



**Report Identification Number: NY-16-003**

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

**Issue Date: 7/8/2016**

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
<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
CPR-Cardio-pulmonary Resuscitation		
<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-Others	
<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		

**Case Information**



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 16 year(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 01/06/2016  
**Initial Date OCFS Notified:** 01/08/2016

## Presenting Information

On 1/3/16, around 5:00 p.m. the mother allowed the child to go out into the community unsupervised. The child never returned home that night. The mother did not file a missing person report with police until the following morning 1/4/16. Sometime during the time the child was missing, he died. The exact circumstances of how he died were unknown. The siblings had unknown roles.

The 1/8/16 SCR report alleged that the 16-year-old male child had a history of engaging in high risk behaviors such as abusing marijuana, staying out all night, and refusing to follow rules in the home. Based on his behavior the child had required a higher level of supervision.

## Executive Summary

The 16-year-old male child died on 1/6/16. The autopsy listed the cause of death as drowning and the manner of death as accident (fell into water).

The allegations of the 1/8/16 report were DOA/Fatality, IG, and LS of the 16-year-old child by the mother.

The ACS investigation revealed there was an open Advocates Preventive Only case with the Children's Aid Society (CAS) agency as the family was referred through the Family Assessment Program (FAP). The mother sought services to help her manage the child's behavior.

According to the mother, on 1/3/16, prior to 5:00 PM the child asked permission to ride his scooter and said he would be back in 15 minutes. The child went outside of the home and that was the last time the mother saw him alive. The mother contacted the CAS staff on 1/3/16 when the child did not return, and filed a missing person report as advised. LE visited the home, took a report but did not return the mother's telephone calls when she requested contact. She notified the school that the child was missing from home and she attempted to obtain information from classmates on 1/4/16. The mother received contact from school staff who said the students stated the child was on a boat with friends, and while on the boat the child used marijuana. The mother continued her attempts to involve LE who did not respond until 1/6/16 when LE informed the mother that the child's body was found in the water. The child's body was found in Marina Bay in the Bronx on 1/6/16. The mother identified the body on 1/7/16.

On 1/11/16, LE informed ACS that the case was closed as there was no evidence of criminality. LE obtained information that the incident was an unfortunate accident and the child tripped and fell in the water. The child was one of five children who entered a boat without permission and used alcohol and marijuana on the boat. The surviving children, who were involved in the boat incident, provided information and observations about their actions. According to the information provided by these children to LE, the staff from the marina observed them and told them to leave the marina. The child did not leave the marina but the four surviving children left as instructed and these children reportedly believed the child had been caught and arrested. These children did not disclose the incident details until the time of the LE investigation. LE said there was evidence of smoking, drinking and vomit on the boat. The autopsy was completed and there was reportedly no trauma or marks on the child's body. The child had foam in



his lungs and nostrils that indicated he was alive at the time he fell in the water and drowned.

The 24-hour safety assessment was not completed in a timely manner as it was completed on 1/11/16. The documentation did not reflect that ACS obtained from LE the names of the children who broke into the boat so they could be interviewed and did not interview the marina staff who told the children to leave the premises.

ACS unsubstantiated the allegations of DOA/Fatality, IG, and LS by the mother. ACS based the decision on findings which showed the mother proactively sought services for the child when she became concerned about his academic decline, behavioral issues in school and drug use. The mother sought a PINS petition on behalf of the child in February 2015 and was diverted to services through Berkshire Farm agency, where the child was provided individual counseling. As of June 2015, the case was closed. The mother made a second request for services through PINS and was referred to CAS in September 2015. The mother continuously expressed her concerns regarding the child's drug use and requested drug treatment referrals. According to the CAS and child's school, the mother was involved and engaged in services. The ME listed the cause of death as drowning and the manner of death an accident. There was no evidence to suggest the child was not provided with appropriate supervision.

