



Report Identification Number: NY-21-005

Prepared by: New York City Regional Office

Issue Date: Jul 15, 2021

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

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

Jurisdiction: New York
Gender: Male

Date of Death: 01/13/2021
Initial Date OCFS Notified: 01/13/2021

Presenting Information

On 1/13/2021, the SCR registered multiple reports regarding the death of the 17-yo SC. The reports alleged the SC had a history of a clinical health condition and was receiving treatment. He also had a history of substance abuse issues which included smoking marijuana. The BM was aware of the SC's drug use and unable to prevent him from using. Sometime in the morning of 1/13/2021, the SC smoked marijuana while in the home with the BM. His toxicology came back very high for marijuana. At about 1:00AM, the BM entered the SC's room because he was snoring. At about 8:00AM, when the BM returned to the SC's room, she found the SC unresponsive. EMS was contacted and they transported the SC to the hospital. At 8:04AM, the SC was pronounced dead at the hospital. The SC was an otherwise healthy child with no visible injuries. The BM did not have any explanation for the SC's death or demise.

Executive Summary

On 1/13/21, the 17-yo SC died while in the care of his BM. The case documentation reflected, in the morning of 1/13/2021, the BM found the SC on his bed unresponsive in his room. The BM called 911 and EMS responded in the home. EMS was unable to resuscitate the SC and then transported him to the hospital where medical staff pronounced him deceased. Based on initial findings, the ME suspected the SC died of drug overdose pending further tests.

The SC was survived by his 15-yo SS, an adult sister, and an adult brother.

At the time of the fatality, the parents were in divorce/custody disputes which had impacted their children. The BF had an active OP against him protecting the BM and the children. He resided out of the home and did not have any contact with the family.

On 1/13/2021, ACS received the report and commenced the CPS investigation in a timely manner. ACS reviewed previous reports and safety assessments and contacted the family, and pertinent collaterals such as the hospital staff, the BF's attorney, the family's previous ACS worker, neighbors, the school staff, the clinician, LE and the ME. The information obtained by ACS revealed the SC had an extensive history of substance misuse. He had been in and out of different in-patient rehabilitation centers. The SC was not in clinical health services at the time of his death, but the BM was actively looking for services and had planned to get him engaged in therapy on the day of his death. The ME stated the SC appeared to be a well child and did not detect any foul play on his body.

ACS assessed the SS and observed him to be a well child. The SS denied any substance misuse but admitted to vaping (tobacco). He also denied his parents knew of his usage. The therapist did not report the SS used drugs. During the investigation, the SS returned to his boarding school located in another state where he received school-based services. The school did not report any concerns about the SS and his parents. ACS provided the family with contact information to Mobile Crisis, DV resources and grievance services.

ACS held two separate child safety conferences with both parents and the outcome was bereavement counseling and clinical health services for the family.

On 3/12/2021, ACS UNSUB the allegations of the report due to lack of credible evidence. Based on the ME's initial findings, the SC died from a drug overdose. The findings indicated the SC had 4 different illicit drugs in his system with different concentration levels. Also, the ME found multiple pills on the SC during extremal examination. The pills were



positive for illicit substances. Additionally, the BM responded appropriately when she found the SC unresponsive. She called 911 immediately and began chest compressions until EMS' arrival to the home. Prior to the SC's death, the BM was actively looking for services for the SC to be enrolled into.

There were no other children in the home. ACS provided the family with a list of community-based organizations for bereavement counseling services.

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:
The case was closed as there were no children in the home. The SS returned to his boarding school in another state.

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: 01/13/2021

Time of Death: 08:04 AM



County where fatality incident occurred: New York
 Was 911 or local emergency number called? Yes
 Time of Call: 07:20 AM
 Did EMS respond to the scene? Yes
 At time of incident leading to death, had child used alcohol or drugs? Yes
 Child's activity at time of incident:

Sleeping Working Driving / Vehicle occupant
 Playing Eating Unknown
 Other

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

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	Adult Sibling	No Role	Male	19 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	17 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	53 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Other Household 1	Father	No Role	Male	56 Year(s)

LDSS Response

On 1/13/2021, the BF's attorney stated the family had a history of drug abuse.

