

**Report Identification Number: SV-19-014**

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

**Issue Date: Sep 19, 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:** 10 year(s)

**Jurisdiction:** Suffolk  
**Gender:** Male

**Date of Death:** 03/20/2019  
**Initial Date OCFS Notified:** 04/16/2019

## Presenting Information

SCDSS learned of the child's death on 4/15/19 during a routine collateral phone contact. After confirming the death with the mother, SCDSS promptly informed the Westchester Regional Office in the form and manner prescribed by OCFS. An SCR report was received on 4/16/19, which alleged the 10-year-old child passed away on 3/20/19 for unknown reasons. The child was diagnosed with a medical condition that required regular medication and monitoring as well as follow up with medical professionals. The mother was not following through with meeting the child's medical needs. The mother was advised that the child's condition could be helped by an operation, but the mother did not follow up with the operation, which may have contributed to the child's death.

## Executive Summary

This report concerns the death of the 10yo subject child. The family had an open Preventive Services case at the time of the death due to the father of the siblings assaulting the mother in the presence of the children. After learning of the child's death during a routine home visit, Suffolk County Department of Social Services (SCDSS) gathered supplemental information from collaterals to inquire of the circumstances of the death and completed the 7065 form. On 4/16/19, SCDSS received a report from the SCR about the death of a 10-year-old child that occurred on 3/20/19. Concerns alleged the mother failed to follow through with recommendations from medical professionals regarding the medically fragile subject child. At the time of the fatality, there were five surviving siblings in the home (ages 11, 5, 5, 3, and 1).

Through interviews, it was learned the child had a significant medical condition that needed constant monitoring and medication management. Additionally, the child was required to follow up with a specialist every three months for his medical condition. The child lived at home with his mother and siblings. On the morning the child passed away, his sibling observed him sitting up in bed while she was getting ready to go to school. The mother entered the room a short time later and found the child unresponsive. She called 911 and EMS arrived, but were unable to revive the child.

Throughout the investigation, SCDSS made extensive efforts to interview each first responder and diligently documented all casework. SCDSS spoke with all familial collateral contacts and medical personnel. SCDSS requested and reviewed all pertinent medical records for the child and siblings and submitted said records to OCFS for review.

SCDSS spoke with the Suffolk County Medical Examiner's office regarding preliminary findings. Though the final autopsy had not yet been received at the time of this writing, the ME reported there were no suspicious marks, injuries or trauma to the child's body and it was possible the death was seizure related due to the child's history.

SCDSS indicated the allegations of IG and LMC against the mother regarding the subject child. SCDSS determined the mother failed to seek adequate treatment for the child's medical condition, which impaired the child's physical condition. Additionally, the mother did not consult the medical professional prior to taking the child off all medications related to his condition. The child did not receive any follow up treatment for his condition in the 10 months prior to his death. SCDSS did not indicate the allegation of DOA/fatality as there was a lack of credible evidence to support that the mother's inactions caused the child's death. Medical staff could not definitively say that the mother's non-compliance led to the child's death.

## 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:**

SCDSS thoroughly investigated the allegations and determined the allegations appropriately. SCDSS continued working with the family in their open Preventive Services case.

**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:**

There was significant supervisory consultation. SCDSS appropriately arranged supports for the mother, father, and surviving siblings. SCDSS concluded their investigation and continued working with the family on an ongoing basis due to a mandated Preventive Services case.

**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:** 03/20/2019

**Time of Death:** Unknown

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

Unknown



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: Sitting in bed watching TV

**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	Aunt/Uncle	No Role	Male	26 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	10 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Other Household 1	Father	No Role	Male	28 Year(s)
Other Household 1	Sibling	No Role	Female	1 Year(s)
Other Household 2	Other Adult - Bio father of the siblings	No Role	Male	29 Year(s)

### LDSS Response

SCDSS received the report from the SCR on 4/16/19 regarding the death of the 10yo child that occurred on 3/20/19 and coordinated with LE, reviewed the CPS history, and notified the DA's office about the death. Throughout the investigation, collateral contacts were made with the source of the report, personal collaterals for the family, first responders, and various service providers.

Through interviews with the mother, it was learned the subject child had a medical diagnosis that needed to be closely monitored. The child began seeing a specialist for this medical condition in 2013 and was prescribed medications. The mother said she attempted to get the child in to see the specialist as she wanted to try alternative treatments, but the doctor put her on a waitlist. The mother reported, approximately 3 weeks prior to his death, she began to wean him off the medication. The mother believed the medications made the child violent, thus she began administering natural remedies. On 3/20/19, the mother found the child unresponsive. She called 911 and administered CPR until first responders arrived.



The child was pronounced deceased at home and transported to the ME’s office.

