



Report Identification Number: AL-20-025

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

Issue Date: Feb 11, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 8 year(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 08/22/2020
Initial Date OCFS Notified: 08/22/2020

Presenting Information

An SCR report was received with concerns that on 8/16/20, the child was a passenger in a vehicle being driven by his father, who was impaired by alcohol. The report alleged the father swerved the vehicle, and hit a pole, injuring both himself and the child. The child was wearing a seatbelt but was not in a required booster seat. The child sustained a tear to one of his heart valves and swelling and pressure to his leg; he went into cardiac arrest and was transported to the hospital in critical condition. The child was placed on a ventilator and declared brain dead. On an unknown time and date, the mother had the child removed from the ventilator, and the child was pronounced deceased at 2:10AM on 8/22/20.

Executive Summary

This fatality report concerns the death of an eight-year-old male subject child that occurred on 8/22/20. The child died during an ongoing Child Protective Services investigation that was received on 8/16/20, after the child sustained critical injuries as a result of a motor vehicle accident and was placed on life support. The subsequent fatality report was made to the SCR on the date of the child’s death with allegations of Inadequate Guardianship, Internal Injuries, Swelling/Dislocations/Sprains, Parent’s Drug/Alcohol Misuse, and DOA/Fatality against the child’s father. Albany County Department for Children, Youth and Families (ACDCYF) received the report and conducted a thorough investigation into the child’s death. An autopsy was completed; however, the official cause and manner of death remained pending at the time of this writing.

At the time of the child’s death, he resided with his mother. The child’s father saw him regularly, as he lived in the same apartment building. The child had one surviving half-sibling, 14-years-old, who resided in Westchester County with her biological father. The investigation revealed that at approximately 4:00AM on 8/16/20, the father and subject child, who had been visiting family in Queens County, left a party to return to a relative’s house one hour away. The child sat in the front passenger’s seat of the father’s vehicle and was restrained only by a seatbelt. While on the way to the relative’s home, the father lost control of the vehicle and drove into a utility pole. The airbags deployed, and the child was severely injured. The father called emergency services, and the child was brought to a nearby hospital where he was placed on a ventilator with numerous blunt force injuries. Law enforcement opened an investigation and found the father had been driving while intoxicated at the time of the crash. The child’s medical condition deteriorated over the next several days, until he finally succumbed to his injuries. The child was pronounced deceased at 2:10AM on 8/22/20.

From the time the investigation began to the time of this writing, ACDCYF, with the assistance of Westchester Department of Social Services (WCDSS) and the New York City Administration for Children’s Services (ACS) interviewed family members and numerous collateral sources in their respective jurisdictions. The safety of the surviving sibling was assessed, and no concerns were noted. The father was arrested and charged with aggravated vehicular manslaughter and incarcerated, awaiting criminal court proceedings. ACDCYF’s investigation had not yet been determined at the time this report was issued.

Findings Related to the CPS Investigation of the Fatality



Time of Call: Unknown
Did EMS respond to the scene? Yes
At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping Working Driving / Vehicle occupant
 Playing Eating Unknown
 Other

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

At time of incident supervisor was:

- 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	8 Year(s)
Deceased Child's Household	Mother	No Role	Female	34 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	34 Year(s)
Other Household 2	Sibling	No Role	Female	14 Year(s)

LDSS Response

On 8/22/20, ACDCYF received the fatality report regarding the death of SC. ACDCYF initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. This fatality report was subsequent to an open investigation which began on 8/16/20, after SC sustained life-threatening injuries as a result of a motor vehicle accident. Upon receipt of the initial report, ACDCYF began gathering information surrounding the incident. The accident occurred in Queens County; however, the family resided in Albany County. ACDCYF assigned the New York City Administration for Children's Services (ACS) a secondary role and requested interviews with the family in their county be completed promptly.

On 8/16/20, ACS met with medical staff where SC had been admitted. The staff explained the SC had been restrained in the passenger seat of the vehicle when the vehicle struck a telephone pole and the airbags deployed. The staff reported SC became unresponsive due to the impact and blood filled his chest cavity; SC suffered an atrial tear and sternal fracture, as well as an injury to his leg and underwent surgeries. On this same date, ACS met with SF at the hospital. SF reported he resided in Albany with SC and BM, and on 8/14/20, SF, SC, and MGM rode together to Queens County to stay at SF's aunt's home. SF stated they spent the night at the aunt's home as they were to attend a family function the following day. SF explained on 8/15/20, they arrived at the family function around 3:00PM, and he and SC stayed until 7:00PM; from there, they went to an after party at SF's brother's home. SF reported he and SC stayed at that party until 4:00AM on 8/16/20, and on the way back to the aunt's home, a vehicle cut him off and caused SF to hit a utility pole. SF admitted he



had several alcoholic beverages over the course of the previous day, but denied he was intoxicated while driving. During this interview, BM arrived at the hospital and spoke with ACS. BM explained SF and SC left on 8/14/20 and were staying the weekend with relatives. She reported she received a voicemail from SF at 4:00AM on 8/16/20 where he sounded intoxicated and had slurred speech; SM played the voicemail for ACS. BM stated the next call she received was around 7:00AM and she was informed by SF that he and SC had gotten into an accident. SM said SF had told her SC was “okay,” and when she asked SF if he had been drinking, he hung up on her. She stated she took a bus to get to the hospital as soon as she was able. BM denied knowledge of SF having a problem with alcohol; however, recalled smelling alcohol on his breath in the past.