## 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:

N/A

**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:

N/A

## Required Actions Related to the Fatality



# NYS Office of Children and Family Services - Child Fatality Report

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	For the 1/8/16 SCR report, ACS completed and approved the 24-hour safety assessment on 1/11/16.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations 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 attended and what was discussed.

<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	The documentation did not reflect that ACS obtained from LE the names of the children who entered the boat without permission and marina staff who allegedly told the children to leave on 1/3/16 so they could be interviewed.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations 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 attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 01/06/2016

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

**County where fatality incident occurred:** BRONX

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

**Time of Call:** Unknown

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

**At time of incident leading to death, had child used alcohol or drugs?** Yes

**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



# NYS Office of Children and Family Services - Child Fatality Report

**Total number of deaths at incident event:**

**Children ages 0-18: 1**

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	16 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	44 Year(s)
Deceased Child's Household	Sibling	No Role	Male	25 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	19 Year(s)
Deceased Child's Household	Sibling	No Role	Male	18 Year(s)

## LDSS Response

Following the receipt of the 1/8/16 report ACS interviewed the CAS staff. The CAS Program Director informed ACS the family was referred through the FAP diversion program in September 2015. The mother sought services due to the child's behavior. The mother maintained contact with CAS and the therapist. The mother contacted CAS on 1/3/16 once the child failed to come home on 1/3/16. The mother notified CAS about the child's death, after being contacted by LE. CAS staff did not believe the mother was neglectful. The child stopped participating in sessions; a conference was held and the child resumed services but was more interested in individual and not family counseling.

The mother stated that on 1/3/16, prior to 5:00 PM the child opened one of his holiday gifts; a scooter. He seemed happy and asked if he could ride the scooter outside for about 15 minutes. The mother allowed the child to play with his scooter outside the home because his behavior had become easier to manage two days prior to 1/3/16. The mother said she experienced less difficulty while engaging the child. She contacted CAS when the child did not return and filed a missing persons report on 1/4/16 as advised. She said LE took a report but did not return her telephone requests for contact. She notified the schools on 1/4/16 and attempted to obtain information from the child's classmates. She received contact from school staff who said students disclosed that the child was on a boat with friends and the child used marijuana. She attempted to maintain telephone contact with LE but she did not receive police information until 1/6/16 when LE informed her that the child's body was found in the water.

On 1/8/16, ACS interviewed the 11-year-old sibling who said he did not want to talk about the deceased child. An adult sibling, referred to as adult 1, said the mother gave the child a scooter and then the child left the home to visit his friends. The mother contacted LE at around midnight on 1/4/16 to obtain assistance with locating the child. The adult 1 sibling was unable to verify the time LE responded. The next day the mother went to LE and the school to locate the child. One of the other adult male siblings made a missing person sign and accompanied the mother to display copies of the sign throughout the neighborhood.

On 1/13/16, Berkshire Farms (BSF) informed ACS that the presenting problem was the issue with the 16-year-old child's behavior and school performance. BSF said there were no issues of drug or alcohol misuse regarding the child. BSF said they worked with him regarding his education. The mother had requested services due to issues with school and the child's suspected drug use. There was no drug screening conducted on the 16-year-old child. The mother was given a referral for substance abuse services. There were no known issues concerning the 11-year-old sibling.



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On 1/19/16, ACS interviewed the Dock Master (DM) owner of the marina who said he learned from an employee that several children rode their bikes to the marina and entered through a broken fence. The DM did not have contact information for the employee. The DM said it was reported that a couple of children broke into a boat on the marina and these children used alcohol. LE investigated the incident after the child's body was located on 1/6/16. The DM indicated that 911 was contacted. The DM said there was no security because the marina was privately owned. The DM said the mother visited the marina twice and she displayed a picture of the child in her attempts to locate the child. The interview did not reflect the date the children entered through the marina fence.

On 1/19/16, the mother told ACS she intended to follow-up with the children's physician to obtain referrals for the family. On 3/10/16, ACS obtained information from a Dr. who said the 11-year-old sibling was seen for three sessions and the Dr. did not believe the sibling was in need of further services.

