



Report Identification Number: NY-19-073

Prepared by: New York City Regional Office

Issue Date: Dec 20, 2019

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

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: 2 year(s)

Jurisdiction: Richmond
Gender: Male

Date of Death: 06/22/2019
Initial Date OCFS Notified: 06/22/2019

Presenting Information

The narrative of the report alleged on 6/22/19, the BM did not show up for work. A coworker attempted to contact the BM without success. The coworker went to the home and found the front door opened, a pile of clothing smoldering, the stove was on and emitting an unknown gas, and the home was smoky. The BM, the two and one-year-old SCs were found on a bed, upstairs, laying horizontally beside one another, with their arms to their sides, deceased. The coworker called 911 at 10:30AM. The 2 SCs were otherwise healthy children with no preexisting medical conditions. There was no explanation provided for the cause of death of the 2 SCs.

Executive Summary

On 6/22/19, the first responders found the BM and the two, and the three-year-old SCs deceased in the BM's home. The ME determined the two SCs' cause of death was homicide. The manner of death was drowning. The BM's cause of death was also ruled a homicide. The manner of death was neck compression. A review of ACS documentation revealed that on 6/22/19, the BM did not go to work. The BM's coworker contacted the BM without success. The coworker then went to the BM's home and found the front door opened. There was a pile of clothing smoldering, the stove was on and emitting an unknown gas. The home was filled with smoke. The coworker went upstairs of the home and found the BM and her two sons deceased on a bed facing down, laying horizontally beside one another, with their arms to their sides. The coworker called 911. EMS responded to the home and pronounced the family dead at the scene. There was no hospital involved.

At the time of the fatalities, there was an active criminal OP against the BF on behalf of the BM and the two SCs due to DV in the home. Also, the parents were serving in the military and assigned to the same military base. The BF had another eight-year-old male child with his first wife. The child resided with his mother at a different address. The BF was not involved with the child. There was also a Full Stay Away OP against the BF for the SS at the time. The BF was granted supervised visits with the SS.

ACS initiated the CPS investigation in a timely manner and contacted LE. LE deemed the family's home an active crime scene and barred ACS access to the home. LE stated the hospital was not involved because the family members were already deceased in the home prior to the first responders' arrival. According to LE, the BF had been arrested and charged with murder of the BM and the SCs.

ACS assessed the half SS and deemed him safe in the care of his mother. The SS was unaware of the BF's arrest and his siblings' deaths. As a result of the fatalities, ACS added the allegation IG of the SS by the BF to the CPS investigation. During the investigation, ACS obtained additional information from family members, the medical providers, and the school staff which did not reveal any concerns of abuse or neglect to the SS.

On 9/25/19, the BF was indicted by a Grand Jury for murder in the 1st Degree, of the BM and the two SCs. He remained incarcerated without bail. Additional charges against the BF including violation of OP, criminal possession of a weapon, arson and assaulting an officer were pending. Throughout the investigation, ACS made diligent attempts to interview the BF regarding the incident without success. Also, LE did not share the details of the criminal investigation with ACS.

On 10/4/19, ACS SUB the allegations of the report against the BF. ACS based its decision on the ME's report which ruled the SCs' cause of death homicide; and the manner of death, drowning. The BF was charged with the murder of the BM



and the two SCs. Prior to the fatalities, the family had an active COS case due to DV. Additionally, there was an active OP against the BF, and he was not supposed to be in the home or around the children or the BM.

ACS UNSUB the allegations against the BM. On 6/22/19, the BM and her two sons were murdered in the home. The ME ruled the deaths as a homicide.

The SS continued to reside with his mother did not have any contact with the BF who remained incarcerated. The SS' mother declined services from ACS and reported she and the SS would receive private therapy. The family was supported by the SS' MGM who was very involved with the SS. ACS did not document any safety concerns for the SS in the care of his mother. Based on the information obtained during the investigation, there was no justification for ACS to SUB the allegation of the SS by the BF.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

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

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

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

Explain:

The case is kept open for CPS services.

