



**Report Identification Number: NY-20-030**

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

**Issue Date: Aug 26, 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.



## 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	



## Case Information

**Report Type:** Child Deceased  
**Age:** 7 year(s)

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

**Date of Death:** 03/14/2020  
**Initial Date OCFS Notified:** 03/16/2020

## Presenting Information

OCFS was notified of the subject child's (SC) death by the family's preventive service provider (PPRS) on 3/16/20. Per the notification, on 3/16/20 at 11:47 am, the PPRS Case Planner (CP) received a phone call from a community hospital social worker (SW) who informed the CP that the SC passed away on 3/14/20 at 2:20 pm. The persons responsible for the SC's care were his parents; and while hospitalized, the SC was under a physician's care.

## Executive Summary

This fatality report concerns the death of a 7 yo male child that occurred on 3/14/20. The death certificate signed by the hospital physician, stated the SC died of Natural Causes; no autopsy was performed.

On 1/30/20, the SC was taken to a community hospital by EMS due to having a continuous fever and problems breathing. On 2/1/20, the SC was transferred to another community hospital because he required more intensive treatment, and he was placed on life support.

At the time of the SC's death, the family had an open PPRS case in Queens County, NY. The family resided in the Bronx, NY.

Per case documentation, CPS investigated an SCR report on 12/15/17 that alleged EdN of the then 15 yo SS by the BM and BF. The then 8, 6, and 4 yo SS's had no role. The report alleged the child was truant with 37 absences. The parents were unable to control the child's behavior; and he continued to miss educational instruction. On 2/12/18, CPS concluded that the allegations were SUB; the report was IND.

CPS retained a role in the case following conclusion of the investigation. However, between 2/12/18 and 6/21/18, there was no additional documentation in the case record and no explanation was recorded. Also, case documentation by CPS and the PPRS agency showed a 10-day discrepancy as to when CPS referred the case for PPRS services. A Joint Home Visit (JHV) with CPS and the PPRS agency occurred on 7/13/18.

Following the PPRS case opening, the CP conducted bi-monthly face to face assessments of the home, observed and engaged the children and both parents. The CP documented collateral contacts with academic and medical providers, and obtained the children's report cards, attendance, and medical/immunization information. The CP provided advocacy on behalf of the parents regarding the then 15 yo SS's academics, and worked with the school and parents to resolve his performance and attendance issues. The CP diligently explored academic programs related to receiving a GED which the child declined; and, signed himself out of school on 2/27/20 at the age of 17. The CP also conducted planning FTC's with the family on 4/9/20, 10/2/19 and 8/15/19. Case management services were provided to the family. The BF and BM were awarded certificates for completing parenting training.

During the SC's hospitalization, the CP conducted hospital visits to the child on 2/6/20, and 3/4/20 with the parents present. The CP appropriately engaged the hospital SW who provided status updates regarding the SC's health/treatment.

The hospital SW informed CP that medical providers determined that the SC required life sustaining equipment and was placed on a ventilator/life support. Due to his declining medical condition, the treating physicians discussed options for discontinuing the SC's life support with his parents. The BF and BM refused to consent for removal of the life support.



However, on 3/14/20 the parents consented; at which time the SC was taken off life support. Both parents were present when the SC passed away.

On 3/16/20, the hospital SW informed CP of the SC's demise; following which the CP unsuccessfully reached-out to the family to offer support. The BF later contacted the CP and stated the child was being buried on the same date.

On 3/17/20, the CP conducted a HV to support the family and assess the SS's. The PPRS agency assisted the family with financial support/emergency funds of \$2000.00.

Per documentation, the PPRS agency continued to provide services assessing child safety and risk via face to face or video conferences. On 7/20/20, a Service Termination Conference (STC) was held, the SS's were assessed for safety and risk. The case was appropriately closed on 8/17/20.

OCFS gathered the information for this report from CONNECTIONS, ACS CPS records, the deceased child's death certificate, medical care/treatment records, and PPRS case record.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### Determination:

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

### 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

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

Issue: Timely/Adequate Case Recording/Progress Notes



<b>Summary:</b>	CPS' 12/15/17 INV ended 2/12/18. From 2/12/18 to 6/21/18, there was no case documentation. Subsequent supervisory reviews did not adequately address, explain the 4 month gap in casework contacts/activity, or ensured that CPS updated the case.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. ACS must include its policies regarding timeliness of: casework contacts, case documentation, and supervision. ACS must meet with staff to address this issue, and inform OCFS of the date of the meeting, attended, what was discussed and the action plan.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 03/14/2020

