



**Report Identification Number: SV-16-004**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 6/15/2016**

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
<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
CPR-Cardio-pulmonary Resuscitation		
<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-Others	
<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		

**Case Information**



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased

**Age:** 12 year(s)

**Jurisdiction:** Dutchess

**Gender:** Male

**Date of Death:** 01/23/2016

**Initial Date OCFS Notified:** 01/25/2016

## Presenting Information

An OCFS-7065 was received on 1/26/2016 indicating that the mother stated the subject child passed away on 1/23/2016 and EMS had responded to the home. The subject child was said to suffer from Leigh Disease and Adrenolekodystrophy and was not expected to live past 2009. An updated OCFS-7065 was received on 1/27/2016 and indicated the subject child was upstairs in the living room of the home with the family, and was awake and alert. The mother reported that the subject child then "turned blue in the face," around 1:00 PM on 1/23/2016 and she called 911. The report added that the mother stated the 911 operator walked the mother's boyfriend through performing CPR on the subject child before he was taken to the hospital. It was noted on the report that an autopsy was not performed on the subject child because there were no suspicious injuries or trauma. The cause of death, according to the death certificate, was "natural," with Neurobiological deterioration due to Adrenolekodystrophy.

## Executive Summary

A report was called in to the New York statewide Central Register of Child Abuse and Maltreatment on 12/30/2015 listing allegations of Inadequate Food, Clothing and Shelter against the mother on behalf of the 12-year-old male subject child. This report alleged the mother and subject child were scheduled to be evicted from their home on 1/5/2016, and the Sheriff had served a 3-day notice. It was noted that there was no plan for housing and the mother allegedly owed \$49,000 in back fees. The subject child was also noted to have multiple disabilities that require 24-hour care.

During the course of the investigation, home visits to assess the safety and well-being of the subject child were made and contact was maintained prior to his passing. There were noted no concerns in the home, and the subject child appeared to have been well taken care of.

It was learned that the subject child had severe medical needs that required constant attention. The subject child was being fed through a gastrostomy tube, required a VEST machine to clear his airways, a tracheotomy, and utilized a ventilator for sleep apnea. The subject child also had a history of seizures and was diagnosed with many different medical conditions that resulted in him being incapacitated and unable to speak. Medical records indicated that the subject child was not up to date with his immunizations and had missed appointments with specialists; however the respective doctor's offices did not follow-up with the mother regarding rescheduling, and had no concerns for the care and wellbeing of the subject child while in the care of the mother. It was learned that at the time of the incident, the subject child was said to have been home with the mother, the mother's boyfriend and the adult sibling in the living room of their home. The mother was alleged to have observed the subject child as "blue in the face," however was said to have been awake and alert. The mother called 911, and the mother's boyfriend began CPR before the arrival of EMS. The subject child was taken to the local hospital by EMS with the associated diagnosis of Cardiac Arrest.

The Dutchess County Medical Examiner's office did not conduct an autopsy on the subject child as it was noted that they only accept cases to investigate on non-natural deaths. The subject child was not noted to have any injuries and



nothing unusual or suspicious was noted. The death certificate listed the manner of death as natural and was due to a neurological deterioration due to Adrenolekodystrophy. Because of all of the medical conditions the subject child had, his life expectancy was not very long however he exceeded it. As a result, the family had already made funeral and burial arrangements and declined aid from the local district. Local law enforcement officials were not involved in the investigation and no criminal charges were filed.

The investigation was closed on 02/29/2016. The allegation on the report was determined to have been unsubstantiated regarding the mother, on behalf of the subject child for Inadequate Food, Clothing and Shelter. Appropriate service referrals were offered to the family, and were kept by the family to utilize as they feel necessary.

## 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?** Yes

### Determination:

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

### Explain:

The decision to close the case, based on the information obtained, was appropriate.

