



Report Identification Number: NY-18-042

Prepared by: New York City Regional Office

Issue Date: Oct 26, 2018

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		



Case Information

Report Type: Child Deceased
Age: 17 year(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 04/24/2018
Initial Date OCFS Notified: 04/26/2018

Presenting Information

On 4/25/18, the SCR received additional information stating on 4/23/18, the 17-year-old SC went missing. The subject parents (SPs) made reasonable attempts to locate him and also filed a missing person's report. On 4/25/18, the SC was found deceased in a county park. He was asphyxiated and had sustained multiple stab wounds. His tattoos were carved off with a knife.

On 4/26/18, the SCR registered a subsequent report regarding the SC's death. The report alleged DOA/FATL, IG, LS, and CHTS of the SC by the SPs. The report also alleged IG, and LS of the SS by the SPs. The report alleged the SPs were aware the SC was involved in a gang but failed to intervene or provide additional supervision. About 6 months earlier, the SF choked the SC because he was unable to control the SC's behavior. It was unknown if the SC sustained injuries. On 4/23/18, the SC left the home without permission and the SPs were unable to prevent him from leaving.

Executive Summary

On 4/23/18, the 17-year-old SC left the family's home and did not return. The SPs made reasonable attempts to locate him and then filed a missing person's report. On 4/25/18, police from the local precinct recovered the SC's body in a county park and contacted the SPs. EMS responded to the scene but did not administer CPR to the SC. EMS transported the SC's body to the ME's office where he was pronounced dead at 12:11 PM. The ME ruled the SC's cause of death was manual strangulation. The manner of death was homicide.

At the time of the fatality, the SC resided with his SPs and his 10-year-old male surviving sibling (SS).

On 4/26/18, ACS initiated the CPS investigation and contacted the family, the service provider and LE. LE stated the case was being investigated as a homicide and the investigation thus far ruled out the SPs as suspects. The service provider stated the SC did not appear to be a troubled child. The SC's anger issues had improved since family began therapy. The SPs denied the SC was misusing illicit substances or was involved in a gang. The SC did not complain of any troubles in the community or at school. ACS assessed the SS and deemed him safe in the care of the SPs.

ACS made multiple contacts with LE. The assigned LE staff did not provide any update regarding the homicide investigation. LE would only state "the investigation remains active."

On 6/25/18, ACS unsubstantiated the allegations of the report against the SPs based on the information obtained during the investigation. The SPs did not cause any harm, did not abuse or neglect the SC. The SC appeared to have been killed by manual strangulation by unknown assailants and the criminal investigation remained ongoing.

During the investigation, ACS utilized language services to engage the family. ACS referred the family to bereavement counseling services through their PPRS agency. The SS was assessed to be appropriately cared for and he was also doing well in school. The SS was in receipt of therapeutic services and appropriately dealing with death of his older brother. Collateral contacts reported to ACS that the SS was safe in the care of his parents.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Was the decision to close the case appropriate? 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:
 ACS referred the family to bereavement counseling services through their PPRS agency. Collateral contacts reported the SS was safe in the care of his parents. ACS appropriately closed the CPS investigation and referred the family to Community Based Services.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 30-Day Safety Assessment
Summary:	Although ACS completed the 30-Day Fatality Summary Report. ACS did not complete the required 30-Day Safety Assessment.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information



Date of Death: 04/24/2018

Time of Death: 12:11 PM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

11:45 AM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? No - 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	17 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	47 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	51 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	10 Year(s)

LDSS Response

On 4/26/18, ACS contacted the assigned LE staff who stated the case was being investigated as a homicide. The staff stated the SPs reported prior behavioral concerns for the SC; however, his behavior was improving. The SPs reported at 7:00 PM on 4/23/18, the SC left home left and did not return.

Following the contact with the LE, ACS visited the case address to interview the family and assess the SS. The SPs were not present in the home at the time and the SS was with the babysitter. The PU reported the SPs were out arranging for the SC's body to be transported to the family's native country for burial. The PU did not provide any information about the fatality.

