



Report Identification Number: SV-17-037

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

Issue Date: Dec 20, 2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	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: 12 year(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 09/10/2017
Initial Date OCFS Notified: 09/10/2017

Presenting Information

The SM was the biological mother to the 12-year-old SC and the 17-month old SS. The other adult (OA), had child care responsibilities for the SC and the SS and was a person legally responsible for the chn. The SC had a history of medical condition, resulting in frequent seizures since birth. The SC had a seizure the evening of 9/9/2017. At 5 AM, the morning of 9/10/2017, the SC had another seizure. The SM gave the SC medication, kissed the SC and left for work. The SM returned home at 7:15 AM and found the SC unresponsive and called 911. The SC was taken to the hospital and pronounced dead at 8:20 AM. The cause of death was unknown at that time. Therefore, all persons legally responsible in the home, the SM and the OA, were named as subjects pending the outcome of the INV. The role of the SS was unknown.

Executive Summary

An SCR report was received on 9/10/2017, and a joint investigation was conducted by the LE and Suffolk County Department of Social Services (SCDSS). SCDSS initiated an immediate investigation that included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed. This report was subsequent to an open/pending CPS investigation that began on 3/27/2017, and was still under investigation at the time of the reported fatality.

The SM reported to SCDSS that the SC had a long history of multiple seizures daily, since he was 18 months old. On the 9/10/2017, the SM left home to go to work at 5:30 AM. Prior to the SM leaving work the SM had checked on both the SC and the SS. The SM had a family friend who would stay in the home when she needed assistance with the care of the SC. The OA did not reside in the home full time but was in the home on a regular basis and provided regular and frequent care of the SC and the SS. The OA was asleep in the home when the SM left for work. The SM returned home at 7AM, to get the SC ready to go to church with the MGM. The SM found the SC unresponsive and called for help from the OA in the home. 911 was called and the OA was performing CPR until EMS arrived and the SC was taken to the hospital and was pronounced dead at 8:20 AM.

In the first 24 hours, SCDSS had conducted an initial interview of the SM, observed and assessed the safety of the 17-month-old SS. SCDSS spoke with the SS pediatrician, LE and family about the immediate safety of the SS. There were no reported concerns for the safety of the SS. SCDSS offered referrals for bereavement counseling and assistance with funeral costs. SCDSS determined paternity of the SS. The SC's BF was subsequently notified and interviewed. SCDSS made diligent efforts to speak with the BF of the SS but were unable to make contact.

The autopsy results were still pending at the time of the writing of this report. The cause and manner of death were still pending. However, the preliminary findings were, there were no injuries or signs maltreatment. There was no evidence of a criminal act. No arrests were made.

SCDSS appropriately Unsub the allegations of DOA/fatality and IG about the SM and the OA for the SC. SCDSS contacted numerous collaterals and obtained all medical documentation for the SC and the SS. Everyone that was interviewed and contacted, through the course of the INV stated the SM provided appropriate care for the SC and the SS and there no reported concerns. The case was closed-no services needed.

A review of the history, resulted in citations related to overall casework practices. SCDSS will submit a Program



Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) SCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, SCDSS will review the plan(s) and revise as needed to further address on-going concerns.

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

Explain:

SCDSS gathered more than sufficient information to make a determination in this INV.

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:

SCDSS gathered information from multiple sources and collaterals in a position to provide information about the SC's care and the SS's care. SCDSS conducted a very thorough INV in regard to the fatality INV and had more than sufficient information to make a determination.

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: 09/10/2017

Time of Death: 08:20 AM

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

Unknown

County where fatality incident occurred:

Suffolk

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:

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? 30 Hours

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

Adults: 0

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	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	17 Month(s)
Other Household 1	Other Adult - friend	Alleged Perpetrator	Male	30 Year(s)
Other Household 2	Father	No Role	Male	47 Year(s)
Other Household 3	Father	No Role	Male	31 Year(s)

LDSS Response

This report was subsequent to an open/pending CPS investigation that began on 3/27/2017, and was still under investigation at the time of the reported fatality. SCDSS interviewed the source, SM, OA and first responders. The 17-month-old SS observed. All appropriate collateral contacts were made including, pediatrician, medical personnel, the ME and family members. SCR history check was completed and reviewed. Criminal history check was completed. The BF's of the SC and the SS were located and notified. SCDSS conducted a face to face interview with the BF of the SC. However, even though diligent efforts were made to speak with the BF of the SS, SCDSS was not able to, the BF lived out of the country and did not respond. All medical records were obtained and reviewed. The SM, OA and BF were questioned about drug and alcohol use; all denied.



The SM told SCDSS that the SC had a serious medical condition with chronic and intractable seizures. He had seizures since he was 18 months old. The SC was on numerous medications for his disorder and he had multiple medical tests and procedures trying to improve his condition. On the evening of 9/09/2017, the SC had suffered a seizure and another on the morning of 9/10/2017. When SM had to work, she had her friend the OA who stayed in the home to care for the SC and the SS. The OA reported that he stayed in the home regularly to assist the SM. On the morning of 9/10/2017, she checked on the SC and the SS before leaving for work at 5:30 AM. The SM returned home at 7:00 AM to get the SC up to attend church with the MGGM. The SM found the SC unresponsive and called to the OA. The OA began CPR, and the SM called 911. The SM reports the EMS and LE arrived shortly after. The SC was taken to the hospital and was pronounced dead at 8:20 AM. The SM fully cooperated with SCDSS and signed all necessary releases. SCDSS appropriately offered referrals for bereavement counseling and assistance with burial costs.