Required Actions Related to the Fatality

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

Issue:	Appropriateness of allegation determination
Summary:	Based on the information obtained during the investigation, there was no justification for ACS to SUB the allegation IG of the SS by the BF.



Legal Reference:	FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency will take or took 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: 06/22/2019

Time of Death: Unknown

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

Unknown

County where fatality incident occurred:

Richmond

Was 911 or local emergency number called?

Yes

Time of Call:

10:31 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? Yes

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 2

Adults: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Other Household 1	Sibling	Alleged Victim	Male	8 Year(s)

LDSS Response

On 6/22/19, ACS contacted LE. LE deemed the family's home an active crime scene and barred ACS access to the home.



LE stated a person of interest was in NYPD's custody. LE did not report any concerns for the SS in his mother's care.

Later that same day, ACS assessed the SS and deemed him safe in his mother's home. The SS stated he last saw his siblings on 6/8/19, which was the second time that he saw them in over two years. He was unaware of the incident.

The SS' mother stated she did not observe anything of concern about the BF and the BM on 6/8/19, when they all had a family outing. She denied any DV between her and the BF.

On 6/23/19, the BF was arrested and charged with murder, manslaughter, arson, and criminal possession of a weapon. Other charges were pending.

On 6/24/19, ACS visited the SS in his mother's home. The mother reported the SS had supervised visits with the BF; however, the BF was not consistent with the visits. The mother found a therapist for the SS to address his concerns about the BF not being around. She reported the SS had a breathing condition which he treated with a prescribed medication and was administered only as needed. The SS' school was involved in the care plan for his breathing condition. The SS was still unaware of the incident. The mother asked ACS not to disclose the incident to the SS. ACS assessed the SS and deemed him safe at the time of the visit.

Also, on 6/24/19, ACS added the allegation IG of the SS by the BF to the CPS investigation.

On 6/26/19, the ME reported there were no signs of trauma to the children. The cause of death was pending; however, the BM's manner of death was neck compression.

On 6/26/19, the SS' MGM reported prior to the incident, she supervised visits between the BF and the SS at her home. The visits went well and there were no concerns. She stated the SS was well cared for by his mother.

On 6/28/19, ACS received the SS' medical records. The records did not reflect there were any signs of abuse/neglect to the SS. The SS' immunizations were current.

On 7/8/19, ACS visited the SS. ACS observed the SS to be clean, and free from any marks or bruises and the home was free of any hazardous conditions. ACS ordered a twin size bed for the SS.

On 7/17/19, the paternal family members stated the BF loved his children and would never harm them. They disclosed the BM had a clinical health condition and was receiving treatment.

On 7/29/19, the BF's service provider stated that prior to the incident, the BF completed anger management and batterer's accountability.

On 7/29/19, the SS' mother declined further ACS' visits to her home. She stated her son was safe in her care and that the SS was not going to visit the BF in prison.

Between 7/30/19 and 9/30/19, ACS casework contacts with the SS, the ME, and the BM's coworkers. ACS assessed the SS several times in the care of his mother and the MGM. There were no concerns for the SS. He was still unaware of the incident. The BM's coworkers reported past DV incidents between the parents in which the BM was the victim. They denied any concerns for the children's safety with the BM. LE reported the family's death certificates reflected the children's cause of death was homicide. The manner of death was drowning. The BM's cause of death was also listed as homicide. The manner of death was neck compression. ACS documented diligent efforts made to interview the BF without success.

