



Report Identification Number: AL-19-001

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

Issue Date: May 29, 2019

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

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

Jurisdiction: Greene
Gender: Female

Date of Death: 01/01/2019
Initial Date OCFS Notified: 01/03/2019

Presenting Information

The 7065 Reporting Form was submitted to OCFS by Greene County Department of Social Services (GCDSS) on 1/2/19 following a telephone call from Orange County Department of Social Services (OCDSS) as they were notified about the death when the child was admitted to the hospital in their county.

Executive Summary

The fatality report concerns the death of the 11-year-old that occurred on 1/1/19. At the time of the child's death, there was an open CPS investigation that began on 11/23/18. The case was opened due to allegations that the parents were failing to provide a minimum degree of care for the subject child and three surviving siblings. Further, there were concerns that the subject child was not receiving proper nutrition and her special needs were not being met. There were concerns the parents were not getting the 15 and 16-year-old siblings to school daily. Additionally, the report alleged the parents were using and selling drugs out of the home and the father was drinking to the point of intoxication and acting violent towards the mother and children. The parents were not observed to be under the influence at anytime during the investigation and were sober at the time of the fatality.

As an infant, the child was diagnosed with a multitude of medical conditions. The child received regular and ongoing treatment for her medical condition. Medical records obtained by GCDSS reflected the parents were appropriate in getting the child necessary treatment and the primary care doctor did not have any concerns for their care with regard to meeting her medical needs. On 1/1/19, the family was traveling home from a vacation when they stopped at a rest area. The child appeared to have stopped breathing and the mother administered CPR and 911 was called. Emergency Medical Services arrived and transported the child to St. Luke's Hospital in Orange County, NY at 8:06 AM. The child was pronounced dead at 8:15 AM. OCDSS notified GCDSS of the death due to knowledge that GCDSS had an open investigation with the family at the time.

An autopsy was completed. The manner of death was classified as natural. The final autopsy report listed the cause of death as septic complications (parainfluenza 3 viral infection and Streptococcus agalactiae infection) in patient with remote perinatal anoxic ischemic encephalopathy due to umbilical cord knot and congenital cytomegalovirus infection. GCDSS did not make an SCR report regarding the child's death as they learned it was the result of a medical condition and not the result of abuse or neglect.

Immediately upon learning about the death, GCDSS made efforts to assess the safety of the surviving siblings who resided at home with their parents. Law Enforcement was on scene at the time of the child's death, but no criminal charges were filed.

GCDSS met New York State regulations and requirements pertaining to casework contacts, safety assessments, risk assessments, and the provision of services in the investigation that was open at the time of the child's passing. The parents were offered grief counseling, mental health services, burial assistance, and Preventive Services, but declined.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

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

Explain:

The fatality occurred during an open CPS investigation and was not an SCR reported fatality.

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:
GCDSS gathered sufficient information to unsubstantiate the allegations and the case was closed as the parents refused Preventive Services.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/01/2019

Time of Death: 08:15 AM

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

County where fatality incident occurred: Ulster

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:

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: using the bathroom at a rest area stop | | |



Did child have supervision at time of incident leading to death? Yes

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	11 Year(s)
Deceased Child's Household	Father	No Role	Male	33 Year(s)
Deceased Child's Household	Mother	No Role	Female	36 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	16 Year(s)

LDSS Response

GCDSS had an open SCR report at the time of the 11-year-old child's death. Concerns in the investigation were related to the 15 and 16-year-old surviving siblings' truancy as well as the parents' failure to provide a minimum degree of care for the subject child and three siblings. GCDSS learned of the death following a telephone call from Orange County Department of Social Services, where the fatality occurred, on the same date. OCDSS became aware of the death and gathered information that GCDSS had an open investigation with the family. Upon learning of the death of the child, GCDSS immediately reached out to the family to offer services and support. GCDSS met with the parents and three siblings.

Through interviews with the parents it was learned the child passed away on 1/1/19 while traveling home from a family vacation in Maryland. The family stopped at a rest area in Orange County and it was there that the child stopped breathing. The mother began CPR and the father called 911. EMS arrived and transported the child to the hospital where she was pronounced dead.

The Parents reported that the child had numerous medical anomalies since infancy, but began exhibiting worsening symptoms of her medical conditions following a routine surgery at Albany Medical Center in August 2018. Following surgery, the child had breathing issues, but was not on a breathing apparatus. The parents said they followed up on their concerns for her breathing in October 2018 and November 2018. The father said the child received medication eight times per day and they were always administered appropriately. The mother said the child required 24-hour care, which the mother provided.

The siblings were each interviewed separately. Each sibling gave the same account of events for the day of the fatality. The siblings reported their sister stopped breathing and 911 was called. All children report their sister was medically fragile and had a feeding tube as well as seizure disorder. The children reported their sister always had difficulty breathing and that their mother provided around the clock care for the child.

There were no noted safety concerns for the surviving siblings. Based on information received from medical personnel and collateral contacts, there was no reasonable cause to suspect there was abuse or neglect of any of the children. The parents declined the services that GCDSS offered related to bereavement and mental health counseling.



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 reviewed by an OCFS approved Child Fatality Review Team?No

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

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Explain:
 A 24-hour Safety Assessment was not required due to the fact that the death was not reported to the SCR. Immediately upon learning of the fatality, GCDSS did inquire of collateral contacts and family members as to whether there was reasonable cause to suspect abuse or maltreatment with respect to the SC's death. As part of this inquiry, an assessment of the SS was completed within 24 hours and documented in progress notes.

