



Report Identification Number: SV-18-062

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

Issue Date: Mar 21, 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: Suffolk
Gender: Male

Date of Death: 11/07/2018
Initial Date OCFS Notified: 11/08/2018

Presenting Information

An SCR reported alleged on 11/3/18, the mother failed to make an appropriate plan for the care of the medically fragile subject child. The child had numerous medical conditions and was connected to a ventilator, gastrostomy tube, tracheostomy tube, and oxygen. Additionally, the child needed a nebulizer treatment and trachea suctioning throughout each day. Due to his medical needs, the child had nursing services in his home 24 hours a day, 7 days a week. On 11/3/18, after the nursing agency advised the mother that an alternate nurse would be sent to the home for shifts on 11/3/18 and 11/4/18, the mother refused said services and instead made a plan for a family friend to act as the caretaker for the child. On 11/4/18, at approximately 10AM, while in the alternate caretaker's care, the child developed a mucus plug that was not properly suctioned and he aspirated and went into cardiac arrest. On 11/7/18 at 10:54 AM, the child was pronounced deceased.

Executive Summary

On 11/3/18, Suffolk County Department of Social Services (SCDSS) received a report from the SCR about the death of a medically fragile two-year-old. Due to his medical needs, the child had nursing services in his home 24 hours a day, 7 days a week. On 11/7/18 at 10:54 AM, the child was pronounced deceased after suffering a medical emergency while in the care of an alternate caretaker as arranged by the mother. At the time of his death, the child was living with his mother, 3-year-old sibling, and 10-year-old sibling. The maternal grandmother had been living with the family on and off, but was hospitalized at the time of the child's death. The biological fathers of the SC and SS were unable to be located or notified despite repeated attempts by SCDSS to gather identifying information.

SCDSS learned the SC was born premature and was not meeting developmental milestones. In 2017, the child was diagnosed with Congenital Central Hyperventilation Syndrome and had a tracheostomy, a gastrostomy tube, and required a ventilator. The mother reported the SC was receiving constant nursing services from two different healthcare agencies.

Through interviews with the mother, it was learned that a family friend was caring for the SC from 11/3/18 to 11/4/18 at the caretaker's home due to the mother visiting the maternal grandmother at the hospital. The mother educated the caretaker on how to properly care for the SC and gave her a list of instructions. At approximately 10PM on 11/4/18, the caretaker called the mother and informed her the SC had thrown up during his routine feeding. Additionally, the caretaker said the SC was struggling to breathe. The mother informed the caretaker to call 911, which the caretaker promptly did.

Interviews with the caretaker were conducted and revealed she had been instructed by the mother on how to care for the SC. The caretaker gave the same account of events as the mother, stating she last fed the child at 10PM and the child threw up and then struggled to breathe. The caretaker's husband corroborated the events of the evening.

Throughout the investigation, SCDSS made extensive efforts to interview each first responder and diligently documented all casework. Suffolk County Police Department investigated the fatality and determined there as no criminality. SCDSS spoke to and assessed the safety of the SS as well as the caretaker's children. The children all gave a brief synopsis of events leading up to the fatality, stating the SC stopped breathing and EMS came to the home. The caretaker's CHN said they witnessed their mother be instructed on how to care for the SC by the SC's mother. SCDSS received the death certificate from Good Samaritan Hospital. The cause of death was due to cardiopulmonary arrest, due to aspiration, as a consequence of congenital central hyperventilation syndrome. There was no autopsy completed on the child.



SCDSS indicated the allegations of Inadequate Guardianship, Lack of Medical Care, and DOA/Fatality against the mother regarding the death of the SC. SCDSS completed a thorough investigation and determined there was some credible evidence to substantiate the allegations of LMC and IG against the mother regarding the SC. In speaking with the child's pediatrician and attending physician at the ER, SCDSS learned that the mother was educated on the need for 24-hour nursing staff and had a clear understanding of the high level of care that the SC needed due to his medically fragile state. The mother chose to leave the child with a friend that did not have the necessary medical knowledge to care for the child. Ultimately, this resulted in the SC's death. The allegations of Inadequate Guardianship, Lack of Medical Care, and DOA/Fatality against the caretaker regarding the SC were unsubstantiated as there was no credible evidence to support the caretaker's inactions led to the child's death. The caretaker acted appropriately when the child suffered the medical emergency.

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

Explain:

The caseworker activity was commensurate with case circumstances. SCDSS took appropriate steps in investigating all allegations.

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 casework was commensurate with the case circumstances. There was significant supervisory consultation documented throughout the investigation. Bereavement services were offered to the mother, but it is unknown if they were utilized.