On 1/13/2021, the hospital staff stated there were concerns for substance misuses for the SC's death. The SC had admitted to indulging in party drugs.

On 1/13/2021, the family's previous ACS worker reported the SS had behavioral issues and was prescribed medication.

On 1/13/2021, LE reported the ME suspected the SC died of a drug overdose. The ME did not detect any foul play on the SC's body. LE stated the BM denied NYPD access to the home.

On 1/13/2021, ACS visited the family and observed the SS to be well. The BM denied knowledge of the SC using any other substance aside from marijuana. She also denied the SC had a history of suicidal ideations.

On 1/14/2021, the ME stated the autopsy was pending. There were some pills found in the SC's clothing. The ME stated the SC's clinician did not report suicidal ideations for the SC.



On 1/14/2021, the staff at the SS's school were interviewed and they did not report any concerns about the parents.

On 1/14/2021, LE reported prior involvements with the family due to DV. LE stated all the children had some type of diagnosis and were on medication.

On 1/15/2021, ACS visited the family. The SS stated at about 7:00AM on 1/13/21, the BM yelled for him to call 911. He ran to the SC's room and found the BM giving the SC CPR. He called 911 and then took over CPR. EMS arrived in the home and transported the SC to the hospital. ACS deemed the SS safe at time of the visit.

On 1/19/2021, ACS sent information about bereavement counseling services to the family.

On 1/19/2021, ACS held two separate child safety conferences (CSC) with both parents. The CSCs recommended services for the family.

On 1/20/2021, ACS visited the family and provided the family with information about mobile crisis, DV resources and grief services. The SS stated he would continue to attend therapy and use the information when he returned to school. ACS encouraged the BM to enroll in a grief services program. ACS deemed the SS safe during the visit.

The BM's friend reported the BM was a good and loving mother. The friend stated she would be a resource to the family.

On 1/27/2021, the BF reported concerns about the SS living in the home with the BM.

The BM's neighbor reported concerns about the SC's substance misuse and having loud parties in the home. The SC would appear under the influence of substance and the BM would not supervise the children. The neighbor addressed these concerns with the BM, but she was defensive and aggressive.

On 2/5/2021, ACS visited the case address. The SS was free of marks and bruises on his body. He stated he was happy to be going back to school. ACS provided the BM with two lock bags for the SS's medication.

On 2/9/2021, school staff confirmed that the SS arrived at school on 2/8/21.

On 2/10/2021, the ME reported the autopsy was pending further tests.

On 2/12/2021, LE reported that the pills found on the SC were positive for illicit drugs. ACS then addressed the results from the pills with the BM, but she denied knowledge of the SC's substance misuse. She stated she only knew about the SC's marijuana use.

On 2/16/2021, the ME reported the cause of death appeared to be a combination of 4 different types of illicit substances.

On 3/11/2021, the clinician reported the SS was provided with medication management and had shown improvement. The clinician denied the SS used drugs; but he craved the attention from adults and his parents.

On 3/12/2021, ACS UNSUB all the allegations of the report against the BM.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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 New York City.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056152 - Deceased Child, Male, 17 Yrs	056153 - Mother, Female, 53 Year(s)	Childs Drug / Alcohol Use	Unsubstantiated
056152 - Deceased Child, Male, 17 Yrs	056153 - Mother, Female, 53 Year(s)	Emotional Neglect	Unsubstantiated
056152 - Deceased Child, Male, 17 Yrs	056153 - Mother, Female, 53 Year(s)	Inadequate Guardianship	Unsubstantiated
056152 - Deceased Child, Male, 17 Yrs	056153 - Mother, Female, 53 Year(s)	Lack of Medical Care	Unsubstantiated
056152 - Deceased Child, Male, 17 Yrs	056153 - Mother, Female, 53 Year(s)	DOA / Fatality	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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Explain: The SS returned to his boarding school located outside of New York State, where he received mental health services. There were no other children in the BM's care.				

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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? N/A

Explain:

There were no other children in the home to be serviced.

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

Explain:

There were no other children in the BM's care.



