

Child Fatality Report

Report Identification Number: NY-19-110

Prepared by: New York City Regional Office

Issue Date: Mar 18, 2020

(Report was reissued on: Mar 18, 2020)

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.



Child Fatality Report

Abbreviations

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



Child Fatality Report

Case Information

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

Jurisdiction: Kings
Gender: Male

Date of Death: 09/23/2019
Initial Date OCFS Notified: 09/23/2019

Presenting Information

The report alleged on 9/23/19, the two-year-old SC passed away while in the care of his parents. The parents were not supervising the SC when he fell from an open window in the home six floors to the sidewalk below and died. The BM was in the kitchen and thought the SC was playing in the living room. The BF thought the SC was sleeping. When the parents heard a commotion outside of the home, they looked for the SC throughout the home and then went outside when they did not find the SC inside. The SC suffered traumatic injuries such as bruising, deformities to his head and face; he was bleeding from his mouth and he had discoloration to his chest. The SC was pronounced deceased at 11:31AM on 9/23/19.

Executive Summary

On 9/23/19, the SC fell from the sixth floor bedroom window to the sidewalk below and died. The ME determined the SC's cause of death was blunt trauma of the head and torso. The manner of death was accident.

ACS' case documentation reflected the SC and the 1-yo SS were left unsupervised in their crib in the bedroom while the parents were in a different room. The crib was near the window which did not have window guards. During this time, the SC climbed out of the crib and fell out of the window. The parents heard a loud thump coming from the children's room. The BF went into the room and did not see the SC but heard a commotion outside. The BF looked out of the window and saw a crowd around his son who was laying on the sidewalk. The parents ran out of the home to the scene. The 1-yo SS remained in the home and was being supervised by the PU who was visiting the family at the time. A bystander called 911. NYPD and EMS responded to the scene and transported the SC to the hospital where medical staff pronounced him dead at 11:31AM.

At the time of the fatality, the family resided in the PGM's home. The parents had the SC and the 1-yo SS in common. The biological fathers of the two older SS were not involved with the family. The older SS were at school and did not witness the incident. Also, the family was in receipt of PPRS services model at the time of the fatality.

ACS initiated the CPS investigation and contacted the family within the required timeframe. ACS reviewed the family's prior CPS history, made home visits, and obtained information from collaterals pertinent to the investigation. Contact with the physician from the ER reflected the SC suffered traumatic injuries which were consistent with the fall. LE interviewed the family, assessed the scene where the SC fell and the family's home; however, no arrests were made. LE observed the three SS and deemed them safe in the home. The family's service provider, the SS' school and the pediatrician did not report any concerns for the family.

During the investigation, ACS held two child safety conferences (CSC) regarding the family. The outcome of the CSCs was for ACS to file for COS. Consequently, ACS filed an Article 10 Neglect Petition in the Kings County Family Court. The parents were the respondents in the petition. The court released the three SS to their parents with COS. The parents were ordered to continue with PPRS services.

The parents cooperated with ACS and continued to receive services. There had been no concerns reported by the service provider. ACS provided the family with a daycare voucher and ordered beds for the SS. The older SS continued to attend school and school staff had provided them support. The pediatrician did not report any medical concerns for the children. The building management repaired the window from which the child had fallen and installed window guards on all the



Child Fatality Report

windows in the home.

On 10/29/19, ACS substantiated all the allegations of the report against the parents. ACS based its decision on some credible evidence obtained during the investigation. The parents were present in the home but in another room at the time the SC fell from the window. The SC suffered traumatic injuries due to the impact of his fall which resulted in his death. ACS documented the family was aware the window was faulty, but failed to secure the window. The lack of supervision allowed the SC enough time to climb out of a window.

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

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

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

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

Explain:

The CPS investigation was closed; however, the case was kept open for services.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	ACS completed the 7-Day Safety Assessment on 10/18/19; which was three weeks late.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff



Child Fatality Report

involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.

Issue:	Overall Completeness and Adequacy of Investigations
Summary:	ACS failed to interview the PGM's partner. The PGM's partner would have been able to provide information about his overall assessment of the parents and their ability to adequately care for their children.
Legal Reference:	SSL 424.6 and 18 NYCRR 432.2(b)(3)
Action:	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.
Issue:	Case record contains information that relevant, useful, factual and objective
Summary:	At the time of the incident, the SC and the 1-yo SS were left alone unsupervised in their crib in the bedroom while the parents were in a different room. ACS should have added and SUB the allegations IG and LS of the 1-yo SS by the parents.
Legal Reference:	18 NYCRR 428.1(a) and 18 NYCRR 428.1(b)(1)
Action:	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/23/2019

Time of Death: 11:31 AM

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

11:12 AM

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

Yes

Time of Call:

11:12 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:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was: Not impaired.