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: 11/07/2018

Time of Death: 10:54 AM

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

11/04/2018

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

10:00 AM

County where fatality incident occurred:

Suffolk

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? Yes

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	66 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Other Household 1	Other Adult - Caretaker for SC	Alleged Perpetrator	Female	37 Year(s)
Other Household 1	Other Child - Other Adult's Child	No Role	Male	6 Year(s)
Other Household 1	Other Child - Other Adult's Child	No Role	Male	8 Year(s)
Other Household 2	Other Child - Other Adult's Child	No Role	Female	17 Year(s)

LDSS Response



SCDSS received the report from the SCR on 11/8/18 regarding the death of the two-year-old medically fragile child which occurred on the same date. An investigation into the fatal incident had initiated on 11/4/18, when the child suffered the medical emergency which eventually led to his death. From 11/4/18 to 11/7/18, the child was at Good Samaritan Hospital on life support. SCDSS coordinated with the Suffolk County Police Department, reviewed the CPS history, and notified the DA's office about the death. Throughout the investigation, collateral contacts were made with family members, first responders, and medical professionals.

SCDSS responded by immediately going to the hospital to assess the two surviving siblings followed by a home visit to the caretaker's home to assess the children residing in that home. The siblings appeared to be healthy and interacted briefly with the caseworker. The caretaker's children were also observed to be healthy and free from observable injuries.

SCDSS interviewed the mother at the hospital. The mother informed SCDSS of the child's prior health conditions, which required constant professional medical care. The mother discussed how she had a friend care for the SC and SS while she went to visit the maternal grandmother in the hospital. The mother stated there was an issue with staffing for the nursing agency and the mother asked her friend to provide care for the SC from 11/3/18-11/4/18 and stated she canceled the nursing care for those times. She said she educated her friend on how to care for the SC and provided her with all necessary medical equipment for the child. The mother said the caretaker did not have any medical training outside of what she taught her. The mother said she received a concerned phone call from the caretaker on 11/4/18 immediately following the SC's 10PM feeding. The caretaker reported the child had vomited and was struggling to breathe. The mother instructed the caretaker to call 911, which she did immediately.

SCDSS interviewed the caretaker who corroborated the information and said she had two special needs children of her own and believed she could provide the necessary care for the SC. The caretaker said she called 911 immediately after informing the mother that the SC threw up and was struggling to breathe. EMS responded and took the SC to the hospital.

SCDSS spoke with the MGM who stated she thought the nursing service cancelled for 11/3/18-11/4/18 and said she and the mother often provided the SC with his medical care. MGM did not have any concerns for the mother's care of the SC and said she could properly train others how to provide the SC with his treatment.

Information was received from the child's treating physician who reported the mother was instructed that the SC needed around the clock nursing services and said, "it was absolutely not advisable for the mother to leave the child with a friend." Further, the Dr. said the mother often missed necessary appointments. SCDSS determined, as a result of the mother's actions, the SC's physical, mental, and/or emotional condition was place in imminent danger, which ultimately resulted in his death.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: The fatality investigation was conducted by an MDT.

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

Comments: Suffolk County does not have an OCFS approved Child Fatality Review Team.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049385 - Deceased Child, Male, 2 Yrs	049386 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
049385 - Deceased Child, Male, 2 Yrs	049390 - Other Adult - Caretaker for SC, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated
049385 - Deceased Child, Male, 2 Yrs	049390 - Other Adult - Caretaker for SC, Female, 37 Year(s)	Lack of Medical Care	Unsubstantiated
049385 - Deceased Child, Male, 2 Yrs	049390 - Other Adult - Caretaker for SC, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
049385 - Deceased Child, Male, 2 Yrs	049386 - Mother, Female, 33 Year(s)	DOA / Fatality	Substantiated
049385 - Deceased Child, Male, 2 Yrs	049386 - Mother, Female, 33 Year(s)	Lack of Medical Care	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
Bereavement services were offered to the family for the surviving siblings. It is unknown if the mother utilized the offered services.

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.



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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

SCDSS offered bereavement services to the family, but it is unknown if the mother utilized these services.

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? Unable to Determine

Explain:

SCDSS provided information to the mother for bereavement services and followed up with a closing letter encouraging the mother to seek grief counseling for her children along with a list of providers.

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

Explain:

Bereavement counseling was offered to the mother for herself and the siblings, but it was unknown whether the family utilized the services.

History Prior to the Fatality



Did the child have a history of alleged child abuse/maltreatment? Yes
Was there an open CPS case with this child at the time of death? Yes
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? No
Was the child acutely ill during the two weeks before death? Yes

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/07/2018	Deceased Child, Male, 2 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 2 Years	Mother, Female, 33 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 2 Years	Other Adult - Caretaker of the SC, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Years	Other Adult - Caretaker of the SC, Female, 37 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

The subject caregiver was caring for the 2-year-old subject child and his 3-year-old surviving sibling on an ongoing basis. The SC was a special needs child. He was born premature and had a tracheotomy. SC was being fed through a gastrostomy tube. On 11/4/18, the caregiver was feeding the SC and he was having trouble and aspirated causing him to stop breathing. The SC was on life support and had no brain activity as of 11/6/18. The subject caregiver was not medically trained to care for the SC.

