



Report Identification Number: AL-16-010

Prepared by: Albany Regional Office

Issue Date: Aug 11, 2017

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		
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
CPR-Cardiopulmonary Resuscitation		
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



Case Information

Report Type: Child Deceased
Age: 11 year(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 05/29/2016
Initial Date OCFS Notified: 06/03/2016

Presenting Information

On 6/3/16 ACDCYF received an SCR report of an 11-year-old male child which passed away on 5/29/16. The report alleged DOA/Fatality and IG against the SM and PS regarding the SC. The two SS's ages 5 and 10-year-old were listed with no role. The report stated the SC was taken to the ER on 5/26/16 for a possible seizure; due to slurring his words and foaming at the mouth. It was believed he had an allergic reaction to his medications for significant mental health and developmental issues. The SC was treated and released. On 5/29/16 the PS found the SC unresponsive.

Executive Summary

This report involves the death of an 11-year-old male child in Albany County. On 5/29/16 around noon time the PS found the SC in his bed unresponsive. The last time the SC had been seen alive was at approximately 4:30pm on 5/28/16. The SC had a history of significant mental health and developmental issues and was on prescribed medications. In April 2016, his medications were changed due to their effects on the SC. On 5/26/16 the SC was sent to the ER from school due to him slurring his words and foaming at the mouth. The ER treated the child for an allergic reaction to his medications and sent the SC home. The SC requested to spend time with the BF of the 10-year old SS. The SC spent the night with the SS and BF. On 5/27/16 the SC was sent home sick to the BF of the SS. The SM later picked up the SC at the BF's home and later returned home with SM. The SS was running a fever and was given cold showers. The SM stated the SC was with the PS most of the time from 5/27/16 until his death. SM stated the last time she saw the SC alive was prior to leaving for work on 5/26/16 around 4:30pm. The SC was lying on the couch. The PS stated on 5/28/16 around 6:00pm when the SM left the home the SC appeared drowsy and he told SC to go in room and lie down. PS stated the next time he checked on the SC was around noon on 5/29/16 when he went into the room to give the child his medications. It was at this time he found the SC unresponsive. PS stated 911 was contacted and responded to the home where the SC was determined to be deceased. At the time of the SC's death the 5-year-old SS was in the home. The 10-year old SS was still visiting with his BF.

The SCR report was received almost a week following the death of the SS. ACDCYF contacted LE and other collateral sources to find out details around the SC's death. The safety of the SS was assessed and no safety concerns were identified.

ACDCYF completed interviews with the subjects, the SS's, BF of the SS and other collateral contacts. ACDCYF learned that previously the PS had been physically abusive to the SC which resulted in criminal charges. The SM denied being physically abused by the PS but did report being mentally and verbally abused. The SM stated the PS threatened she would lose her children if she left. Following the death of the SC, the mother filed a family offense petition and obtained an OOP which she later withdrew. The PS no longer resides in the home. Collateral contacts reported knowledge of a tenuous relationship between the SM and PS. Services providers who worked with SM reported the SM struggles with her own mental health issues but reaches out for services and supports. No concerns were identified regarding the SM's care of the SC or SS's.

The autopsy determined the SC died from Cardiac Arrhythmia consistent with the effects of fever/mild dehydration and childhood schizophrenia. ACDCYF indicated the allegations of DOA/Fatality and IG against the SM and PS. The determination stated that in the days prior to the death of the SC in that the child was ill with seizures and fever. The SC had been brought to the ER where SM was advised if the SC's fever returned he should be brought back to hospital. The SC continued to remain ill and run a fever and was not brought back to ER nor given fever reducing medication due to being unable to afford the medication. Additionally, neither the PS or SM checked on the SC from around 6:00pm on 5/28/16 until at least 11:00am on 5/29/16. LE noted the room where the SC was found was extremely hot. ACDCYF



offered the family grief services on at least one occasion though it is unclear if this referral was utilized.

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? No
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:
ACDCYF had not had contact with the family since 7/1/16 and the PS since 8/16/16. The investigation was completed on 1/10/17. Due to the lack of CW contact there was not sufficient information to complete an appropriate safety assessment.

Required Actions Related to the Fatality

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

Issue:	Adequacy of Progress Notes
Summary:	There is an absence of notes from September 2016 to November 2016. It is unknown if CW contacts occurred during this time. There are also notes that were entered several months after the events took place.
Legal Reference:	18 NYCRR 428.5
Action:	ACDCYF needs to develop procedures to make sure progress notes are entered in a timely manner. A Corrective Action is required.
Issue:	Failure to provide notice of report
Summary:	ACDCYF did not notify the SC's biological father.



Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	This issue has previously been identified and is being addressed in the current Program Improvement Plan for ACDCYF. No further corrective action is required.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/29/2016

Time of Death:

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

11:11 AM

County where fatality incident occurred:

Albany

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to 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

How long before incident was the child last seen by caretaker? 15 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was: Unknown if they were 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	11 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	39 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	50 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)

LDSS Response



ACDCYF initially contacted LE to obtain details around the death of the SC. It was learned that on 5/26/16 the SC had been treated at the ER because he was exhibiting seizure like symptoms and was foaming at the mouth. The SC was on several medications and some of the medications had recently been changed in 4/16. The SC was treated for an allergic reaction to his medications and discharged to SM. The following day 5/27/16 the SC was sent home from school with a fever. The SC continued to have a fever until the time he was last seen by the PS on 5/28/16 around 6:00pm. The SM had limited contact with the SC during this time. The SM picked up SC on Friday 5/27/16 from the home of the SS's BF. On 5/28/16 she stated she ran errands all day and returned home took a nap, and left for work around 4:30 or 5:00pm and worked until around 11:00pm. SM forgot her house key and slept in her car until 3:00am when PS let her into home. On 5/29/16 she got up, picked up her sister at 9:00am, got ready for work and brought her sister home prior to being at work for 11:00am. SM stated she gave the SC's medications for the PS to give SC at noontime. SM stated she received a text from PS to come home. The SC was deceased when she arrived. The SM stated at the PS had given the SC cool showers over the two days. At the time of the SC's death the 5-year-old surviving sibling was at home. The 10-year-old SS was with his BF at the time of the SC's death and was there at time SCR report was made. ACDCYF went to the home and interviewed SM, PS and 5- year-old SS. No safety concerns were identified around the care of SS by SM and PS. Case record does not document observations of the home and whether the home was determined to be physically safe. ACDCYF also interviewed the SS and his BF and neither identified concerns around the SM's care of the SS's. Both SS's and BF voiced dislike of PS.

Information from interviews and contact with collateral sources indicated that SM struggled with her own mental health issues and was engaged in counseling. Despite her own issues, SM reached out for services and supports to assist with SC. Service providers for the SC stated that they were not aware of SM being abusive or neglectful of SC and she always kept on top of things even though the SC could be incredibly difficult. Service providers expressed no concern about the care of the SC by the SM. Services providers for SM as well as SM spoke of the emotional and verbal abusive relationship between the SM and PS. The SM denied any physical abuse by the PS. The SM reported the PS drank and would buy large amounts of alcohol when he had money. The PS could not remember if he drank the night prior to the SC's death. Following the death of SC, SM obtained OOP and filed a family offense petition which was subsequently withdrawn. The PS no longer resided in the home. ACDYF offered grief counseling services for the family.

Case record reflects a lack of contact with the family from 8/31/16 until the investigation was completed on 1/10/17. ACDCYF determined the report to be indicated. The allegations of DOA/Fatality and IG were substantiated against the SM and PS regarding the SC. It was found the SM and PS were aware the SC was ill and despite medical recommendations did not bring SC back to hospital when he continued to run a fever. Adults reported fever reducing medication was not obtained due to being unable to afford the medication. Finally, the SC was left for an extended period, from 6:00pm until 11:00am the following day without being checked on. The allegations of IG by PS and SM regarding the two SS's were unsubstantiated. The determination states there was not sufficient credible evidence to support the allegations. It was stated the 10-year-old SS was not home at the time of the SC's death and the 5-year-old was at home being supervised by his father. The determination narrative is unclear as to the basis for the investigation.

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: 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? Yes

Comments: The fatality was reviewed by the CFRT Team.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032601 - Deceased Child, Male, 11 Yrs	032603 - Mother's Partner, Male, 50 Year(s)	Inadequate Guardianship	Substantiated
032601 - Deceased Child, Male, 11 Yrs	032602 - Mother, Female, 39 Year(s)	DOA / Fatality	Substantiated
032601 - Deceased Child, Male, 11 Yrs	032602 - Mother, Female, 39 Year(s)	Inadequate Guardianship	Substantiated
032601 - Deceased Child, Male, 11 Yrs	032603 - Mother's Partner, Male, 50 Year(s)	DOA / Fatality	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

There are several notes that were not entered contemporaneously. For example notes for events on 6/3/16 were entered 10/28/16.

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 safety 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"/>

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"/>

Explain as necessary:
 There was no imminent risk identified based on information gathered that would warrant the removal of the surviving siblings.

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	Needed but 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

BM said SC did not receive any fever reducing medication because she did not have the money. Reportedly SC was periodically told to take cold showers for some relief. Given economic barrier of getting fever reducing medicine, assistance for funeral arrangements should have been offered. References to PS's drinking was not met with offer of assistance.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

Grief services were offered to the family by CW, but not utilized.

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

Explain:

Grief services were offered to the family by CW, but not utilized.



History Prior to the Fatality

Child Information

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?	No
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)	Status/Outcome	Compliance Issue(s)
11/12/2015	Deceased Child, Male, 10 Years	Mother, Female, 38 Years	Inadequate Guardianship	Unfounded	No
	Deceased Child, Male, 10 Years	Mother, Female, 38 Years	Lacerations / Bruises / Welts	Unfounded	

Report Summary:

It was reported the SC had unexplained bruises on his face and neck. in a duplicate report it was alleged the SC had bruises on inner thigh. The BM was listed as the subject. The PS had SS's had an unknown role. A subsequent report received on 1/16/16 additionally reported the SM was afraid of SC and unable to control him.