## 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)?**No

**Comments:** The investigation adhered to previously approved protocols for joint investigation.

**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 NYC region.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
027483 - Deceased Child, Male, 16 Yrs	027484 - Mother, Female, 44 Year(s)	Lack of Supervision	Unsubstantiated
027483 - Deceased Child, Male, 16 Yrs	027484 - Mother, Female, 44 Year(s)	Inadequate Guardianship	Unsubstantiated
027483 - Deceased Child, Male, 16 Yrs	027484 - Mother, Female, 44 Year(s)	DOA / Fatality	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine



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All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:**

The documentation did not reflect the child's physician was interviewed. A death scene investigation was not performed by ACS; however, the child was on a boat with friends; he tripped and fell in the water. The child's body was found in Marina Bay.

**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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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 type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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# NYS Office of Children and Family Services - Child Fatality Report

danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?			
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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"/>

**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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: N/A				

**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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral



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

**Additional information, if necessary:**  
 On 1/22/16, ACS obtained information from a Dr. who noted that a referral for counseling services was made by the 11-year-old sibling's physician. ACS obtained information from the Dr. who said the 11-year-old sibling no longer needed services on 3/10/16.

**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?** No

**Explain:**  
 On 1/19/16, ACS provided the mother with two referrals for counseling. The mother took these referrals and informed ACS that she did not want any referrals or services from ACS. She intended on following up with the children's physician to obtain referrals for herself and the surviving siblings.

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

**Explain:**  
 The Specialist informed the mother that a referral for burial assistance would be completed to assist the family.

## History Prior to the Fatality



## Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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

There is no CPS investigative history within three years prior to the fatality.

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

The mother was known to the SCR and ACS as a subject in one report dated 5/25/10. The allegations of the 5/25/10 report were IG, LS, and PD/AM of the two younger adults and 11-year-old male siblings by the mother. On 7/22/10, ACS unsubstantiated the allegations.

## Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

## Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes  
Date the preventive services case was opened: 09/21/2015

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

	Yes	No	N/A	Unable to Determine
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"/>
If yes, was the response appropriate to the circumstances?	<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
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# NYS Office of Children and Family Services - Child Fatality Report

				<b>Determine</b>
<b>Was the most recent FASP approved on time?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider

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

**Additional information, if necessary:**  
 On 9/11/15, the mother returned to the FAP to begin a Person In Need of Supervision (PINS) on the child. The child's behavior had not improved. On 9/16/15, a service referral was made to the CAS agency and the case was accepted the following day. An FSS was opened on 9/21/15 for ADVPO and it was closed on 2/24/16.

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**  
Yes No

### Preventive Services History

On 2/20/15, the mother requested Family Assessment Program (FAP) services to help her manage the deceased child's behavior. The mother said the child missed one day of school, he came home late and she believed he used marijuana. She said the child had left the home, the police located him and then he returned home. The mother said a new friend had influenced the child. On 2/25/15, the case was referred to Family Stabilization with Berkshire Farms. The mother signed for Advocates Preventive Only (ADVPO) services on 3/6/15. A Family Service Stage (FSS) was opened on 3/10/15. Between 3/6/15 and 6/4/15 Berkshire Farms conducted home visits and observed the child in school. The program was completed and the FSS was closed on 6/30/15.

On 9/11/15, the mother returned to the FAP to begin a Person In Need of Supervision (PINS) case on the child. The child's behavior had not improved. On 9/16/15, a service referral was made to The Children's Aid Society (CAS) and the case was accepted the following day. A FSS was opened on 9/21/15 for ADVPO. The 12/10/15 FASP reflected that the mother attended the FAP office and she expressed concern about the child's behavior and drug use. The ADVPO Progress Notes showed the child had the required therapeutic session up to 12/14/15 and the therapist also observed him in the home on 12/16/15. The NAC agency appropriately engaged the family.

### Required Action(s)



**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes  No

**Foster Care Placement History**

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household 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