**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 decision to close the case was appropriate.

## 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:** 01/23/2016

**Time of Death:** Unknown



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

County where fatality incident occurred: DUTCHESS

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Sitting

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

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	12 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	40 Year(s)
Deceased Child's Household	Mother's Partner	No Role	Male	45 Year(s)
Deceased Child's Household	Sibling	No Role	Male	18 Year(s)
Other Household 1	Father	No Role	Male	53 Year(s)

LDSS Response

Dutchess County Department of Social Services, (DCDSS), conducted an investigation into the allegation listed on the report. DCDSS did make many appropriate collateral contacts including the Medical Examiner, medical specialists, community resources and relatives. All subjects and other persons named on the report were interviewed and observed, and the allegation was discussed. Appropriate service referrals were offered to the family.

There were no surviving minor siblings or other minor children residing in the home. DCDSS completed all necessary safety assessments. All assessments were timely, and appropriate. The case notes were well documented, detailed and contemporaneous.



# NYS Office of Children and Family Services - Child Fatality Report

It was learned by DCDSS that the subject child passed away on 1/23/2016 at the local hospital. On the day of the incident, it was determined the subject child was home with the mother, the adult sibling and the mother's boyfriend and was awake and alert. The subject child was observed by the mother to have become blue in the face and 911 was called at approximately 1:00 PM. The 911 operator instructed the mother's boyfriend on how to perform CPS on the subject child until EMS arrived. Once EMS arrived, the subject child was taken to the local hospital with an associated diagnosis of Cardiac Arrest.

As per the Medical Examiner's office, there was no autopsy completed on the subject child. The Medical Examiner noted the subject child had a natural illness and no trauma so it was not accepted as a medical Examiner case. As per the Medical Examiner, they only get involved on a non-natural death, and the subject child had no injuries, and nothing was found to support this was an unusual or suspicious death. The death certificate lists the manner of death as natural from a neurological deterioration due to Adrenolekodystrophy. No criminal charges were filed.

There was documentation of supervisory conferences noted in which the circumstances of the case were discussed and directives were provided.

The investigation was closed on 02/29/2016 and the allegation of Inadequate Food, Clothing, Shelter on the report was determined to have been un-substantiated against the mother, on behalf of the subject child. It was determined that the subject child's father had been trying to evict the mother since 2013 however no official paperwork was provided to her until 2015. The mother secured housing through her employer and was not displaced at any time. As a result the allegation was unsubstantiated. Contact information for the Helpline was provided to the family to utilize as they felt necessary, however it did not appear as though the family contacted the service provider throughout the course of the investigation. DCDSS did remind the family of the availability of the service on numerous occasions. There were no additional services needed for the family. Appropriate service referrals were offered to the family, and were kept by the family to utilize as they feel necessary.

### 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:** Hospital physician

### Multidisciplinary Investigation/Review

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No  
**Comments:** Dutchess County does not have an OCFS approved Child Fatality Review Team.

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
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# NYS Office of Children and Family Services - Child Fatality Report

All children observed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

First responders and emergency room personnel were not contacted. There is also a 14-year-old female sibling who resides with the father that was not contacted.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The "Helpline" contact information was provided to the family for counseling should they feel it necessary to utilize it. At the close of the CPS investigation, none of the family members had called. Aid for funeral arrangements was also offered to the family however declined. The family had previously made arrangements for the subject child as he was not expected to live as long as he had.

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

**Explain:**  
 Contact information for the Helpline was provided to the family to utilize at their leisure.

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

**Explain:**  
 Contact information for the Helpline was provided to the family to utilize at their leisure.

**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? Yes





## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/23/2015	8271 - Deceased Child, Male, 12 Years	8272 - Mother, Female, 40 Years	Inadequate Guardianship	Unfounded	No
	8273 - Sibling, Male, 18 Years	8272 - Mother, Female, 40 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

This report stated that the home was in deplorable condition, is dirty and filthy with clutter and garbage all over. This report noted that the subject child is special needs, is on a ventilator, and has visiting nurses come to the home to care for her and the nurses are unable to gain access to the home and perform their tasks and duties for the subject child due to the condition of the home. It was noted that the mother was failing to provide adequate care and shelter for the subject child and his male sibling.