SCDSS assessed the safety of the 17-month-old SS in the first 24 hours of the INV. The SS was observed and his home environment was assessed with no safety issues noted. SCDSS subsequently spoke with all appropriate collaterals able to provide information regarding the care of the SC. There were no reported concerns. SCDSS did also discuss safe sleep practices and observed the 17-month-old SS slept in a pack and play.

An autopsy was performed but the cause and manner of death were pending at the time of the writing of this report. The ME's preliminary findings stated, there were no injuries or signs of abuse/maltreatment. There was no evidence of a criminal act. No arrests were made.

SCDSS appropriately Unsub the allegations of DOA/fatality and IG about the SM and the OA for the SC. SCDSS learned from all the medical professional involved with the SC, that the SM followed through with all appropriate care for the SC. Interviews with collaterals, revealed no noted concerns for the care of the SC. There was no credible evidence to support the allegations. The case was UNF and closed.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: Suffolk County Department Social Services does not have an OCFS approved CFRT.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
042521 - Deceased Child, Male, 12 Yrs	042522 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated
042521 - Deceased Child, Male, 12 Yrs	042523 - Other Adult - friend, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
042521 - Deceased Child, Male, 12 Yrs	042523 - Other Adult - friend, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated



Child Fatality Report

042521 - Deceased Child, Male, 12 Yrs	042522 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
---------------------------------------	-------------------------------------	-------------------------	-----------------

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"/>

Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

Fatality Risk Assessment / Risk Assessment Profile



	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The SS was not removed from the SM's care.				

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 SCDSS offered bereavement services to all family members, including the BF of the SC.

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? N/A

Explain:

The SS was a 17-month-old child who was not interviewed due to age and developmental stage.

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

Explain:

SCDSS offered referrals for bereavement counseling any assistance with any other services the family might need.

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)	Status/Outcome	Compliance Issue(s)
03/27/2017	Deceased Child, Male, 12 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	No



Child Fatality Report

Deceased Child, Male, 12 Years	Mother, Female, 35 Years	Lack of Medical Care	Unfounded
--------------------------------	--------------------------	----------------------	-----------

Report Summary:

The 3/27/2017, report alleged the SC was diagnosed with a serious medical condition. The SC had a nerve stimulator device in his body to assist in stopping the seizures. A magnetic wand device was used to activate the nerve stimulator. The SM despite the seriousness of the SC's medical condition, failed to provide the magnetic device or medication to other caretakers for the chn. As a result this placed the SC's health at great risk.

Determination: Unfounded **Date of Determination:** 10/23/2017

Basis for Determination:

The allegations of LMC and IG were Unsub about the SM for the SC. There was no credible evidence to support the allegations. SCDSS spoke school, bus driver and caretakers for the SC. All reported to SCDSS that the SM did provide them with the wand and medication needed for the SC. All of the SC's medical providers confirmed that the SM followed through with all medical appointments and care for the SC. The case was UNF and closed no services needed.

OCFS Review Results:

OCFS found that SCDSS made the appropriate determination based on the information gathered during the 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)
07/07/2015	Deceased Child, Male, 12 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	Yes
	Deceased Child, Male, 12 Years	Mother, Female, 35 Years	Lacerations / Bruises / Welts	Unfounded	
	Deceased Child, Male, 12 Years	Mother, Female, 35 Years	Excessive Corporal Punishment	Unfounded	

Report Summary:

The SM hit the SC with an open hand as he was not listening to her. The SC had a bruise the size of a quarter on his left cheek.

Determination: Unfounded **Date of Determination:** 02/03/2016

Basis for Determination:

This INV was originally IND on 9/22/2015, but overturned at a fair hearing on 02/03/2016. The report was amended to legally sealed.

OCFS Review Results:

OCFS review results revealed that SCDSS did not ask about the BF and did not add him to the case or notify him in regard to the INV. Also, SCDSS that she was living with family members and they were never interviewed.

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

Issue:

Failure to provide notice of report

Summary:

SCDSS failed to provided the BF with the notice of report.

Legal Reference:

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

Action:

The SCDSS will provide notice of report within 7 days of receipt of the report as required in the statute listed above.

Issue:



Overall Completeness and Adequacy of Investigation

Summary:

SCDSS did not make any attempts to talk with other members of the SC's household. The SM admitted she was living with her sister and her family but they were not added to the household composition or contacted. These other household members may have had relevant information about the care of the SC.

Legal Reference:

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

Action:

SCDSS will make attempts to take to all household members.

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

There was no history more than three years prior to the history.

Known CPS History Outside of NYS

There is no known history outside of NYS.

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"/>

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