Child Fatality Report

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	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	57 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	58 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)

LDSS Response

On 9/23/19, ACS initiated the investigation in a timely manner and made contact with some collaterals on the the same date. ACS contacted LE and the ER physician who had treated the child on arrival at the hospital. The physician stated the SC sustained head trauma, bruising to the chest, bruising to the abdominal area, and abrasions on the feet. LE stated the family provided conflicting explanations about what led to the incident, but no arrests were made. LE observed the three SS and deemed them safe in the home.

ACS visited the family and observed that the window where the SC fell from was not securely affixed to the window frame. The window immediately dropped once upward momentum ceased. There were no window guards on the windows. The parents denied the window was open at the time of the incident. The BF reported the SC once attempted to open the window in the past and he was scolded for doing so. The PU denied seeing the SC and the 1-yo SS playing by the window. ACS documented the home was clean and there were no concerns for the SS' safety. The bedroom with the missing window guards had been locked. The family stated they made unsuccessful requests to the building management in the past to install window guards in the home.

On 9/24/19, the BF denied ACS access to the home stating the family was grieving and would prefer to only speak with LE and the ACS worker who initially worked the family. He stated the worker already provided the family with information to assist the family with services. The BF stated the SS were not aware that their brother had died.

Later that same day, the building management installed window guards on the windows in the home.

On 9/26/19, the ME reported the SC's cause of death was blunt trauma of the head and torso. The manner of death was accident. There was secondary trauma to the SC's internal organs along with the injuries observed on the SC's body.

Also, on 9/26/19, the 5-yo SS' father disclosed past hospitalization for the BM due to an untreated clinical health condition. He said would love to be a resource to his son. ACS advised the father to file for custody of his son.

The MGM stated she wanted to be a resource for the SS. She denied the BM had clinical health issues. She described the BM as a great mother. She denied seeing the children with marks or bruises.



Child Fatality Report

On 9/27/19, ACS held a child safety conference (CSC) to protect the 3 SS who remained in their parents' care. The outcome of the CSCs was COS. The family was referred to PPRS services. The family agreed to engage in services.

On 9/30/19, ACS filed an Article 10 Neglect Petition in Family Court. The court released the three SS to their parents with COS. The parents were ordered to continue receiving PPRS.

On 10/2/19, the building staff stated the family was not present to allow access into the home on the attempts made by the company to install window guards in the home. The staff did not report any concerns for the family.

Between 10/9/19 and 10/24/19, ACS observed the SS in the home and at school multiple times and deemed them safe. ACS provided a daycare voucher to the family. The older SS were receiving counseling in school and the parents continued to engage in services. During the period, the pediatrician denied the SC had any preexisting medical conditions and stated the children's immunizations were current. The service provider did not report any concerns for the family. The BM was reportedly grateful for the support received from the therapist. The school staff did not report any concerns for the SS. The SS had been attending school consistently since their brother's death.

On 10/29/19, ACS substantiated all the allegations of the report against the parents.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external 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 reviewed by an OCFS approved Child Fatality Review Team? No

Comments: There is no OCFS approved Child Fatality Review Team in the New York City Region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053282 - Deceased Child, Male, 2 Yrs	053283 - Mother, Female, 26 Year(s)	DOA / Fatality	Substantiated
053282 - Deceased Child, Male, 2 Yrs	053283 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
053282 - Deceased Child, Male, 2 Yrs	053283 - Mother, Female, 26 Year(s)	Internal Injuries	Substantiated
053282 - Deceased Child, Male, 2 Yrs	053283 - Mother, Female, 26 Year(s)	Lacerations / Bruises / Welts	Substantiated
053282 - Deceased Child, Male, 2 Yrs	053283 - Mother, Female, 26 Year(s)	Lack of Supervision	Substantiated
053282 - Deceased Child, Male, 2 Yrs	053286 - Father, Male, 25 Year(s)	DOA / Fatality	Substantiated



Child Fatality Report

053282 - Deceased Child, Male, 2 Yrs	053286 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
053282 - Deceased Child, Male, 2 Yrs	053286 - Father, Male, 25 Year(s)	Internal Injuries	Substantiated
053282 - Deceased Child, Male, 2 Yrs	053286 - Father, Male, 25 Year(s)	Lacerations / Bruises / Welts	Substantiated
053282 - Deceased Child, Male, 2 Yrs	053286 - Father, Male, 25 Year(s)	Lack of Supervision	Substantiated

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

Additional information:

No additional information.