On 4/26/18, the service provider reported the family was compliant with services and the SC did not appear to be a troubled child. The provider disclosed the SC had anger issues towards his SPs for leaving him in the family's home country with his PGM; however, his behavior had improved since the family began therapy. The provider spoke to the SC's girlfriend who reportedly stated she last spoke to the SC at approximately 7:30 PM on 4/23/18. The SC told his girlfriend he was out in Queens to follow up with a friend about a job. The girlfriend disclosed the SC smoked but she was not sure what he was smoking.



On 4/27/18, ACS visited the case address and interviewed the family. The SPs stated that at about 7:00 PM on 4/23/18, the SC told the SM he was going out. At about 9:00 PM, the SM attempted to call the SC but he did not respond. At about 11:00 PM, the SM called the police and filed a missing person's report. On 4/25/18, a police officer called the SM to inform her that SC was deceased. The SPs denied concerns of the SC being involved with a gang or being involved with substances. The SC did not complain of any troubles in the community or at school. He did not have any medical issues and was not taking any medications. The family stated they were participating in therapy and working through their differences. The services had been working fine with the family and the SC's grades had improved. ACS observed the SS and deemed him safe and free of any marks, bruises or welts. He did not report any concerns about his SPs. The SPs agreed to ACS' offer of bereavement counseling services.

On 5/3/18, the ME reported the autopsy was finalized and the SC's cause of death was manual strangulation. The manner of death was homicide. There were three stab wounds to the SC's back, some facial bruising and a laceration on the chest near his tattoo but no broken bones.

On 5/16/18 and 5/30/18, the assigned LE staff stated there were no updates regarding the homicide investigation.

On 5/7/18 and 6/21/18, ACS visited the SS' school. ACS did not document any concerns for the SS. The SS stated his SPs were in receipt of support from family and friends. He stated the service provider continued to service his family with weekly in-home therapy sessions. He also received school-based services.

On 6/1/18, ACS visited the family and observed the SS to be free from any marks and/or bruises. He reported he had been attending counseling services and he felt much better. The family reported that the SC's body was returned to their home country for burial. They stated they had not received any updates from the LE about the homicide investigation.

On 6/25/18, ACS unsubstantiated the allegations of the report against the SPs. ACS closed the CPS investigation and referred the family to Community Based Services. The homicide investigation remains active and no arrest has yet been made.

Official Manner and Cause of Death

Official Manner: Homicide

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

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

Comments: There is no CFRT in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
045984 - Sibling, Male, 10 Year(s)	045982 - Father, Male, 47 Year(s)	Inadequate Guardianship	Unsubstantiated
045984 - Sibling, Male, 10 Year(s)	045983 - Mother, Female, 51 Year(s)	Inadequate Guardianship	Unsubstantiated



Child Fatality Report

045984 - Sibling, Male, 10 Year(s)	045982 - Father, Male, 47 Year(s)	Lack of Supervision	Unsubstantiated
045984 - Sibling, Male, 10 Year(s)	045983 - Mother, Female, 51 Year(s)	Lack of Supervision	Unsubstantiated
047981 - Deceased Child, Male, 17 Year(s)	045983 - Mother, Female, 51 Year(s)	DOA / Fatality	Unsubstantiated
047981 - Deceased Child, Male, 17 Year(s)	045982 - Father, Male, 47 Year(s)	Inadequate Guardianship	Unsubstantiated
047981 - Deceased Child, Male, 17 Year(s)	045983 - Mother, Female, 51 Year(s)	Inadequate Guardianship	Unsubstantiated
047981 - Deceased Child, Male, 17 Year(s)	045982 - Father, Male, 47 Year(s)	Lack of Supervision	Unsubstantiated
047981 - Deceased Child, Male, 17 Year(s)	045982 - Father, Male, 47 Year(s)	DOA / Fatality	Unsubstantiated
047981 - Deceased Child, Male, 17 Year(s)	045982 - Father, Male, 47 Year(s)	Choking / Twisting / Shaking	Unsubstantiated
047981 - Deceased Child, Male, 17 Year(s)	045983 - Mother, Female, 51 Year(s)	Lack of Supervision	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain: ACS did not complete the required Safety Assessment with the 30-Day Fatality Report.				

