



**Report Identification Number: AL-18-026**

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

**Issue Date: Apr 02, 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:** 16 year(s)

**Jurisdiction:** Clinton  
**Gender:** Male

**Date of Death:** 10/23/2018  
**Initial Date OCFS Notified:** 10/24/2018

## Presenting Information

An SCR report was received on October 23, 2018, it stated the subject child hung himself in the bedroom of his home. The mother called 911 and the teenager was transported to the hospital where he was declared deceased. It was alleged the teenager had a history of depression, suicidal ideations and mental health hospitalizations. The teenager required a higher level of supervision and although the parents were aware of this, they failed to provide the necessary support. There were also concerns that the physical condition of the home caused a health and safety concern for the surviving siblings (ages 17 and 10) who resided in the parents home.

## Executive Summary

This report concerns the death of the 16-year-old male child. Clinton County Department of Social Services (CCDSS) received an SCR report concerning the fatality on 10/23/18. The SC had a history of depression and suicidal ideations. It was alleged the parents failed to monitor the teen's activity and as a result he had the opportunity to hurt himself.

On the morning of 10/23/18 the teenager took his own life. The mother found the teen hanging in his bedroom when she went to check on him. The mother had spoken with the teenager in her bedroom an hour before discovering him. By all accounts of the family, the teen gave no indication that he planned to hurt himself in the time immediately leading to his death. 911 was called and first responders arrived at the home and transported the teen to the hospital. The teen was unable to recover from his injury and his death was declared.

The ME was notified and performed a gross external examination, in addition to toxicology screening. The ME reported observing petechiae on the gums, upper lip, upper cheeks below the eyes and the eyelids. There was also a clear ligature mark around the teenager's neck. The ME was confident the death was the result of suicide by hanging, and did not feel a full autopsy was necessary.

LE interviewed all family members and documented the physical findings in the home and the teenager's room. LE concluded their investigation without pursuing criminal charges, as they deemed the death a clear suicide.

CCDSS reviewed medical records and spoke with several collateral contacts in the course of their investigation, including the pediatrician and school staff.

CCDSS appropriately unsubstantiated all allegations against the mother and father, based on the facts they gathered. The teenager was receiving consistent MH treatment and was taking his prescribed medications. The investigation revealed the parents had appropriately sought treatment for the teen, in both times of crisis and on an ongoing basis. The parents were vigilant after the teen's inpatient MH hospitalization preceding his death and had removed all items they deemed weapons from the home. There was no credible evidence of IG, DOA/Fatality, LS and LMC found. The case record suggests the parents were proactive in the teenager's mental health care and took all reasonable precautions to keep the teenager and his siblings safe.

CCDSS offered the family counseling, but the mother had arranged for herself and the children to receive counseling. The father was initially reluctant to seek counseling, but had begun treatment at the conclusion of the CPS investigation. CCDSS provided the family with clothing for the funeral services, in addition to financial assistance for the funeral expenses. CCDSS provided the family with a food basket during the Thanksgiving holiday and provided toys for the



children during the Christmas holiday. CCDSS was very empathetic and patient with the family during their investigation, despite the father's initial reluctance to cooperate with the local district.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

### Explain:

The casework was commensurate with the concerns and it was appropriate to conclude the investigation.

## 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: 10/23/2018

Time of Death: 05:16 PM

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

Unknown

County where fatality incident occurred:

Clinton



**Was 911 or local emergency number called?**

Yes

**Time of Call:**

10:30 AM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

Unknown

**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? 1 Hours**

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

**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	16 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	39 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	17 Year(s)
Other Household 1	Other Adult - Mother of 11yo SS	No Role	Female	38 Year(s)

### LDSS Response

On 10/23/18, CCDSS received a report regarding the death of the teenager. CCDSS contacted the source, LE and the DA in addition to performing a CPS history search for the teenager and his family. CCDSS assessed the 11yo and 17yo SS to be safe in the care of the parents. The mother, father and 17yo SS were present in the home when the fatal incident occurred. The 11yo SS was at school during that time and had no knowledge of what occurred. The 19yo SS and his girlfriend resided in another unit within the same apartment building and arrived at the home after the incident.

