



## Report Identification Number: SV-19-018

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

Issue Date: Aug 30, 2019

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 12 year(s)

**Jurisdiction:** Westchester  
**Gender:** Male

**Date of Death:** 04/18/2019  
**Initial Date OCFS Notified:** 04/23/2019

## Presenting Information

The 12-year-old child died of a self-inflicted gunshot wound to his head during an open CPS investigation. As a result of the gunshot wound, an SCR report was registered alleging concerns that a gun was accessible to the child and he obtained said gun and shot himself on 4/14/19. The child was on life support and later transferred to Westchester Medical Center where the mother agreed for organ donation and during that process the child passed away on 4/18/19. After confirming the death with hospital staff, WCDSS promptly informed the Spring Valley Regional Office in the form and manner prescribed by OCFS and continued gathering information.

## Executive Summary

This report concerns the death of a 12-year-old who passed away during an open Child Protective Services investigation and ongoing Preventive Services case. The Preventive Services case opened on 1/16/14. On 4/14/19, a report came into the SCR alleging the child obtained a loaded gun and shot himself in the head while the mother was at the neighbor's apartment. It was unknown whether the child intended to kill himself or if he accidentally discharged the gun. The child succumbed to his injuries on 4/18/19.

The child resided at home with his mother and siblings, ages 19, 17, 15, and 8. The child's father had an inconsistent role in the child's life and had not seen him in several years prior to the death. The mother refused the father access to the child while he was in the hospital on life support following the fatal incident.

Through interviews with the mother, it was learned she and the child were home together on the night of the incident. The child went to a friend's apartment in the building with permission from his mother. The child returned to the home around 10:30PM and sometime after that shot himself in the head with a gun. The mother reported having no knowledge of where or how the child obtained a gun and reported there were no guns in the apartment where they lived.

Based on information at their disposal, WCDSS did not find reason to suspect the child's death was a result of abuse or maltreatment by a caretaker. There were no apparent safety concerns for the child throughout their involvement; the death did not prompt an SCR report. There was no criminality found following the investigation, LE was unable to verify where the gun came from or who it belonged to.

As part of their investigation, WCDSS gathered facts about the historical parenting concerns for the mother in relation to the allegations in the open Preventive Services case for her other three children. WCDSS verified the mother was following all recommendations from service providers.

After sufficient information was gathered and documented with respect to the fatality and the open investigation, WCDSS unsubstantiated the allegations. At the time of this writing, the family still had ongoing Preventive Services and were complying with providers. The family was referred to Victim Assistance Services to assist with bereavement counseling and funeral assistance. An autopsy was conducted and the final report was pending at the time the report was written.

## 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 as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

The fatality was not reported to the SCR; however, all other casework activities and decisions were appropriate and documented in a timely manner.

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 remained opened for Preventive Services at the time of this writing. There was documentation of supervisory consultation throughout the case record.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 04/18/2019

Time of Death: Unknown

Date of fatal incident, if different than date of death:

04/14/2019

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

Unknown

County where fatality incident occurred:

Westchester

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

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	No Role	Male	12 Year(s)
Deceased Child's Household	Mother	No Role	Female	37 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	19 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Other Household 1	Father	No Role	Male	38 Year(s)

**LDSS Response**

On 4/18/19, WCDSS learned the 12-year-old child who was reported as an alleged maltreated child on 4/14/19 passed away at the hospital. The child had succumbed to a self-inflicted gunshot wound.

WCDSS was providing Preventive Services to the family since 2014. Services were utilized to support the mother in parenting the now 15-year-old surviving sibling. The sibling had been in and out of residential treatment facilities due to his behaviors both at home and in the community. Additionally, prior to the fatality, WCDSS was investigating the appropriateness of the mother’s care after the 12-year-old child obtained a gun and shot himself in the head while in his mother’s care. WCDSS had already completed several required investigative tasks, such as interviews with the mother and siblings, contact with the hospital providing medical care to the child, contact with relevant collateral contacts, and interviews with the father. WCDSS learned from hospital staff that the mother and siblings were visiting the child throughout his hospitalization and presented no concerning behaviors. WCDSS continued to provide services following the death.