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)
07/24/2020	Sibling, Male, 15 Years	Mother, Female, 52 Years	Other	Unsubstantiated	No
	Deceased Child, Male, 17 Years	Mother, Female, 52 Years	Other	Unsubstantiated	
	Sibling, Male, 15 Years	Father, Male, 55 Years	Other	Unsubstantiated	
	Deceased Child, Male, 17 Years	Father, Male, 55 Years	Other	Unsubstantiated	

Report Summary:

On 7/24/2020, Suffolk County Family Court ordered a 1034 investigation for the parents regarding the 17 and 15-yo children's safety. The parents had a contentious relationship and had not finalized their divorce. A stay away OP was previously issued against the BF protecting the children and the BM. The SC reported his BF violated the OP and contacted him via his cell phone. The SC also stated the BF came to his job two weekends in a row.

Report Determination: Unfounded

Date of Determination: 09/29/2020

Basis for Determination:

The allegation of "other" against the parents was UNF as it could not be shown that their actions placed the children's physical, mental, or emotional condition at risk of impairment. The BM denied she witnessed the phone contact by the BF, or the BF visiting the SC's job. The BF admitted he accidentally dialed the SC's phone and immediately hung up once he realized what had happened. The BF stated he respected the OP. The BM refused PPRS services stating the 15-yo child was away at school and the SC was already receiving counseling.

OCFS Review Results:

Suffolk County CPS and ACS investigated the report and completed scheduled and unannounced visits to the home, interviews with the family and contacted collaterals. They also completed sex trafficking clearances and held case conferences throughout the investigation. Based on the information obtained during the investigation, the decision to UNF was appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/26/2020	Deceased Child, Male, 17 Years	Father, Male, 55 Years	Inadequate Guardianship	Unsubstantiated	Yes



Report Summary:

On 5/22/2020, the BF had a verbal altercation with the BM. The 17-yo SC intervened and the BF punched the SC several times in the ribs.

Report Determination: Unfounded

Date of Determination: 07/17/2020

Basis for Determination:

Suffolk County CPS and ACS investigated the report. On 5/22/20, the BM and her children visited the family's summer home where the BF had been staying. An altercation ensued between the BM and the BF and the BF assaulted the BM. The 17-yo intervened, and as a result an altercation ensued between the BF and the SC. The BF verbally threatened the SC, shoved him into a wall, and pushed him aggressively. LE was called, but no arrests were made. LE asked the BF to leave the home. On 5/26/2020, the BM filed for an OP in family court. The court issued a complete Stay Away OP against the BF for the BM and the children.

OCFS Review Results:

Suffolk County CPS UNSUB the allegation IG of the 17-yo SC by the SF; however, the information in the investigation conclusion narrative did not support SCCPS' decision.

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

Issue:

Appropriateness of allegation determination

Summary:

SCCPS UNSUB the allegation IG of the 17-yo SC by the SF; however, the information in the investigation conclusion narrative did not support SCCPS' decision.

Legal Reference:

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

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 attended and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/18/2019	Deceased Child, Male, 16 Years	Mother, Female, 52 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 16 Years	Mother, Female, 52 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 16 Years	Father, Male, 54 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 16 Years	Father, Male, 54 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 16 Years	Father, Male, 54 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

When the SC was younger, the 18 and 14-yo siblings frequently physically assaulted him by punching and stomping on him for unknown reasons. As a result, the SC sustained bruises. The SC stated that when he was younger, he and his brothers used to always fight, and it used to bother him. The parents were aware of the physical assaults and were unable to adequately intervene.

On 5/14/2019, the SCR registered a duplicate report that alleged LMC of the SC. The report alleged the BF took the SC



out of a treatment program against medical advice. The SC was recommended for treatment at the program due to his marijuana use and clinical health diagnosis.

Report Determination: Unfounded

Date of Determination: 06/14/2019

Basis for Determination:

At the time of the report, the SC resided in a treatment facility outside of New York State. While in the facility, the SC was not in danger and was being supervised by facility staff. The parents agreed that the SC needed to return home because the bill was becoming too expensive. The BF picked the SC up from the facility and brought him home to start therapy with a private therapist. The SC denied he feared living in the home with his siblings or parents. He stated he and his brothers had a better relationship since they got older. He stated he was seeing his therapist 3 times a week and happy to be clean and sober. ACS deemed all the children safe in the care of the parents.