The 19yo SS had spoken with the teenager via Facebook messenger the morning of 10/23/18 and reported there was nothing in the conversation that would have caused him to believe the teenager would hurt himself. The 17yo SS reported calling 911 after hearing her mother scream for help. She denied the teenager had ever mentioned anything to her about a suicide attempt.

CCDSS spoke with the 11yo sibling's mother and she expressed no concerns regarding the safety of any of the children in



the home of the mother and father. There was open and constant communication between all the parents, in both homes.

The parents told CCDSS that the teenager never made it to the MH appointment scheduled for the morning of his death. The teenager had been placed on a new MH medication and told his parents and the doctor that it was not helping him. At about 8:00AM on 10/23/18 the teenager went into his parents room and the mother told him she was going to sleep an hour longer before getting ready for his appointment. She woke again between 9:30-10:00 and called out to the teenager to see if he was ready for the appointment. When the teen did not answer, the mother went into his bedroom and found him hanging from an extension cord that was attached to the ceiling. She began to scream and the father went into the bedroom and took the teen down to the floor where they began CPR. The mother was administering breaths and the father chest compressions. They continued CPR until EMS arrived and took over. The parents acknowledged the teenager was using marijuana and cigarettes, but discouraged these habits.

EMS and other first responders reported they were able to get a heartbeat and transported the teen to the ER via ambulance. While at the ER the teen's pulse returned but they were unable to get a blood pressure reading. The teen was air-lifted to another hospital for further treatment. The teen became hypotensive and hypoxic and could not recover from the injury.

LE shared all their interview records and photos taken at the home with CCDSS. The statements the family provided to LE were consistent with what was reported to CCDSS.

CCDSS contacted the SS schools, and no concerns for the children were noted. School counseling and supports were put in place for the SS after the death of the teenager.

CCDSS reviewed the medical records for the teenager. The mother took the teen to the ER on 8/3/18 because of suicidal ideations and he was discharged home. The teen returned to the ER on 9/6/18, presenting with suicidal ideations and worsening depression and anxiety. The teen expressed he was not willing to call the suicide hotline in the future. The teen told hospital staff his suicide plan was to hang himself. The family involvement during the teen's hospitalization was documented to be "positive, appropriate and beneficial." Upon his discharge there was a significant improvement in the teen's overall mood and functioning. Substance abuse counseling was discussed and the teen refused to participate.

The parents denied that they were told about the teen's suicide plan and stated they were closely monitoring him after he returned home. The mother told CCDSS she would have taken further precautions if she was provided with the information disclosed in the hospital records.

### Official Manner and Cause of Death

**Official Manner:** Suicide

**Primary Cause of Death:** From an injury - external 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?**No

### SCR Fatality Report Summary



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049466 - Deceased Child, Male, 16 Yrs	049469 - Mother, Female, 36 Year(s)	Lack of Supervision	Unsubstantiated
049466 - Deceased Child, Male, 16 Yrs	049469 - Mother, Female, 36 Year(s)	DOA / Fatality	Unsubstantiated
049466 - Deceased Child, Male, 16 Yrs	049470 - Father, Male, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
049466 - Deceased Child, Male, 16 Yrs	049470 - Father, Male, 39 Year(s)	Lack of Supervision	Unsubstantiated
049466 - Deceased Child, Male, 16 Yrs	049469 - Mother, Female, 36 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
049466 - Deceased Child, Male, 16 Yrs	049470 - Father, Male, 39 Year(s)	DOA / Fatality	Unsubstantiated
049466 - Deceased Child, Male, 16 Yrs	049470 - Father, Male, 39 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
049466 - Deceased Child, Male, 16 Yrs	049469 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
049467 - Sibling, Male, 11 Year(s)	049469 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
049467 - Sibling, Male, 11 Year(s)	049469 - Mother, Female, 36 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
049467 - Sibling, Male, 11 Year(s)	049470 - Father, Male, 39 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
049467 - Sibling, Male, 11 Year(s)	049470 - Father, Male, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
049468 - Sibling, Female, 17 Year(s)	049469 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
049468 - Sibling, Female, 17 Year(s)	049470 - Father, Male, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
049468 - Sibling, Female, 17 Year(s)	049470 - Father, Male, 39 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
049468 - Sibling, Female, 17 Year(s)	049469 - Mother, Female, 36 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<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:**