WCDSS interviewed the mother regarding the death. The mother was resistant to speak with WCDSS and provided minimal details of the events leading up to the fatal incident. The mother reported only she and the subject child were at home as her 19-year-old adult daughter had brought the 8-year-old sibling out to dinner. The mother said she was next door at her neighbor’s apartment when she heard a commotion in the hallway. She found her son's girlfriend in the hallway hysterically yelling about “the baby.” The mother was unsure who she was talking about and went into the apartment to find the subject child unresponsive, bleeding from a head wound, and foaming from the mouth. 911 was called and EMS arrived and began life-saving measures before transporting the child to the hospital. At the time of the incident, the 17yo sibling was at work, and the 15yo SS was not at home and refused to give his whereabouts when asked.

WCDSS contacted the father as part of routine follow-up investigative tasks. The father informed WCDSS that he was not allowed access to the child and had no information about the fatal incident. The father had been inconsistent in visitation throughout the child’s life and could not provide relevant information to WCDSS about the death or current concerns.



WCDSS spoke with several first responders. First responders corroborated the information received from the mother and law enforcement. It was learned that several different units were on scene including Yonkers P.D. and Yonkers F.D. The child was transported first to St. Joseph’s Hospital before being transferred to Westchester Medical Center for further treatment. When the child was found, he was bleeding from the ear. He was found to have two penetrating wounds, one in the right temple area and one on the left side of his head above the ear. There was vomit in the child’s mouth blocking his airway. The child did not have a pulse when EMS arrived so CPR was administered and the child was ventilated with oxygen and a mask. A small caliber hand gun was retrieved from the room and located approximately 3ft from where the child was found.

In response to learning of the fatality, WCDSS notified the Spring Valley Regional Office of the death that occurred during their open investigation and Preventive Services case. The information gathered was sufficient to conclude there was no reasonable cause to suspect parental abuse or maltreatment. WCDSS documented the whereabouts and safety of the surviving siblings, all of whom were residing with the mother. WCDSS concluded their involvement at an appropriate time.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

### 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 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"/>



# Child Fatality Report

<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	-------------------------------------	--------------------------

**Explain:**  
 As there was no SCR report surrounding the fatality, WCDSS inquired of relevant collaterals and family members as to whether there was reasonable cause to suspect abuse or maltreatment with respect to the SC's death. WCDSS found there to be no such reason. Although safety assessments in these instances are not required, WCDSS did assess and document the safety of the surviving siblings as part of this review. This was done within 24 hours, 7 days, and 30 days of learning of the fatality.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 The family was already receiving and complying with Preventive Services at the time of the death.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<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"/>
--	--------------------------	-------------------------------------	--------------------------	--------------------------

**Explain as necessary:**  
No children were removed as a result of the fatality.

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

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

**Additional information, if necessary:**  
Bereavement counseling and funeral assistance was offered and accepted by the family. Additionally, the family was working with Preventive Services prior to the death and continued to comply with services at the time of this writing.

### 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?	Yes
Were there any siblings ever placed outside of the home prior to this child's death?	Yes
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)
04/14/2019	Deceased Child, Male, 12 Years	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 12 Years	Mother, Female, 37 Years	Internal Injuries	Unsubstantiated	

**Report Summary:**

An SCR report was received on 4/14/19, which alleged the 12-year-old subject child obtained a loaded gun in the home and shot himself in the head. As a result, the child was on life support and had no brain activity and no sign of regaining consciousness. It was unknown who the gun belonged to, or how it got into the home. It was unknown whether the child intended to kill himself or if he accidentally discharged the gun. This occurred while the child was in the care of his mother.

**Report Determination:** Unfounded**Date of Determination:** 06/10/2019**Basis for Determination:**

WCDSS determined there was no evidence that the mother contributed to the child's internal injuries. The mother was not aware of a gun being stored in her home and she had never seen a gun in her home. LE did not press charges against the mother.

**OCFS Review Results:**

WCDSS assessed safety of the siblings within 24 hours and found there to be no immediate safety concerns for them. WCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. WCDSS appropriately determined the allegations given the information obtained during the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/02/2018	Sibling, Male, 17 Years	Mother, Female, 37 Years	Educational Neglect	Far-Closed	Yes

**Report Summary:**

The report was tracked FAR and came in with concerns that the surviving sibling (age 16) was not attending school and had missed 30 days. The child was failing all subjects as a result of his absenteeism and the mother was aware and not following through with meeting the child's educational needs.