**Determination:** Unfounded

**Date of Determination:** 04/21/2015

**Basis for Determination:**

The caseworker made several unannounced home visits during the course of the investigation and found the home to have been appropriate with no obvious safety hazards. The caseworker noted the home was not dirty and filthy as described in the report and did not appear to have been in deplorable condition. The children were observed to have been free of any obvious marks and/or bruises and appeared to be well taken care of. It was also determined the subject child was receiving the care needed for his medical conditions and the mother and other family supports tended to his medical needs in the absence of the visiting nurse service.

**OCFS Review Results:**

OCFS is in agreement with the findings of the CPS investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/28/2013	8266 - Deceased Child, Male, 12 Years	8267 - Mother, Female, 40 Years	Inadequate Guardianship	Unfounded	No
	8266 - Deceased Child, Male, 12 Years	8267 - Mother, Female, 40 Years	Lack of Medical Care	Unfounded	

**Report Summary:**

This report was called in as a subsequent to a COI, alleging Inadequate Guardianship and Lack of Medical Care against the mother on behalf of the subject child. This report alleged the subject child had been diagnosed with multiple genetic disorders and had a wound under his arm requiring medical attention that the mother did not seek for him.

**Determination:** Unfounded

**Date of Determination:** 08/06/2013

**Basis for Determination:**

The subject child did have a cut under his arm, however it was being treated by a nurse. It was concluded that every time the brace was put back on the child, the wound under the subject child's arm would open up again. As a result, the nurse decided to keep the brace off of the subject child until the wound healed itself (within a week). The mother also ordered a new brace for the subject child in an effort to prevent this from re-occurring.



# NYS Office of Children and Family Services - Child Fatality Report

**OCFS Review Results:**  
OCFS is in agreement with the outcome of the CPS investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/16/2013	8261 - Deceased Child, Male, 12 Years	8262 - Mother, Female, 40 Years	Other	Unfounded	No
	8265 - Sibling, Female, 14 Years	8262 - Mother, Female, 40 Years	Other	Unfounded	
	8265 - Sibling, Female, 14 Years	8263 - Father, Male, 53 Years	Other	Unfounded	
	8261 - Deceased Child, Male, 12 Years	8263 - Father, Male, 53 Years	Other	Unfounded	

**Report Summary:**  
This case was called in with allegations of "Other" referring to a court ordered investigation due on 3/17/2013. The father alleged the mother was consumed with the care of the subject child as he was terminally ill that she was neglecting the home and the care of the 11-year-old sibling.

**Determination:** Unfounded **Date of Determination:** 05/03/2013

**Basis for Determination:**  
The mother's work schedule overlapped with the schedule of the 11-year-old sibling, and there was a nurse in the home for 16 hours a day, offering the mother time to tend to the home and the siblings.

**OCFS Review Results:**  
OCFS is in agreement with the determination of the allegations listed on the case.

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

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

There were three cases called in between 2004 and 2010. On 5/24/2004, a report was filed that alleged Inadequate Guardianship against the father on behalf of the then 6-month-old subject child and his 3 siblings. This case was indicated following an incident of domestic violence between the mother and the father. The case was closed with no services required.

On 3/24/2009, a report was called in to the SCR that alleged Excessive Corporal Punishment and Lacerations/Bruises/Welts against the mother on behalf of the then 8-year-old sibling. The allegations were unsubstantiated against the mother as it was determined the sibling made-up the story in an effort to get the mother into trouble after not "getting her way." The subject child was listed in the composition, however had no-role.

On 12/15/2010, a report was called in to the SCR alleging Inadequate Guardianship against the mother on behalf of the then 13-year-old sibling, Inadequate Guardianship against the mother and father on behalf of the then 7-year-old subject child, and Lack of Medical Care against the mother on behalf of the subject child. The allegation of Inadequate Guardianship against the mother on behalf of the subject child and the sibling was the only allegation that was substantiated. The investigation revealed the 13-year-old was left in charge of the subject child and the then 9-year-old sibling for at least five-hours a day, four times per week. The subject child had special needs.



### Known CPS History Outside of NYS

There is no known history outside of New York State.

### Services Open at the Time of the Fatality

### Required Action(s)

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

Yes  No

### Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Required Action(s)

**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes  No

### Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### 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



**Additional Local District Comments**

There are no recommended actions resulting from this investigation.

**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