OCFS Review Results:

Based on the ACS case documentation, ACS conducted the investigation appropriately.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/04/2019	Sibling, Male, 14 Years	Father, Male, 54 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

On 12/21/18, the BF and the now 14-yo SS got into an argument that escalated. The BF pushed the SS forcefully, causing him to fall to the floor. The SS was not injured. It was unknown if the BF had been physically aggressive towards the SS in the past.

Report Determination: Unfounded

Date of Determination: 03/05/2019

Basis for Determination:

At the time of the report, the SS was in a therapeutic boarding school outside of New York State. The LDDS staff where the SS resided interviewed the SS and he denied any mistreatment by the BF. All the children in the home did not disclose any physical mistreatment by their BF. The BF also denied using any excessive force on his son.

OCFS Review Results:

The investigation was conducted appropriately.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/23/2018	Sibling, Male, 13 Years	Father, Male, 53 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 13 Years	Father, Male, 53 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 13 Years	Father, Male, 53 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

There was a concern that the BF engaged in a physical altercation with the now adult male sibling that resulted in a large bruise on the child's arm and that the BF left the child unsupervised at home for several hours at a time.

Report Determination: Unfounded

Date of Determination: 10/25/2018

Basis for Determination:

The child denied the BF abused him and disclosed that he sustained the bruise at a skate park. The other siblings confirmed that the BF and his sons often play fought when they spent time together, but it was for fun and not an altercation. The BF and the children denied the BF left the child unsupervised at home for hours. ACS did not observe any marks or bruises on the child. The parents were engaged in divorce proceedings and the children stated the parents



were playing the children against each other. The child's basic needs were being met. He was engaged in therapy and received medication. He also attended school.

OCFS Review Results:

Based on the case documentation, ACS conducted the investigation appropriately.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/27/2017	Sibling, Male, 16 Years	Mother, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 14 Years	Mother, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 12 Years	Mother, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 17 Years	Mother, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 16 Years	Father, Male, 53 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 16 Years	Mother, Female, 49 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 16 Years	Father, Male, 53 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

The BM was unable to control the 16-yo SC. The SC had been physically violent with the BM and others and had caused damage to property. The 17, 14, and 12-yo siblings were fearful of the SC and had anxiety while he was around. The BM was unable to ensure the safety of the other children in the home. The SC was to engage in counseling services to help address his behaviors; however, the parents failed to follow through.

Report Determination: Indicated

Date of Determination: 02/24/2018

Basis for Determination:

The BM did not fail to meet the basic minimum standard of care for the children that resulted in physical or developmental harm or imminent danger of harm.

ACS unsubstantiated the allegation LMC against the parents. The service provider reported that the SC had been engaged in therapeutic services since September 2017 to address his behavior and family issues.

OCFS Review Results:

ACS substantiated the allegation IG of the 16-yo by the BF; however, ACS did not document any information in the investigation conclusion narrative to support the decision.

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

Issue:

Appropriateness of allegation determination

Summary:

ACS SUB the allegation IG of the 16-yo by the BF; however, ACS did not document any information in the investigation conclusion narrative to support the decision.

Legal Reference:

FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)

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 attended and what was discussed.



There was no CPS investigative 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.

Preventive Services History

Between September 2017 and June 2019, the SC engaged in therapy for his behavioral issues. He also received in-patient treatment for substance and marijuana misuse. The SS received medication management for his behavioral issues up until the time of the fatality. He also received school-based services for learning disability and behavioral issues.

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: 05/26/2020

To: Unknown

Explain:

On 5/22/20, there was a DV incident between the BF and the BM. The 17-yo intervened on behalf of the BM. The BF verbally threatened the SC, shoved him into a wall, and pushed him aggressively. LE was called, but no arrests were made. LE asked the BF to leave the home. On 5/26/2020, the BM filed for an OP in Suffolk County Family Court. The court issued a complete stay away OP against the BF for the BM and the children.

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