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 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.

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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"/>

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? Yes

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No

Was the child acutely ill during the two weeks before death? No



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/15/2017	Deceased Child, Male, 17 Years	Father, Male, 46 Years	Lacerations / Bruises / Welts	Unsubstantiated	No
	Deceased Child, Male, 17 Years	Father, Male, 46 Years	Excessive Corporal Punishment	Substantiated	
	Deceased Child, Male, 17 Years	Father, Male, 46 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 17 Years	Father, Male, 46 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

Report Summary:

On 11/14/17, the SF was angry with the SC because the SC had ordered lunch from out of the school. Sometime in the morning of 11/15/17, the BF was still angry and he threw the SC on the bed, beat him up and choked him as punishment.

Report Determination: Indicated

Date of Determination: 01/12/2018

Basis for Determination:

On 1/12/18, ACS substantiated the allegation XCP of the SC against the BF. The SC reported that the incident occurred and he experienced chest pain at the time of the incident and some twelve hours after. The SC recanted his story after the BF was arrested. The family was referred for counseling with Community Solutions and the Father's Initiative program.

ACS did not find credible evidence to substantiate the allegations IG, L/B/W, and S/D/S of the SC against the BF.

OCFS Review Results:

ACS conducted the investigation appropriately.

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

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

Between 7/20/09 and 4/28/13, the family had 2 unfounded reports. According to the reports, there were concerns about the deplorable condition of the family's home which posed safety and health hazards to the SS. Also, there was a concern the child was left unsupervised by the parents for a long period of time.

ACS' investigation revealed the child had developmental delays; however, the BM was working with the child's services providers to meet the child's needs. The child's medical provider reported the parents were compliant with all rehabilitation appointments and were very involved in the child's care. ACS assessed the family's home throughout the investigation and found the home to be clean. There was adequate clothing and sufficient food for the child. The family's neighbor denied the child was left unattended. On different unannounced home visits, ACS observed the child to be with his parents. He appeared healthy and without marks or bruises. ACS determined there was no credible evidence to substantiate the allegations of the reports and referred the family to Community Based Services Only.

Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.

Services Open at the Time of the Fatality

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



Date the preventive services case was opened: 11/17/2017

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

Family Assessment and Service Plan (FASP)

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

Provider

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

Additional information, if necessary:

On 11/17/17, services were opened for the family due to the SF's use of excessive corporal punishment as a form of discipline for the SC. The family received PRRS services with Community Solutions and was compliant with services. The SF participated in anger management sessions.

Preventive Services History

Between 11/5/07 and 8/4/10, the family sought advocates preventive only services (ADVPO) from a community agency. The now SS was placed in respite services due to the SM undergoing a surgery and the SF needing to work. The family did not have any resources at the time.

On 11/17/17, an FSS was opened for the family due to the BF's use of excessive corporal punishment as a form of discipline for the SC. The service provider reported the family received weekly in-house therapy and was compliant with services. The BF participated in anger management sessions. The last documented home visit was conducted on 4/20/18 by the service provider. There were no concerns noted and service planning was discussed. Following the receipt of the additional information on 4/25/18, ACS visited the family and assessed the SS to be safe in the home at the time of the visit.

Legal History Within Three Years Prior to the Fatality



Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Have any Orders of Protection been issued? Yes

From: 11/17/2017

To: 03/17/2018

Explain:

Following a physical altercation between the SF and the SC. The SF was arrested and Queens Criminal Court issued a full stay away Order of Protection against the SF. The SF returned home at the expiration of the OP in March 2018.

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