From 8/16/20 to 8/22/20, SC’s health deteriorated. On 8/21/20, SC’s spinal cord herniated overnight, and he began experiencing seizures. SC underwent testing and was declared brain dead. On 8/22/20, life saving measures were ceased and SC was pronounced dead at 2:10AM.

On 8/22/20, ACDCYF conducted a video call to speak with SS and her BF. SS reported she did not have any recent contact with SF, and she felt safe with both BM and BF.

ACDCYF was informed by the DA that SF was arrested and charged with aggravated vehicular manslaughter and incarcerated in Queens County. The DA also noted LE had breathalyzed SF at the hospital following the accident, and his alcohol content was .118.

Throughout the investigation, numerous attempts were made between ACDCYF and WCDSS to assess the home environments of the SS' BF’s residence; however, he was uncooperative. ACDCYF spoke with collateral sources and offered the family services in response to the fatality. The investigation remained open and ongoing at the time of this writing.

Official Manner and Cause of Death

Official Manner: Accident

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

Comments: This fatality investigation was conducted by the Albany County MDT.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: This fatality was reviewed the Albany County Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055987 - Deceased Child, Male, 8 Yrs	055989 - Father, Male, 34 Year(s)	DOA / Fatality	Pending
055987 - Deceased Child, Male, 8 Yrs	055989 - Father, Male, 34 Year(s)	Inadequate Guardianship	Pending
055987 - Deceased Child, Male, 8 Yrs	055989 - Father, Male, 34 Year(s)	Internal Injuries	Pending



Child Fatality Report

055987 - Deceased Child, Male, 8 Yrs	055989 - Father, Male, 34 Year(s)	Parents Drug / Alcohol Misuse	Pending
055987 - Deceased Child, Male, 8 Yrs	055989 - Father, Male, 34 Year(s)	Swelling / Dislocations / Sprains	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACDCYF interviewed the family and relevant collateral sources. Progress notes and other documentation were completed and entered within the required timeframes.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
Services were offered to the family in response to SC's death.

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 were no other children residing in the SC's household.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

- Family Court Criminal Court Order of Protection

Criminal Charge: Other - Aggravated Vehicular Manslaughter **Degree:** NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	SF	Pending	Unknown



Comments: SF was charged with aggravated vehicular manslaughter after driving intoxicated with SC as a passenger, causing his death.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The family was provided information regarding grief and bereavement resources. SF initially denied having a problem with alcohol and the need for services, and was incarcerated shortly thereafter. ACDCYF assisted BM with applications for housing 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? Yes

Explain:

Grief and bereavement referrals were offered to the parents of the SS.

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

Explain:

Services were offered to the family in response to the fatality.



History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes
 Was the child ever placed outside of the home prior to the death? No
 Were there any siblings ever placed outside of the home prior to this child's death? Yes
 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)
12/09/2017	Adult Sibling, Female, 17 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	No
	Adult Sibling, Female, 17 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Adult Sibling, Female, 17 Years	Grandparent, Female, 51 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

New York City Administration for Children's Services (ACS) received this SCR report with concerns BM's now adult child ran away from home, and the child's grandmother with whom she lived did not contact LE or make efforts to locate her. The report alleged the child suffered a medical issue while away and was hospitalized. There were further concerns BM was frequently intoxicated and unable to care for her child.

Report Determination: Unfounded

Date of Determination: 02/02/2018

Basis for Determination:

ACS completed interviews with family and collateral sources. The child resided with the grandmother in the city and would occasionally run away to Albany to meet her boyfriend. BM expressed interest in filing PINS due to the child's behaviors. The grandmother and BM tried to report the child missing to LE; however, due to her age (17yo), they did not consider her a runaway. BM denied having a problem with alcohol, and ACS found no evidence of such during their investigation. ACS also found the grandmother followed the doctor's recommendations regarding child's medical needs. The case was unfounded and closed.

OCFS Review Results:

This investigation met all statutory requirements.

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

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

In 2016, BM was listed as a subject in one unfounded CPS investigation with allegations of IG and PD/AM regarding SC and a now adult sibling.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.



Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No