**Time of Death:** 02:20 PM

**County where fatality incident occurred:**

New York

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

No

**Did EMS respond to the scene?**

No

**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?** Yes

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

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

**Children ages 0-18:** 01

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	No Role	Male	18 Year(s)
Deceased Child's Household	Deceased Child	No Role	Male	7 Year(s)
Deceased Child's Household	Father	No Role	Male	55 Year(s)
Deceased Child's Household	Mother	No Role	Female	38 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)



Per documentation, on 3/16/2020 at 11:47 AM, a community hospital SW called the CP and informed the CP of the SC's death. The CP immediately attempted phone contact to the BM/BF but was unsuccessful. On the same date, the PPRS Program Director, Associate Program Director, CP supervisor and CP convened a case conference regarding the SC's death. The discussion included efforts to support the family through their time of loss. Later that day the BF returned the CP's call stating that he was at the SC's funeral outside of NYS, and that the family was overwhelmed with grief. Condolences and offers of support were given by the CP.

On 3/17/20, the CP conducted a home visit (HV) during which the home environment and SS's were assessed. The CP also met with the BM and BF who were both grieving; however, the BM was able to explain the events leading up to the SC's death on 3/14/20. The BM cried loudly as she described what happened. She stated that the physician encouraged the family to remove the SC off life support the previous week. They were resistant and ultimately gave approval on 3/14/20 while present at the hospital. The BM said she held the SC to her chest as he passed away. The CP and MGM consoled the BM.

The CP then asked the BM if she was aware of the COVID-19 pandemic; she confirmed she was aware. The CP reviewed the CDC's recommendations regarding disinfecting and protective measures and inquired if any of the SS's had any symptoms associated with COVID-19. BM stated no. The CP assessed the SS's for safety and well-being; they were free of any visible/unusual marks or bruises. The CP discussed bereavement counseling for the family; the BM declined in favor of familial and spiritual support. The CP stated a reassessment of the service goals would occur with the family to refer them to bereavement counseling if they changed their minds. The BF stated he was not working due to the COVID-19 pandemic business shut-down; this affected the family's income/rent and daily expenses. The CP inquired if the family had enough food to sustain themselves; the BM confirmed there was enough food.

On 4/9/20, the CP conducted a video conference FTC with the BM, BF, 17, 9 and 5 yo SS's. The main issue discussed was the need for financial assistance due to rent arrears; the rent was \$1,800 per month. The CP stated an application would be made to the agency's emergency fund. All the SS's were assessed.

On 4/21/20, the Case Aide called the family to inquire if the SS's had equipment to continue their academic learning; the BM confirmed the SS's had IPAD's/Laptops to continue their education.

On 4/23/20, CP conducted a HV and assessed safety and wellbeing of the SS's. The CP received a copy of the SC's medical records. The BF stated that he was receiving unemployment, and that they were 3 months behind in rent. BM inquired about the emergency fund assistance and case closure; the CP stated follow up would occur on both issues.

On 5/12/20, the CP conducted a HV and delivered an emergency fund check in the amount of \$1,800 for the rent and a check for \$200 for food and other.

On 5/21/20, the CP conducted a videoconference and assessed the SS's visually for safety and wellbeing; rent and grocery receipts were discussed with the parents.

On 5/28/20, the Case Aide conducted a phone survey with the family.

On 6/4/20, the CP conducted a videoconference and assessed the SS's.

On 6/15/20, the CP called BM to assist with applying online for the SC's death certificate.

On 6/30/20, the CP conducted a HV with the family during which closure of the PPRS case was discussed.

The CP requested, and a STC was convened on 7/20/20 with the family. There were no identified child safety concerns nor increasing risk concerns for the SS's.

On 7/25/20, the CP conducted a final HV with the family who were assessed to be functioning well.

A Plan Amendment appropriately stating 'PPRS Ended' was approved on 7/31/20. The PPRS case was closed on 8/17/20.

## Official Manner and Cause of Death

**Official Manner:** Natural

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



**Person Declaring Official Manner and Cause of Death:** Hospital physician

**Multidisciplinary Investigation/Review**

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** N/A

**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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

N/A

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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"/>
<b>Explain:</b> N/A				

### 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"/>
<b>Explain as necessary:</b> There was no SCR report or CPS investigation related to the SC's death.				

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





Funeral arrangements	<input type="checkbox"/>	<input 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 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:

N/A

**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:**

During home visits, the CP observed and engaged each SS in conversation; individually or as a group. The CP documented assessments of the conversations that included the children's interests, academics, and their feelings/responses to their sibling's death.