Determination: Unfounded**Date of Determination:** 03/14/2016**Basis for Determination:**

Investigation found SC was hit in the face with the remote by SS while the two were playing. The SM stated the SC has outbursts which get out of control. She stated she restrained the child to stop him from banging his head against the wall. The mother did admit she grabbed the child by the neck with her hand and her nails accidentally scrapped the SC's neck. The SC was subsequently hospitalized as a result of his behaviors. The SC had multiple hospitalizations. Service providers stated SM does follow through and was on top of his medications. ACDCYF determined there was a child service need and put additional services into place.

OCFS Review Results:

OCFS found the SC has significant mental health and developmental issues which resulted in several hospitalizations during this investigation. The SM admitted to having difficulty controlling SC and needed to restrain him. The method the SM used to restrain the SC was not a safe technique. Following this incident, the child was hospitalized as a result of his behaviors.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/19/2015	Sibling, Male, 9 Years	Stepfather, Male, 36 Years	Lacerations / Bruises / Welts	Unfounded	No
	Sibling, Male, 9	Other - stepfather's mother,	Inadequate	Unfounded	



Years	Female, 56 Years	Guardianship	
Sibling, Male, 9 Years	Other - stepfather's mother, Female, 56 Years	Lacerations / Bruises / Welts	Unfounded
Sibling, Male, 9 Years	Stepfather, Male, 36 Years	Lacerations / Bruises / Welts	Unfounded
Sibling, Male, 9 Years	Stepfather, Male, 36 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 9 Years	Other - stepfather's mother, Female, 56 Years	Lacerations / Bruises / Welts	Unfounded
Sibling, Male, 9 Years	Other - stepfather's mother, Female, 56 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 9 Years	Stepfather, Male, 36 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 9 Years	Stepfather, Male, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 9 Years	Other - stepfather's mother, Female, 56 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 9 Years	Stepfather, Male, 36 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 9 Years	Other - stepfather's mother, Female, 56 Years	Inadequate Guardianship	Unfounded

Report Summary:

The allegations are that the BF and PGM of the 8-year-old SS verbally abused and hit the SS resulting in bruises.n bruises. It also alleged the BF used and sold marijuana in the presence of SS with PGM's knowledge. The BM of the SS had an unknown role.

Determination: Unfounded

Date of Determination: 03/25/2015

Basis for Determination:

The SS denied being hit by his or PGM or having any bruises. The SS denied any knowledge of marijuana use by the BM, PGM or BF. The BM stated she was aware the BF smokes marijuana but did not have information that BF does so in presence of the SS. The BM did not have concerns for the child visiting BF's house. The SC and other SS were interviewed and no information to support the allegation was gathered.

OCFS Review Results:

OCFS found the regulatory requirements were met and the information in the case record supported the determination.

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

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

10/9/09, intake stage ID 26432895:

3 yr old MA child, Alleged subjects- BM, PS. BF of MA child had No Role. Allegations- IG and Other. Unfounded 12/8/09. Investigation timely. There is no 7 day safety assessment and the Inv. determination provides no information. Despite this information was gathered during the investigation and there was not information to support indicating the allegations.

6/29/12, intake stage ID 28411608:

7 yr old MA child (who is the SC of fatality), 1 yr old sibling has unk role. Alleged Subject- PS. BM has unknown role. Allegations- EXP, IG, LBW. Indicated. Investigation timely. PS admitted to causing the substantial bruising and left home. Criminal charges and neglect petition filed. PS was uncooperative with services.

11/16/12, intake stage ID 28734260:



6 yr old MA child, SC has unknown role in this report, 1 yr old sibling has unknown role. Alleged subjects- BF of MA child, PGM of MA child. The BM of SC has unknown role. Allegations- IG. Unfounded. Investigation timely. The BM obtained an Order of Protection against the PGM on behalf of MA child, however once parties were interviewed and all denied the allegations, orders were dropped. There were no collateral contacts outside of school and doctor. There was no other information to support the allegations so unounding the report was appropriate decision.

Known CPS History Outside of NYS

None known.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

The BM, SC and SSs received preventive services from 9/7/12 to 2/81/13 after a CPS report was indicated against the PS for striking SC and leaving bruises. PS did not receive services as PS left the home after the indicated report. BM completed a parenting program, engaged in activities to address parent service need and worked with SC's school to find a better school placement to help with SC's issues. Domestic violence services were offered due to BM's reporting past issues in prior relationships however BM did not engage in those services. The preventive case was closed after BM completed parenting program.

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: 06/08/2016

To: Unknown

Explain:
BM filed a family offense petition against the PS and obtained an OOP. BM had the order of protection altered to a "refrain from" order of protection in late August 2016. BM again denied physical violence in the home.

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