



**Report Identification Number: SV-18-047**

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

**Issue Date: Jan 11, 2019**

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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 13 year(s)

**Jurisdiction:** Orange  
**Gender:** Male

**Date of Death:** 08/12/2018,estimated  
**Initial Date OCFS Notified:** 08/13/2018

## Presenting Information

On Friday 8/10/2018, the 13-year-old and his father had a verbal altercation for unknown reasons, causing the child to leave the home around 6 p.m. He was reported missing by the parents. Child was found deceased on Sunday 8/12/2018 with a gunshot wound to his head. The parents had left a loaded semiautomatic handgun accessible to the children. Leaving this gun accessible resulted in the death. The semiautomatic was found under the child's body.

## Executive Summary

On 8/13/18, Orange County Department of Social Services (OCDSS) received a CPS report concerning the death of the SC that occurred on 8/12/18. At the time of the fatality, there were two other children (SS) residing in the home, ages 15 and 12. It was noted the SC was found deceased in the wooded area behind the family home with a single gunshot wound to the head. SC had apparently shot himself with a loaded handgun SF had left accessible to the children.

OCDSS assessed for the safety of the SS by coordinating with LE, contacting collaterals such as their school and pediatrician as well as ascertaining there were no additional firearms in the home. During their investigation, OCDSS learned that the SC had not expressed any suicidal ideations and did not exhibit any concerning behaviors.

Throughout the investigation, OCDSS made extensive efforts to interview each first responder and diligently documented all casework. OCDSS spoke with all familial collateral contacts and medical personnel. OCDSS requested and reviewed pertinent medical records of the SC and SS. The ME was contacted and a final autopsy report was received with the cause of death being a gunshot wound to the head and the manner of death was listed as a suicide. OCDSS discussed grief counseling, preventive services, domestic violence services, and other available resources with the family. The family agreed to mental health counseling and began working with a mental health provider while the investigation remained open.

OCDSS indicated the allegations of IG and DOA/Fatality against the SF for the SC. OCDSS also indicated allegations of IG for the SS1 and SS2. During the investigation it was learned that the SF had a handgun accessible to the children, and this same weapon was used in the suicide. LE secured the weapon and conducted a search of the home, which did not reveal additional firearms. LE investigated the fatality and the criminal investigation remained open with the DA's office at the time of this writing. OCDSS determined that the SF failed to exercise a minimum degree of care for the SC and two SS and in doing so caused all three to be in imminent danger of impairment to their physical, mental, or emotional condition and directly contributed the SC's death. All allegations against the SM were unfounded as the SM was unaware that there were any firearms in the home.

## 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:**

Sufficient information was gathered during the investigation, and the determination was appropriate based on the evidence.

**Was the decision to close the case appropriate?** Yes

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

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

**Explain:**

Decisions made during the case were appropriate and commensurate with case circumstances, and there was documentation of consultation with supervisors.

**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:** 08/12/2018 Date Estimated

**Time of Death:** Unknown

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

**County where fatality incident occurred:** Orange

**Was 911 or local emergency number called?** No

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

**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 - Not needed given developmental age or circumstances

**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	13 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	15 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	12 Year(s)

**LDSS Response**

Immediately upon learning of the fatality, OCDSS coordinated with LE, reviewed CPS history and notified the DA. OCDSS contacted the family. SM was interviewed at the home on 8/14/18. SM said SF and SC got into a verbal argument over SC leaving the home without parental consent, which upset the SC and he left the home. The SM was not home when the argument happened, but heard from the SS about it. The SF and SC had a history of getting into arguments. The record does not show if the child had left the home without consent in the past

When SC had not returned by the following morning, 8/11/18, SM made a missing person report. Community members assisted the family in arranging a search party for the SC and worked with LE in their efforts. SM stated she got a call from LE at 6am on 8/13/18 stating they found the SC's body. SM denied concerns for SC's mental health leading up to the fatality. SM denied knowledge that there was a gun in the home.

A 24-hour fatality conference was held on 8/13/18 involving OCDSS, New York State Police (NYSP), ME, and Blooming Grove Police Department. The events surrounding the fatality were reviewed. A community member notified LE that he heard two gunshots on 8/11 around 8:15PM coming from the area of the SC's home. SC's body was found by LE at around 6:30AM 8/12/18 with a single gunshot wound to the head.

On 8/14/18, OCDSS spoke with the 2 SS at the home. Both SS said SC was upset on 8/10/18 because of the argument with the SF. Both SS were home and witnessed the argument, but did not report it was unusual for the SF and SC to argue. SM and SF brought the SS2 to a planned activity while SS1 and the SC remained home. Later that evening, SS1 said he looked out the window and watched as the SC walked away from the home and hid something, but was unsure what he hid. SS1 immediately contacted the SM and SF and both attempted to find the SC upon their return home. Both SS1 and SS2 said SC found a gun under the SF's mattress the year before. Both reported SC opened the gun and checked for bullets, neither knew if there were bullets in the gun. Neither reported seeing SC handle the gun after that and neither told the parents they found the gun.

The SF was questioned about the gun, but was dismissive and did not admit to owning the gun that was used in the suicide. OCDSS offered condolences and information on bereavement services for all family members. SF, SM, and the SS



engaged in MH counseling. SM and SS agreed to engage in the Special Assistance Trauma Unit (SATU) that OCDSS referred the family to.

SM was interviewed separately and reported she and SF had a history of DV, but denied any current DV. DV services were offered and OCDSS made a safe homes referral, however services were declined by the SM. Records were received from LE and there were no records regarding DV between the SM and SF.