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

**Explain:**

Bereavement counseling was offered but the family declined; choosing their familial and religious supports. The PPRS assisted the family with funds after the SC's funeral that covered rent and food assistance.

## 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? Yes



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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/30/2018	Sibling, Male, 17 Years	Mother, Female, 38 Years	Educational Neglect	Unsubstantiated	No
	Sibling, Male, 17 Years	Father, Male, 55 Years	Educational Neglect	Unsubstantiated	

**Report Summary:**

The SCR report alleged EdN of the then 16 yo male SS by the BF and BM. Per the narrative, the BM and BF were aware the SS had a history of excessive absences. Recently, the SC was absent from school for 2 weeks; the parents are aware, and the SC was falling behind as a result. The parents are unable to get the SC to attend school. The roles of the then 4, 6 and 8 yo SS's were unknown.

**Report Determination:** Unfounded**Date of Determination:** 12/28/2018**Basis for Determination:**

CPS concluded the allegations of EdN were UNS against the BM and BF. CPS interviewed the BF and BM; both stated they try to get the child to go to school but he would refuse and stayed home. CPS also interviewed the then 16 yo male child who stated the BM and BF talked to him about going to school; but, he does not go because he is lazy. CPS spoke with the preventive case worker who confirmed the parents were compliant with service recommendations for the child. However, the child remained truant.

**OCFS Review Results:**

CPS documented well-being assessments/observations of the four children then 16, 8, 6, and 4 yo. CPS also documented interviews with the family members as well as collaterals as required; and obtained supporting documentation that included academic performance and attendance records.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/15/2017	Sibling, Male, 17 Years	Mother, Female, 38 Years	Educational Neglect	Substantiated	No
	Sibling, Male, 17 Years	Father, Male, 55 Years	Educational Neglect	Substantiated	

**Report Summary:**

The SCR report alleged EdN of the then 15 yo SS by the BF and BM. Per the narrative, the 15-year-old male SS had at least 37 absences so far into the school year and was currently failing as a result. The father was aware of the situation, but failed to take the proper corrective action.

**Report Determination:** Indicated**Date of Determination:** 02/12/2018**Basis for Determination:**

CPS concluded the allegations of EdN were SUB against the BM and BF. That BM and BF failed to ensure the child attended school regularly and was failing as a result.

**OCFS Review Results:**

CPS conducted an appropriate investigation of the SCR allegations and with familial consent, referred the case to PPRS. The CPS documented interviews with each family member and collaterals. CPS assessed the well-being of the children and parents. CPS found that the school outreached to the family with phone calls, letters and home visits; and communication occurred in their native language. While the parents were sympathetic to the school's concerns, they had not followed through with remedying the situation.

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



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

The family does not have CPS history more than three years prior to the fatality.

### Known CPS History Outside of NYS

No known CPS History outside of NYS.

### Services Open at the Time of the Fatality

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

**Date the preventive services case was opened: 07/13/2018**

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes**

**Date the Child Protective Services case was opened: 07/13/2018**

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

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider

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

**Additional information, if necessary:**

An ACS-contracted agency provided PPRS services.

### Preventive Services History

CPS investigated an SCR report of 12/15/17 that alleged EdN of the then 15 yo SS by the BM and BF. At conclusion of the investigation, CPS referred the family for PPRS. Recommended services included educational services, case management, and parenting skills training. Per case documentation, a JHV occurred on 7/13/18 by CPS, CP and the family. The BM signed the application for services on 7/19/18.

The PPRS agency provided supportive services to the family. Documentation described casework activities that included services and actions taken to achieve service plan goals and address areas of concern. The CP successfully engaged the family and conducted casework contacts during which child well-being, safety and risk assessments occurred. The CP advocated for academic adherence and encouraged school attendance, conducted school visits, and coordinated parent-teacher conferencing. Referrals were made for GED programs/Job Corps and an Individual Education Plan evaluation of the SS's. The CP conducted parenting skill training with the parents. Family Team Conferences (FTC) that focused on academic concerns, occurred on 8/15/19, 10/2/19, and 4/9/20.

The CP assessed there were no child safety or increased risk concerns for the SS's. Thus, an STC occurred on 7/20/20. A Plan Amendment stating 'PPRS Ended' was approved on 7/31/20, and the case was closed in CONNECTIONS on 8/17/20.



## 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

## Additional Local District Comments

NA

## 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