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:
 A multitude of services were offered to the family, including bereavement counseling, Preventive Services, mental health counseling, and assistance with funeral costs. The family declined all offered services.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 There was no removal of any of the other children. The surviving siblings were observed throughout the investigation to be safe.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.



Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Preventive Services							
Additional information, if necessary: GCDSS offered a multitude of services to the family, but the parents declined services.							

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

Serviced were offered, but declined by the family.

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

Explain:

GCDSS offered Preventive Services, mental health counseling, bereavement services, and assistance with burial and funeral planning. The parents declined all services.

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?	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)
11/23/2018	Sibling, Male, 16 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 15 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 7 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Female, 12 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 16 Years	Father, Male, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 15 Years	Father, Male, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 7 Years	Father, Male, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Female, 12 Years	Father, Male, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 16 Years	Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 16 Years	Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 15 Years	Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 15 Years	Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 7 Years	Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Years	Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 12 Years	Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	
Deceased Child, Female, 12 Years	Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated		



Sibling, Male, 16 Years	Mother, Female, 36 Years	Educational Neglect	Unsubstantiated
Sibling, Male, 15 Years	Mother, Female, 36 Years	Educational Neglect	Unsubstantiated
Sibling, Male, 16 Years	Father, Male, 33 Years	Educational Neglect	Unsubstantiated
Sibling, Male, 15 Years	Father, Male, 33 Years	Educational Neglect	Unsubstantiated
Deceased Child, Female, 12 Years	Mother, Female, 36 Years	Lack of Supervision	Unsubstantiated
Deceased Child, Female, 12 Years	Father, Male, 33 Years	Lack of Supervision	Unsubstantiated

Report Summary:

A report was called into the SCR on 11/23/18, with concerns that the mother and father were not providing a minimal degree of care for the children. The family was living in a camper with no food or running water. The children were not eating properly and the SC was malnourished and had special needs. The SC was diagnosed with a medical condition and the parents were leaving her home alone. The children did not have winter clothing. The parents were not sending the SS to school and the SS were failing as a result. The mother was selling illicit substances out of the camper. The father was getting impaired and becoming violent towards the mother and children.

Report Determination: Unfounded**Date of Determination:** 02/27/2019**Basis for Determination:**

GCDSS determined there was no credible evidence to substantiate the allegations. Though the family was residing in a camper, the camper was clean and had ample amenities for the children. There was no evidence of the parents abusing substances. During the open investigation, the 12-year-old child passed away. GCDSS investigated the fatality and determined the child died from medical causes and not as a result of abuse or neglect.

OCFS Review Results:

It was found that GCDSS made diligent efforts to gather information to determine the report. GCDSS spoke with all relevant collaterals and made all efforts to determine that the child's death was not the result of abuse or neglect. GCDSS completed accurate and timely safety assessments and risk assessments.

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)
09/20/2018	Sibling, Male, 16 Years	Mother, Female, 36 Years	Educational Neglect	Unsubstantiated	No
	Sibling, Male, 16 Years	Father, Male, 33 Years	Educational Neglect	Unsubstantiated	

Report Summary:

An SCR report was received on 9/20/18, with concerns that the parents were not sending the 16yo SS to school. At the time of the report, the child had not been enrolled and had already missed 10 days causing his education to be negatively impacted.

Report Determination: Unfounded**Date of Determination:** 10/30/2018**Basis for Determination:**

It was determined that the SS was not an educationally neglected child. At the onset of the report, the child was residing in a different state with the father and the family was working on submitting paperwork for homeschooling. Upon the educational plan submitted being rejected, the child returned to the home school district and began attending daily.

OCFS Review Results:

GCDSS conducted a thorough investigation, completed timely safety assessments, completed a check of CPS history,



and completed an adequate risk assessment profile. Additionally, GCDSS explored new concerns that arose during the investigation through interviews with the family and collateral contacts.

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

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

- 11/4/04:IND against BM for IG/LS regarding 2 SS and was subsequently arrested for leaving the CHN in the car while shopping.
- 4/22/05:IND against BM for IG/LSUP regarding 2 SS. BM left the CHN in the car for a second time.
- 6/5/07:IND and open Preventive Services against BM and BF for IG/LSUP re 2 SS.
- 10/06/08: IND and open Preventive Services against BM and BF for IG/LSUP re 2SS and LMC re SC
- 6/30/09:UNF against BM and BF for IG/LMC/IF/C/S and M/FTTH for SC; case remained open for PS.
- 1/22/10:IND against BM for IG,L/B/W,S/D/S re SS. BM hit the SS and caused injury. She was arrested, but the family moved out of state during the criminal and CPS investigations.
- 5/7/11:UNF against BM and BF for IG re SC
- 12/20/11:UNF against BM and BF re 2 SS for IG, LSUP and LMC
- 4/17/13:UNF against BM for IG re SC

Preventive Services History

A voluntary Preventive Services case opened from 6/12/07-5/22/08 after concerns arose regarding the 2 SS accessed a BB gun and shot out the truck windows. At the time, both children were under the age of 5. There were also concerns for the medically fragile infant (SC). Additionally, the family's transient lifestyle posed risk to the children, specifically the medically fragile SC. During the Preventive Services case, the parents were able to obtain and maintain stable housing and became educated on appropriate supervision.

A Preventive Services case was opened from 10/30/08-5/25/10 to address the parent's failure to enroll the 2 SS in school and lack of follow through with services and medical treatment for the medically fragile infant (SC). The parents enrolled the children in school and began services for the SC. The family moved out of state and the Preventive Services case was subsequently closed.

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