Safety was established within the appropriate timeframe, and all other documentation was commensurate with case circumstances; further, safety assessments and the risk assessment were appropriate.

Throughout the investigation, all appropriate collaterals were made, including first responders, the ME, LE, the schools for the SC and SS, and the Special Assistance Trauma Unit (SATU) therapist. OCDSS received external documentation from Safe Homes of Orange County, Orange County Department of Emergency Services, Washingtonville Middle School, Blooming Grove Police Department, and Washingtonville Pediatrics. OCDSS completed all necessary casework activity prior to making an accurate determination of allegations, then closed the investigation once all needed services were offered to the family.

### Official Manner and Cause of Death

**Official Manner:** Suicide

**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?** Yes

**Comments:** An initial Child Fatality Review Team meeting was held 8/22/18 and a 45 day Child Fatality Review Team meeting was held on 9/26/18.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
047422 - Deceased Child, Male, 13 Yrs	047424 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
047422 - Deceased Child, Male, 13 Yrs	047424 - Father, Male, 36 Year(s)	DOA / Fatality	Substantiated
047422 - Deceased Child, Male, 13 Yrs	047423 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated
047422 - Deceased Child, Male, 13 Yrs	047423 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
047425 - Sibling, Male, 12 Year(s)	047424 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
047425 - Sibling, Male, 12 Year(s)	047423 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated



# Child Fatality Report

047426 - Sibling, Male, 15 Year(s)	047423 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
047426 - Sibling, Male, 15 Year(s)	047424 - Father, Male, 36 Year(s)	Inadequate Guardianship	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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

OCDSS was appropriate in referring the family to counseling as well as ensuring the SF is engaged in individual counseling to address his MH needs.

### Placement Activities in Response to the Fatality Investigation

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

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### 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"/>				
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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:**

Following the fatality, the family began family counseling at the urging of OCDSS. Additionally, SF began individual counseling 2x per week. The community came together to raise money to cover all funeral expenses. SM accepted a referral to work with the Special Assistance Trauma Unit (SATU), which offered trauma informed mental health services and support.

**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 surviving siblings attended mental health counseling to address their immediate needs following the fatality.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? 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)	Status/Outcome	Compliance Issue(s)
03/02/2018	Deceased Child, Male, 13 Years	Father, Male, 36 Years	Inadequate Guardianship	Far-Closed	Yes

**Report Summary:**

SCR report received alleging the SF and SC engaged in a verbal altercation regarding school. The verbal altercation escalated into physical violence, the SF punched the SC several times in the chest, pulled him to the ground by his hair and stepped on his head. SM heard the altercation and went into the room and pulled the SC out. It was alleged that there was a history of the SF being physically aggressive in the past, but further details surrounding this were unknown. The case was deemed eligible for the FAR track and OCDSS explained the FAR track to the family and the family agreed to the family assessment response.

**OCFS Review Results:**

The Family Assessment Response was conducted by Orange County Department of Social Services (OCDSS). OCDSS missed opportunities to engage all family members appropriately during the case.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

OCDSS entered 8 out of 17 notes more than a month after the event date.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

All progress notes will be entered as contemporaneously as possible to their event dates.

**PIP Requirement:**

OCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) WCDSS has taken, or will take to address the cited issue(s). For citations where a PIP is currently implemented, WCDSS will review the plan(s) and revise as needed to further address on-going concerns.

**Issue:**

FAR-Failure to Engage a Parent, Guardian or Other Person Legally Responsible

**Summary:**

PGF was living in the home and had caretaking responsibilities for the children, but was not engaged, added or notified of the report.

**Legal Reference:**

18 NYCRR 432.13 (e)(2)(i)(a-d); 18 NYCRR 432.13(e)(2)(iii)

**Action:**

FAR workers must work in partnership with the families participating in a FAR case. Workers should be transparent with families regarding all actions that they take regarding the case. To the extent feasible, child protective service workers should include all family members in discussions, including other persons who the family would like to include, such as members of the extended family.

**PIP Requirement:**

OCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) WCDSS has taken, or will take to address the cited issue(s). For citations where a PIP is currently implemented, WCDSS will review the plan(s) and revise as needed to further address on-going concerns.

**Issue:**

FAR-Complete Collateral Contacts with Family's Permission

**Summary:**

There were missed opportunities to gather collateral information, such as from SC's doctor and school. In FAR cases, collaterals are to be family-driven and with permission. OCDSS did not ask the family permission to contact relevant collaterals.

**Legal Reference:**



18 NYCRR 432.13 (d)(2)(ii); 18 NYCRR 432.13 (e)(1)

**Action:**

OCDSS will make diligent efforts to contact collaterals to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations.

**PIP Requirement:**

OCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) WCDSS has taken, or will take to address the cited issue(s). For citations where a PIP is currently implemented, WCDSS will review the plan(s) and revise as needed to further address on-going concerns.

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

7/15/08: UNF against SF for IG regarding SC, SS1, and SS2. Concerns were related to DV in the home between SF and SM.

4/25/10 FAR case with concerns related to the method of discipline the SF used on SC, SS1, and SS2.

5/01/12 FAR case with concerns that SM and SF left the SC, SS1, and SS2 home alone.

### Known CPS History Outside of NYS

There is no known history outside of the state of New York.

### Preventive Services History

A Family Services Intake was opened from 1/06/06-3/09/06: A referral was made by Temporary Assistance (TA) due to the SM, SC, and SS1 being homeless as a result of domestic violence in the home with the SF and SM being pregnant. SM and CHN found housing which was appropriate and safe. Workers assisted SM in getting WIC for the children. The case was closed due to SM's request as she no longer felt she needed the support or assistance of the department.

### 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