**OCFS Review Results:**

WCDSS assessed safety and completed an appropriate FLAG. WCDSS appropriately engaged all family members. WCDSS did not complete a review of SCR history until more than a month after the receipt of the report. 8 of the 17 notes were entered more than a month after the event date. WCDSS did not reach out to collateral contacts although the mother gave contact information for several different familial collaterals.



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

**Issue:**

FAR-Complete Collateral Contacts with Family's Permission

**Summary:**

There were missed opportunities to gather collateral information, such as from relatives/friends the mother gave as collaterals. In FAR cases, collaterals are to be family-driven and with permission. The mother gave permission, and stated her family/friends were supports for her, but WCDSS did not follow up on these collaterals.

**Legal Reference:**

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

**Action:**

WCDSS will make diligent efforts to contact collaterals to attempt to gather relevant information as it pertains to safety, and risk in a FAR case.

**Issue:**

FAR-Timely/Adequate Documentation

**Summary:**

WCDSS entered 8 of the 17 notes more than a month after their event dates.

**Legal Reference:**

18 NYCRR 432.13 (e)(5)

**Action:**

WCDSS will comply with OCFS regulations pertaining to required activities in a FAR case.

**Issue:**

Review of CPS History

**Summary:**

Documentation of the CPS history check for the family was not completed until more than a month after the receipt of the report.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within one business day, WCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

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

- 2/9/16 Sub for sexual abuse regarding the 17yo SS against the father.
- 1/6/14 Unsub IG against the mother regarding the SS.
- 4/12/12 Court Ordered Investigation regarding the SS and SC. The allegation of OTHER was unsubstantiated.
- 11/15/11 Unsub for OTHER. This was a Court Ordered Investigation, but was unable to be completed due to family not residing in the district that was assigned. COI sent to the appropriate district to complete.
- 3/22/11 Sub against the mother for educational neglect regarding the SS.
- 4/11/08 Sub against the mother for EdN, IG, and IF/C/S regarding the SS and SC. A Neglect Petition was filed and the children were placed in foster care.
- 1/17/08 Sub against the mother and father for IG regarding the siblings and SC following an incident of domestic violence.
- 9/19/06 Sub against the mother based on derivative Neglect for SC.
- 4/17/06 Sub against the father for sexual abuse regarding the SS.



8/4/05 Sub against the mother and father for IG regarding the SS. The children were placed with relatives and Neglect Petitions were filed.

### Known CPS History Outside of NYS

There is no 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: 02/26/2014

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



# Child Fatality Report

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

### Provider

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

**Additional information, if necessary:**  
 WCDSS provided services as did North American Family Institute and Westchester Programs.

### Preventive Services History

Preventive Services were offered to the mother from 7/13/07 to 4/06/09 following the children's placement in Foster Care. The mother received services for the transition home in an effort to prevent their return to placement. WCDSS assisted the mother with meeting the children's educational needs as well as her own mental health needs. Throughout the Preventive Services case, the mother struggled to maintain suitable housing and frequently left the children in the care of an aunt. On 1/23/09, the children were voluntarily placed back into the care of the maternal aunt due to the mother's decision to work on her own mental health along with her history of transience.

A preventive services case was opened on 1/16/14 and remained open at the time of this writing. Concerns were the mother's inability to control the now 15-year-old child's behaviors both at home and within the community. The sibling was placed in residential treatment centers several times during the course of services. Though the sibling was home with the mother at the time of this writing, services remained in place to offer the family additional support following the death of the subject child.

### Foster Care Placement History

Foster Care placement for the 15-year-old surviving sibling from 9/19/17-2/20/19. SS was an adjudicated Juvenile Delinquent and was placed at a residential treatment facility following a violation of his probation. SS was successful in his placement and returned home on a trial discharge on 6/20/18, which turned into a final discharge on 2/20/19.

9/4/05-04/06/09 opened initially due to the children's placement in Foster Care following the parents' arrest for illicit drugs. During the open foster care case, the children were returned home to their mother on 7/13/07. The case remained opened for Preventive Services in order to offer the mother additional support for the transition back to the home.

### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

### Recommended Action(s)

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No



Are there any recommended prevention activities resulting from the review?  Yes  No