

## Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality?** Yes
**Date the preventive services case was opened:** 12/03/2024

**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:** 12/03/2024

### 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?** | ☒ | ☐ | ☐ | ☐ |
| **Did the services provided meet the service needs as outlined in the case record?** | ☒ | ☐ | ☐ | ☐ |
| **Did all service providers comply with mandated reporter requirements?** | ☒ | ☐ | ☐ | ☐ |
| **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?** | ☒ | ☐ | ☐ | ☐ |

### 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?** | ☒ | ☐ | ☐ | ☐ |

## 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?** | ☐ | ☐ | ☒ | ☐ |
| **Were services provided to parents as necessary to achieve safety, permanency, and well-being?** | ☒ | ☐ | ☐ | ☐ |

## Family Assessment and Service Plan (FASP)

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **Was the most recent FASP approved on time?** | ☒ | ☐ | ☐ | ☐ |
| **Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?** | ☒ | ☐ | ☐ | ☐ |
| **Was the FASP consistent with the case circumstances?** | ☒ | ☐ | ☐ | ☐ |

## Closing

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **Was the decision to close the Services case appropriate?** | ☐ | ☐ | ☒ | ☐ |

## Provider

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **Were Services provided by a provider other than the Local Department of Social Services?** | ☒ | ☐ | ☐ | ☐ |

**Additional information, if necessary:**
In addition to ACS, prevention services were also provided by a contract agency.

## Preventive Services History

A Family Support Service case was opened on 12/3/24 due to concerns reported on the SCR report dated 11/28/24, regarding the biological father physically assaulting the subject mother in the presence of the surviving sibling. An Article 10 neglect petition was filed against the father as a result. The father was ordered supervised visitation and participation in

parenting classes, batterer's accountability and a substance misuse treatment program. The mother voluntarily participated in intimate partner violence counseling. The services case remained open at the time of the fatality.

## 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