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)? Yes

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052404 - Deceased Child, Male, 3 Year(s)	052407 - Father, Male, 36 Year(s)	DOA / Fatality	Substantiated
052404 - Deceased Child, Male, 3 Year(s)	052408 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Unsubstantiated
052404 - Deceased Child, Male, 3 Year(s)	052408 - Mother, Female, 38 Year(s)	DOA / Fatality	Unsubstantiated
052404 - Deceased Child, Male, 3 Year(s)	052407 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
052405 - Deceased Child, Male, 2 Year(s)	052408 - Mother, Female, 38 Year(s)	DOA / Fatality	Unsubstantiated
052405 - Deceased Child, Male, 2 Year(s)	052408 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Unsubstantiated
052405 - Deceased Child, Male, 2 Year(s)	052407 - Father, Male, 36 Year(s)	DOA / Fatality	Substantiated
052405 - Deceased Child, Male, 2 Year(s)	052407 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
052409 - Sibling, Male, 8 Year(s)	052407 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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"/>



Child Fatality Report

Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation



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

Legal Activity Related to the Fatality

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

- Family Court
 Criminal Court
 Order of Protection

Criminal Charge: Murder Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
06/23/2019	The BF	09/25/2019	The BF was indicted by a grand jury
Comments:	On 6/23/19, the BF was arrested and charged with the murder of the BM and his two sons. On 9/25/19, the BF was indicted by a Grand Jury for murder in the 1st Degree, of the BM and the two SCs. He remained incarcerated without bail. Additional charges against the BF including violation of OP, criminal possession of a weapon, arson and assaulting an officer were pending.		

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 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 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"/>

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:

The SS' mother declined services for the SS from ACS.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The SS' mother declined services from ACS.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? 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)
12/29/2018	Deceased Child, Male, 2 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 1 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	

Report Summary:

Sometime in the morning of 12/29/18, the police were called to the home because the BF physically assaulted the BM



causing bruising and swelling to her lip. The BF also threatened the BM with a knife. The family's one and two-year-old children were in the home at the time of incident. The BF was arrested, and criminal charges were filed.

Report Determination: Indicated

Date of Determination: 02/19/2019

Basis for Determination:

ACS found credible evidence to SUB the allegation IG against the BF. On 12/29/18, the NYPD were called to the home because the BF physically assaulted the BM and threatened her with the knife. Both children were present in the home at the time and witnessed incident. The BF was arrested and charged with endangering the welfare of a child; criminal mischief; assault in the 3rd Degree; menacing and criminal possession of a weapon. There was a criminal court OP against the BF for the BM.

OCFS Review Results:

Based on the case documentation, ACS appropriately substantiated the allegation of IG against the BF.

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 did not have any CPS history more than three years prior to the fatality.

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 Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 03/11/2019

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

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



Child Fatality Report

Services Provided

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

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

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
01/09/2019	There was not a fact finding	Order of Supervision
Respondent:	052407 Father Male 36 Year(s)	
Comments:	On 1/9/19, ACS filed an Article 10 Neglect Petition in Staten Island Family Court (SIFC) against the BF. The SIFC paroled the children to the BM under ACS's supervision with a Full Stay Away Order of Protection against the BF for the BM and the two children. The SS was added to the petition as a derivative. On 5/23/19, the case came up for hearing. The court issued a Full Stay Away Order of	



Protection from 5/23/19 to 7/8/19 against the BF for the eight-year-old SS. The BF was granted supervised visits with the SS.

Criminal Charge: Assault Degree: 3

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
12/29/2018	The BF	Unknown	Full Stay Away Order of Protection
Comments:	On 12/29/18, the NYPD were called to the home because the BF physically assaulted the BM and threaten her with the knife. Both children were present in the home at the time and witnessed incident. The BF was arrested and charged with endangering the welfare of a child; criminal mischief; assault in the 3rd Degree; menacing and criminal possession of a weapon. There was a criminal court OP against the BF for the BM.		

Have any Orders of Protection been issued? Yes

From: 12/29/2018 **To:** 12/28/2019

Explain:
Due to the 12/28/18 investigation, the Staten Island Family Court issued a Full Order of Protection against the BF for the BM and the two deceased children. The SS was added to the petition as a derivative. On 5/23/19, the case came up for hearing. The court issued an Order of Protection from 5/23/19 to 7/8/19 against the BF for the eight-year-old SS. The BF was granted supervised visits with the SS.

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