SCDSS assessed the safety of the surviving siblings within 24-hours of the death. The siblings were observed to be safe in the care of their mother. Concerns later arose regarding the lack of medical care for the siblings. SCDSS appropriately addressed the concerns with the mother and offered support in making and attending medical appointments for each sibling.

SCDSS interviewed the siblings at the home. The 11yo sibling said she observed her brother sitting up in bed the morning of 3/20/19, watching television as she was leaving the home to attend school. The sibling said her mother was still asleep at that time. The sibling said her mother ran out of medication for her brother prior to the day he died. The child recalled her mother going to several pharmacies to get his medication, but was unable to. The child could not remember the date the child ran out of medication. The younger siblings were observed and spoken to, but were not at a cognitive level to provide information regarding their brother’s death or additional concerns in the SCR report.

SCDSS interviewed the father of the siblings, who was not residing in the home at the time of the death as there was an OP in place barring him from contact with the mother and children due to his physical violence towards the mother. The father said he did not have knowledge of the child’s death or the events leading up to it as he has been unable to contact the family. The father reported, prior to the OP, he was the one that brought the child to appointments. The father said he was aware that the mother had weaned the child off his prescribed medication and began natural alternatives.

The father of the subject child was interviewed, but reported having only sporadic visitation with the child. The father did not have knowledge pertaining to the child's medication, but told the mother to try alternative medications for the child.

SCDSS received records from the neurologist regarding the subject child. Records reflected the child was to be seen every three months by the neurologist. The child was last seen by the neurologist on 5/22/18. On that date a referral was made to Neurosurgery, but that appointment was not scheduled by the parents.

In response to the fatality, SCDSS accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances. SCDSS provided the family with a multitude of community based services. They concluded their involvement at an appropriate time when all necessary information was gathered and services were offered. The family continued working with Preventive Services on a mandatory basis due to a previous neglect finding.

### 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 investigation conducted by a Multidisciplinary Team (MDT)?**Yes

**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



# Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050905 - Deceased Child, Male, 10 Yrs	050906 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
050905 - Deceased Child, Male, 10 Yrs	050906 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
050905 - Deceased Child, Male, 10 Yrs	050906 - Mother, Female, 28 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"/>



# Child Fatality Report

<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<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 involved with Preventive Services at the time of the child's death. A Neglect Petition was pending against the mother at the time of this writing. The father of the siblings made an admission to the neglect finding and was ordered to comply with court ordered services.

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

**Explain as necessary:**  
 There was no removal of any children in the household as a result of the fatality.

### Legal Activity Related to the Fatality

**Was there legal activity as a result of the fatality investigation?**  
 Family Court                       Criminal Court                       Order of Protection

<b>Family Court Petition Type: FCA Article 10 - CPS</b>		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
06/13/2019	Adjudicated Neglected	Order of Supervision



<b>Respondent:</b>	050906 Mother Female 28 Year(s)
<b>Comments:</b>	An amended petition was filed on 6/13/19 as a result of the fatality and additional concerns for the supervision of the surviving children.

Have any Orders of Protection been issued? No

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input checked="" 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 checked="" type="checkbox"/>	<input 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"/>				
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Other, specify: Summer camp for the siblings

### 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)
04/12/2019	Sibling, Female, 11 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 11 Years	Mother, Female, 28 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 4 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Mother, Female, 28 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 4 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Mother, Female, 28 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 3 Years	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 3 Years	Mother, Female, 28 Years	Lack of Supervision	Substantiated	

**Report Summary:**  
 On 4/12/19, the mother left the three surviving siblings ages 11, 4, and 3 home alone and unsupervised. The mother did not plan to return to the home until several days later. The uncle was staying in the home to help assist with the children. He was not aware the mother had left for the weekend. Approximately three months prior, the mother left the children home alone and unsupervised from a Friday morning until Saturday night and the uncle returned to the home to find the mother gone.

**Report Determination:** Indicated **Date of Determination:** 06/10/2019

**Basis for Determination:**  
 SCDSS determined there was credible evidence to substantiate the allegations of IG and LS regarding the siblings. The mother went away for a weekend and left the children home alone without an appropriate supervisor for the siblings who were ages 11, 4, and 3. The mother left the children with their uncle, however the uncle got called into work and left the children alone. The children could not meet their own needs during the timeframe they were left without supervision. Legal was consulted as there was a pending Neglect Petition at the time of this writing. The mother had not yet made an admission to the neglect finding.

**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.

**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)
07/17/2018	Sibling, Female, 10 Months	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 10 Months	Other Adult - StepFather of SC, fa of SS, Male, 29 Years	Inadequate Guardianship	Substantiated	



Deceased Child, Male, 10 Years	Mother, Female, 28 Years	Lack of Supervision	Unsubstantiated
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**Report Summary:**

The report alleged there was a history of domestic violence between the mother and stepfather. On 7/15/18, the mother gave birth and there were concerns for her ability to protect the child or to ensure the father did not have access to the child as there was an active order of protection for the mother and other children.