Report Determination: Indicated

Date of Determination: 01/03/2019

Basis for Determination:

SCDSS completed a thorough investigation, and it occurred concurrently with the fatality investigation.

OCFS Review Results:

Safety was established within the appropriate timeframe, and all other documentation was commensurate with case circumstances; further, safety assessments were appropriate. SCDSS completed all necessary casework activity prior to making an accurate determination of allegations, then closed the investigation once all needed services were offered to the family.

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)
04/17/2018	Sibling, Female, 10 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 10 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	



Sibling, Male, 3 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 2 Years	Grandparent, Female, 66 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Deceased Child, Male, 2 Years	Grandparent, Female, 66 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 10 Years	Grandparent, Female, 66 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 10 Years	Grandparent, Female, 66 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 3 Years	Grandparent, Female, 66 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 3 Years	Grandparent, Female, 66 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 2 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Deceased Child, Male, 2 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated

Report Summary:

The SC was born with a genetic disorder that left him medically fragile. SC was on a ventilator and had a tracheotomy. SM and MGM failed to pay the electric bill, despite numerous notices. As a result, the electric was due to be shut off and there was no generator in the home. SC's medical care was dependent on electricity. The ventilator could not operate without electricity.

This home was cluttered and unkempt. There were clothes piled up in every room and food was left out. There were no clear pathways to maneuver throughout the home.

Report Determination: Unfounded

Date of Determination: 05/22/2018

Basis for Determination:

SCDSS determined there was no credible evidence to substantiate the allegations. There was a concern with the electric bill as the neighbors were using the family's electric though the electric did not get turned off. In the event that the electric was turned off, SM had a generator for the SC's ventilator. The home was neat and tidy each time SCDSS made a home visit. Many collateral contacts were made and all reported the SM was providing the recommended care for the SC.

OCFS Review Results:

Safety was established within the appropriate timeframe, and all other documentation was commensurate with case circumstances; further, safety assessments were appropriate. SCDSS completed all necessary casework activity prior to making an accurate determination of allegations, then closed the investigation once all needed services were offered to the family.

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)
05/29/2016	Other Child - Caretaker's Child, Male, 6 Years	Other Adult - Caretaker of SC, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - Caretaker's Child, Male, 8 Years	Other Adult - Caretaker of SC, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Caretaker's Child, Male, 6 Years	Other Adult - Husband of Caretaker, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	



Child Fatality Report

Other Child - Caretaker's Child , Male, 8 Years	Other Adult - Husband of Caretaker, Male, 40 Years	Inadequate Guardianship	Unsubstantiated
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Report Summary:

On 5/29/16, the caretaker and her husband were on top of their home's roof for an unknown reason. They were walking around on the roof and the young children (ages 4 and 5) were running in and out of the home and around the extremely busy, high trafficked area.

Report Determination: Unfounded

Date of Determination: 06/27/2016

Basis for Determination:

SCDSS unfounded the report as there was no credible evidence to substantiate the allegations. SCDSS was familiar with the family and did not have concerns for the children's care or safety with the parents.

OCFS Review Results:

Safety was established within the appropriate timeframe; further, the risk assessment profile and safety assessments were appropriate. SCDSS made an accurate determination of allegations based on the information available to them, then closed the investigation once all needed services were offered to the family. There were missed opportunities to gather collateral information, such as making contact with the friends that were at the home at the time of the alleged incident.

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

SCDSS missed opportunities to gather information from collateral contacts. There were friends at the home when the alleged incident occurred and SCDSS did not reach out to gather information from the collateral contacts.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

SCDSS will make diligent efforts to contact collaterals to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/29/2016	Other Child - Caretaker's Child, Female, 17 Years	Other Adult - Caretaker for SC, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - Caretaker's Child, Female, 17 Years	Other Adult - Caretaker for SC, Female, 37 Years	Lack of Medical Care	Unsubstantiated	
	Other Child - Caretaker's Child, Female, 17 Years	Other Adult - Husband of Caretaker, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Caretaker's Child, Female, 17 Years	Other Adult - Husband of Caretaker, Male, 40 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

The caregiver's child was exhibiting self-harming behaviors. The caregiver and child's father were made aware of the self-injurious behaviors. The child's mother and father failed to seek any medical treatment for the child such as bringing her to the hospital. The child threatened to run away if anyone intervened. The child was not getting appropriate medical treatment as a result.

Report Determination: Unfounded

Date of Determination: 04/21/2016

**Basis for Determination:**

SCDSS unfounded and closed the report as there was no credible evidence to support the allegations. The parents were diligent in getting their child treatment following her self-injurious behaviors.

OCFS Review Results:

Safety was established within the appropriate timeframe, and all other documentation was commensurate with case circumstances; further, safety assessments and risk assessments were appropriate. SCDSS made an accurate determination of allegations based on the information provided, then closed the investigation once all needed services were offered to the family.

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

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

9/26/08: UNF against the caretaker of the SC for IG regarding her CH.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

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