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



Child Fatality Report

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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

Explain:
ACS completed the 7-Day Safety Assessment on 10/18/19; which was three weeks late.

Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
09/30/2019	There was not a fact finding	There was not a disposition
Respondent:	053283 Mother Female 26 Year(s)	



Child Fatality Report

Comments: On 9/30/19, ACS filed an Abuse/Neglect Petition in Brooklyn Family Court. The court released the three SS to their parents with Court Ordered Supervision. The parents were also ordered to continue services they were previously engaged in with Jewish Board.

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)

Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	Family was to return to court in December 2019.	

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" 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 checked="" 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input 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 parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

Parents continued with PPRS and were provided with bereavement counseling.

Child Fatality Report

History Prior to the Fatality

Child Information

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/26/2019	Sibling, Male, 7 Years	Mother, Female, 26 Years	Excessive Corporal Punishment	Substantiated	No
	Sibling, Male, 7 Years	Father, Male, 25 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Male, 7 Years	Mother, Female, 26 Years	Lacerations / Bruises / Welts	Substantiated	

Report Summary:

On the night of 8/25/19, the BM hit the seven-year-old child with a belt for requesting water instead of going to bed. As a result, the child sustained lacerations on his right bicep and shoulder. The parents have a history of hitting the child with a belt and a clothes hanger whenever he got into trouble. On at least one occasion, the BF punched the child in the stomach.

Report Determination: Indicated **Date of Determination:** 10/24/2019

Basis for Determination:

During the investigation, ACS interviewed the family at the Brooklyn Child Advocacy Center. The BM admitted to ACS and LE that she physically disciplined her children with objects leaving bruises and marks on their bodies. ACS observed the 5 and 7-yo children with marks on their bodies which appeared to be from a hanger. Additionally, the 7-yo disclosed that the BF had physically disciplined him by punching him in the stomach.

OCFS Review Results:

ACS conducted the investigation appropriately. ACS referred the family for enhanced COS/PPRS, and on 9/11/19, the family signed up for services with Jewish Board. ACS ordered bunk bed and dressers for the children.

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)
07/27/2016	Sibling, Male, 5 Years	Mother's Partner, Male, 22 Years	Inadequate Guardianship	Substantiated	No

Report Summary:

On 7/27/16, the parents substitute (PS) had an argument with the BM that escalated. The PS physically assaulted the BM in the presence of their 4-year-old son. The PS held the BM by the neck and choked her, bent the BM's thumb and pushed the BM out of the home.

Report Determination: Indicated **Date of Determination:** 09/13/2016



Child Fatality Report

Basis for Determination:

The PS was arrested due to the DV incident that occurred with the BM. The BM reported during the incident, the PS bent her finger at an awkward angle, causing her to sprain it. The PS also forced her and the SS out of his home after he assaulted her.

OCFS Review Results:

Based on the case documentation, ACS conducted the investigation appropriately. ACS assisted the BM and her 2 children to move into a DV shelter where she received DV counseling. Also, the children began daycare and were evaluated for any developmental and cognitive needs.

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

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

Between 9/5/14 and 12/8/15, the BM was listed as a subject in four (4) unfounded SCR reports dated; 9/5/14, 7/18/15, 10/24/15, and 12/8/15. The pattern of abuse in the reports was IG that centered around DV and control of the BM by various family members and the men in her life. Also, there were concerns that the BM's children were not being appropriately cared for because there was no food in the home and the caregivers were using marijuana. During the period, the BM reported being depressed. ACS referred her to an out-patient clinical health center for an evaluation and treatment. The SC was not yet born and the BF was not part of the household composition in the four reports.

Known CPS History Outside of NYS

The family did not have any 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: 09/03/2019

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



Child Fatality Report

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"/>

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 family was in receipt of PPRS Child Parent Psychotherapy model with Jewish Child Care Association.				

Preventive Services History

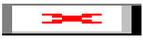
In 2015, the BM received clinical health services at Beverly Mack Center after she reported being depressed. In 2016, the BM received DV counseling services, parenting classes, housing and clinical health counseling. The now 5 and 8-year-old SS received play therapy, EI and DC services.

On 9/11/19, the family signed up for services with Jewish Board where they received services, EI, parenting skills.

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)



Child Fatality Report

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