**Report Determination:** Indicated

**Date of Determination:** 07/31/2018

**Basis for Determination:**

SCDSS determined there was credible evidence to support the allegations regarding the newborn. There was an open Preventive Services case at the time of the birth. The stepfather had not completed any of his court orders at the time the report was registered. A neglect petition was filed on 7/19/18 adding the new infant to the case. The investigation was closed and the case remained opened for services.

**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. SCDSS appropriately filed derivative neglect on the parents and added the newborn to the case. The investigative caseworker and preventive services worker appropriately communicated throughout the investigation in an effort to coordinate services and adequately support 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)
05/04/2018	Deceased Child, Male, 9 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 10 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 3 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 3 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 9 Years	Other Adult - Step father to SC, Fa of SS, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 9 Years	Other Adult - Step father to SC, Fa of SS, Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 10 Years	Other Adult - Step father to SC, Fa of SS, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 10 Years	Other Adult - Step father to SC, Fa of SS, Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 3 Years	Other Adult - Step father to SC, Fa of SS, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 3 Years	Other Adult - Step father to SC, Fa of SS, Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated	



Sibling, Female, 3 Years	Other Adult - Step father to SC, Fa of SS, Male, 28 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 3 Years	Other Adult - Step father to SC, Fa of SS, Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Female, 2 Years	Other Adult - Step father to SC, Fa of SS, Male, 28 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 2 Years	Other Adult - Step father to SC, Fa of SS, Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated
Deceased Child, Male, 9 Years	Mother, Female, 27 Years	Lacerations / Bruises / Welts	Substantiated

**Report Summary:**

On 5/4/18 around 5:20AM, the stepfather choked the mother after a verbal altercation regarding the stepfather's cellphone. This happened in the direct presence of the SC and his siblings (ages 10, 3, and 2). The children attempted to intervene. As a result, the mother sustained scratches on her neck. The children did not sustain injuries. The stepfather was under the influence of an unknown substance.

**Report Determination:** Indicated

**Date of Determination:** 05/31/2018

**Basis for Determination:**

SCDSS determined there was credible evidence to substantiate the allegations. Through investigation, SCDSS found that the stepfather choked the mother after a verbal altercation. This happened in the presence of the children and they all expressed fear as a result. The father was arrested and an OP was issued as a result of the altercation. A Neglect Petition was filed in FC and the case was opened for ongoing Preventive Services.

**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. Additionally, SCDSS filed petitions in family court as a result of the incident and opened the case for Preventive Services when it became evident that additional support was necessary.

**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)
08/11/2017	Sibling, Female, 9 Years	Mother, Female, 26 Years	Educational Neglect	Unsubstantiated	No
	Sibling, Female, 9 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



Sibling, Female, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 3 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 3 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 1 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 1 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Deceased Child, Male, 8 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Educational Neglect	Unsubstantiated
Sibling, Female, 9 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Educational Neglect	Unsubstantiated
Deceased Child, Male, 8 Years	Mother, Female, 26 Years	Educational Neglect	Unsubstantiated
Deceased Child, Male, 8 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 8 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated
Deceased Child, Male, 8 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Deceased Child, Male, 8 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 8 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Lack of Supervision	Unsubstantiated
Deceased Child, Male, 8 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 9 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 9 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 9 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 3 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 3 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 3 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 3 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 3 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Lack of Supervision	Unsubstantiated



# Child Fatality Report

Sibling, Female, 3 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 1 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 1 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 1 Years	Other Adult - STEP FA OF SC, FA of SS, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

**Report Summary:**

The reported alleged on 8/10/17, the mother and stepfather left the children (ages 9, 8, 3, and 1) unsupervised for two hours. The parents were aware the 9yo sibling was unable to supervise her siblings, but left them despite this. Further, the SC was autistic and required constant supervision. On 8/11/17 around 12:30AM the parents used marijuana to the point of impairment. A subsequent report was received 9/25/17 alleging the parents were not meeting the children's educational needs. On 9/26/17, a subsequent report was received alleging the family was discharged from the shelter they were staying in and were homeless and transient. The parents were not meeting the SC's medical needs.

**Report Determination:** Unfounded**Date of Determination:** 09/29/2017**Basis for Determination:**

It was determined there was no credible evidence to support the allegations. The parents were observed by SCDSS to always be sober and coherent. They denied drug use. In reviewing video footage, the parents were observed to be outside on the alleged incident date, but not for an extended period of time. The family was sanctioned during the investigation and discharged from the shelter. The children missed approximately 5 days of school as a result, but there were no concerns disclosed from the school. The family obtained safe housing prior to investigation closing.