The family was provided with appropriate and helpful services as a result of CCDSS involvement.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
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**Additional information, if necessary:**  
 The 19yo and 17yo SS, mother and deceased child were all actively attending mental health counseling at the time of the fatality, and continued these services. Additionally, the 11yo SS and father began counseling following the death of the teenager. The family was given funeral assistance and clothing. Additionally, CCDSS provided food and gifts for the children during the holiday season.

**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? Yes**

**Explain:**  
 The siblings were provided clothing to wear to the teenager's funeral. The family was also provided with a food basket and gifts during the holiday season following the death. The mother self-referred the siblings to bereavement counseling following the fatality.

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

**Explain:**  
 In addition to the food and gifts for the children during the holidays following the death, CCDSS provided the parents with burial assistance and clothing for the teenager's funeral. At case closing both parents were receiving mental health treatment, and CCDSS gave them a referral for the mental health Mobile Crisis Team.

### 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? 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)
04/26/2016	Sibling, Male, 17 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 13 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 15 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	



Sibling, Male, 17 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 13 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 9 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 15 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated

**Report Summary:**

An SCR report was received alleging the mother and father were selling drugs out of the home in front of the children. It was also stated that the parents were allowing the 19yo SS to sell drugs from the home.

**Report Determination:** Unfounded

**Date of Determination:** 06/23/2016

**Basis for Determination:**

All the household members denied anyone in the home was selling drugs. CCDSS found no credible evidence to suggest there was any illegal activity occurring in the home. Although CCDSS noted the family was minimally cooperative, there were no safety concerns or service needs identified during the course of the investigation.

**OCFS Review Results:**

The source and reporter of the report were contacted. All adults and children were interviewed and denied the allegations. The schools were contacted as collaterals and had no concerns. The casework was commensurate with the circumstances.

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

**Issue:**

Failure to provide notice of report

**Summary:**

The case record does not indicate CCDSS provided notice of existence of a report letters to the adults listed on the report.

**Legal Reference:**

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

**Action:**

CCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

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

- 7/2005-IG Unsub against the BM regarding the SS (ages 19 and 17) and the SC.
- 8/2006-IG and IF/C/S Sub against the BM and SF regarding the SC and 17yo SS.
- 7/2007-IF/C/S and IG Sub against the BM and SF regarding SS (ages 19, 17 and 11) and the SC.
- 11/2008-XCP, IG and L/B/W Sub against the SF regarding an unrelated child.
- 1/2009-IG, Sub against BM and SF regarding SS (ages 17, 19 and 11) and the SC. L/B/W was also Sub against the SF regarding the SC.
- 10/2010- IG Unsub against SM regarding 19yo SS and SC.
- 11/2010-IG and LM Unsub against the SF regarding an unrelated child.
- 4/2011-PD/AM, LS and IG Unsub against SF regarding 11yo SS.
- 6/2011-OTH/COI Unsub against SF regarding 11yo SS.
- 12/2011-XCP, L/B/W Unsub against an unrelated adult regarding the 11yo SS.
- 12/2012-IG Sub against an unrelated adult regarding the 11yo SS.
- 2/2013-CD/AM Unsub against SF regarding an unrelated child. IG Sub against the SF regarding the same child.
- 3/2013- IG and LS Unsub against SM regarding 17yo SS.



6/2013-IG, EdN and LM Sub against SM regarding 19yo SS and 17yo SS.  
 8/2013-IG Unsub against SF regarding SS and IG Sub against BM regarding the 11yo SS and the SC.  
 10/2013-IG, LS and IF/C/S Unsub against the SF regarding the SC and SS (ages 19, 17 and 11).  
 3/2014-OTH/COI Unsub against BM and SF regarding the 11yo SS.

### Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

### 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