**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**

2/28/08: Substantiated against the mother and father for IG regarding surviving sibling. Child witnessed physical domestic violence between the mother and father where both were the aggressors.

10/22/13: Substantiated for IG against the mother and step-father regarding the eldest surviving sibling. The parents were not home when the child returned from school on numerous occasions and the child had to return to school each time and wait for a parent to pick her up.

10/30/14: Unsubstantiated for LMC against the mother and step-father regarding the SC and three SS. Concerns related to the SC suffering a seizure disorder and the parents were not obtaining medical treatment for him. There was no credible evidence as the neurologist confirmed the child's regular appointments.

6/17/15: Unsubstantiated for IG against the mother regarding the SC. Concerns that the child was not attending regular instruction for his speech and language needs. There was no credible evidence.

12/28/15: Substantiated against the mother and stepfather for IG and LMC regarding he SC. The parents allowed their medical insurance to lapse and did not ensure the child was receiving necessary treatment for his seizure disorder. SC was hospitalized as a result.

**Known CPS History Outside of NYS**

There is no known 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: 05/17/2018

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 05/17/2018

### 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
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Provider

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

**Additional information, if necessary:**  
 The family was already receiving mandated Preventive Services due to an article 10 neglect petition that was filed in Family Court in May 2018.

### Preventive Services History

A Preventive Services case was opened from 8/13/08 to 10/10/08 for the mother, biological father (deceased), and eldest surviving sibling because the mother was young and needed assistance with parenting skills, domestic violence services, and daycare as she wanted to return back to school in the Fall. The case was closed as the family moved and their whereabouts were unable to be ascertained.

A Preventive Service case was opened on 5/17/18 and remained open at the time of this writing. On 5/4/18, the father of the siblings choked the mother after a verbal altercation. The father was arrested as a result of the altercation. Neglect Petitions were filed against both parents as the mother failed to keep the children safe. The domestic violence between the parents was an ongoing concern with incidents documented back to 2016. The subject child had a medical condition that was not fully assessed. There were concerns for medical neglect of that specific condition indicated from 2016, but the condition was not adequately explored and the subject child ended up passing away as a result of the condition. The Preventive Services case remained open at the time of this writing.

### 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

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>



05/17/2018	Adjudicated Neglected	Order of Supervision
<b>Respondent:</b>	050906 Mother Female 28 Year(s)	
<b>Comments:</b>	The mother consented to the neglect petition and was ordered to a year of court ordered supervision. The conditions of the mother's order of supervision include, refrain from specified acts found at the fact-finding, cooperate in obtaining and accepting medical, psychiatric, alcohol/substance abuse treatment and permit DSS to obtain information related to services by signing releases to DSS, meet with DSS alone and with children, report to DSS when directed to do so by the agency and attend all planning conferences, cooperate with DSS in arranging for and allowing visitation in the home or other places, notify DSS of change in residence or employment, attend and participate in enhanced parenting skills, attend and participate in domestic violence counseling, and ensure proper medical care for all children and follow all recommendations for treatment.	

Family Court Petition Type: FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
05/17/2018	Adjudicated Neglected	Order of Supervision
<b>Respondent:</b>	050914 Other Adult Male 29 Year(s)	
<b>Comments:</b>	On 4/29/19, the father of the siblings made an admission to the neglect finding. The following conditions exist for the biological father of the siblings: complete a substance abuse evaluation, engage in a domestic violence prevention program, abide by the separately ordered order of protection, and supervised visitation with DSS or a person approved by the department. The order of supervision to expire 4/29/20.	

Criminal Charge: Other - Criminal obstruction breath and Resisting Arrest Degree: 2			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
Unknown	The father of the Surviving Siblings	Unknown	Guilty
<b>Comments:</b>	The father of the surviving siblings was arrested and charged following an incident where he assaulted the mother. He pled guilty and was ordered to probation for 3 years as well as an OP for 5 years.		

Have any Orders of Protection been issued? Yes	
<b>From:</b> 04/29/2019	<b>To:</b> 04/29/2020
<b>Explain:</b>	
OP against the father of the surviving siblings through Family Court. An Order of Protection had been previously issued by the District Court on 5/4/18.	
Conditions: Respondent is to stay away from the children inclusive of their home, school and place of employment, and business except for visitation supervised by DSS or persons approved.	
Refrain from communication or any other contact by mail, telephone, e-mail, voice-mail, or other electronic or any other means with the children except for court ordered visitation.	
Refrain from assault, stalking, harassment, aggravated harassment, menacing, reckless endangerment, strangulation, criminal obstruction of breathing or circulation, disorderly conduct, intimidation, criminal mischief, sexual abuse, sexual misconduct, forcible touching, threats or any criminal offense against above named children	



Refrain from any acts or threats of physical/domestic violence against above named children  
Surrender any and all fire arms, etc.

### 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