



## Report Identification Number: SV-20-015

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

Issue Date: Sep 11, 2020

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 17 year(s)

**Jurisdiction:** Nassau  
**Gender:** Male

**Date of Death:** 05/01/2020  
**Initial Date OCFS Notified:** 05/05/2020

## Presenting Information

An agency reporting form was submitted which stated on 5/4/20, the 17-year-old subject child was found deceased in the basement of the family home after engaging in drug use with an unknown woman. The child's death took place during an open CPS investigation.

## Executive Summary

This fatality report concerns the death of a 17-year-old male subject child that occurred on 5/1/20. The child died during an open CPS investigation that was initiated by Nassau County Department of Social Services (NCDSS) on that same date. This investigation was opened due to concerns surrounding alcohol use by the mother of the child. A completed agency reporting form was sent to OCFS on 5/4/20. An autopsy was completed; however, the final report was not available at the time of this writing, and the official cause and manner of death remained pending.

At the time of the child's death, he resided with his mother, father, and 16-year-old sister. It was discovered that on the night of 4/30/20, the child brought home a woman whom his parents had never met and asked that she be able to spend the night. The father informed the child the woman could not spend the night and offered to drive her home. The child declined the offer, and at 10:00PM, the child and the woman were seen leaving the home; the father assumed the child went to bring the woman home himself. Later that night, the mother checked on the child and found he was asleep in the basement with the woman. On the morning of 5/1/20, the woman ran upstairs and informed the father the child would not wake up and had blood coming from his nose. The father and mother attempted to wake the child to no avail, and emergency services were called. First responders arrived at the home and could not resuscitate the child; he was pronounced dead at the home at 9:18AM. The parents found out from the child's friends that he had been engaging in drug use, and the child and the woman had used drugs the night prior to the child's death. Since the autopsy results were not completed at the time of this writing, it was undetermined what kind of drugs the child had used.

When NCDSS learned of the child's death, they promptly assessed the safety of the sibling and offered services to the family. It was determined that although the child had a history of drug use, he had exhibited no outward signs that he had again begun using in the months leading up to his death. There was no criminality found on behalf of anyone involved, nor was there any cause to suspect the parents' actions or inaction led to the child's death. NCDSS gathered sufficient information surrounding the incident, investigated the unrelated allegations in the report, and unfounded and closed the case.

## 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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

This was not an SCR reported fatality, and therefore there were no allegations related to the death of SC.

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 case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

### 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: 05/01/2020

Time of Death: 09:18 AM

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

County where fatality incident occurred: Nassau

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? Yes

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? 10 Hours

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness



Impaired by disability

Other:

**Total number of deaths at incident event:**

**Children ages 0-18: 1**

**Adults: 0**

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	17 Year(s)
Deceased Child's Household	Father	No Role	Male	63 Year(s)
Deceased Child's Household	Mother	No Role	Female	62 Year(s)
Deceased Child's Household	Sibling	No Role	Female	16 Year(s)

**LDSS Response**

On 5/4/20, NCDSS submitted a completed agency reporting form to OCFS regarding the death of SC, which occurred on 5/1/20. On the date of SC’s death, there was a newly initiated CPS investigation involving the family which was opened due to concerns surrounding BM’s alcohol abuse. NCDSS investigated the report allegations and concurrently gathered information surrounding the death of SC.

On 5/2/20, NCDSS completed a visit to the family’s home to attempt interviews with the parents and SS. It was noted in the case record that the parents were too distraught at that time to be interviewed; however, the SS was spoken with. The SS explained SC was found dead in the basement when his girlfriend had woken up. She explained her brother had been using drugs for a while, and “nothing would have stopped him from using drugs.” SS reported “his death was inevitable.” There were no safety concerns noted regarding the home. On this same date, NCDSS attempted to call in a subsequent report to the SCR regarding the death of SC. The SCR informed NCDSS a subsequent report would not be accepted at that time, but an additional information report would be registered.

On 5/4/20, NCDSS completed another visit to the family’s home and interviewed BF. NCDSS addressed the allegations in the SCR report, and then spoke with BF regarding the death of SC. BF explained SC had begun using drugs in the 9th grade, and the types of drugs used, and amount escalated from there. BF stated he felt SC had chosen the wrong friends, which influenced his behaviors. BF reported SC had been in treatment several times in the past. BF explained on 4/30/20, SC had arrived home with a woman whom he nor BM had ever met and asked if she could spend the night. BF stated he told SC no, and at 10:00PM that night, offered to drive the woman home. SC declined the offer and reported he would drive the woman home himself; BF watched the two leave the home. BF stated the SC must have snuck the woman back into the home because the following morning, on 5/1/20, the woman ran upstairs to tell BF that SC was bleeding from the nose and would not wake up. BF stated he went downstairs and tried to wake SC but was unsuccessful. BF said 911 was called and EMS pronounced SC dead at the home; SC’s body was then transported to the morgue. BF explained he called SC’s friends to try and find out what drugs SC had taken and was told SC was using Xanax, OxyContin and Fentanyl. BF denied he knew SC was engaging in drug use again and explained SC had not been showing any signs of such.

On 5/28/20, NCDSS met with BM in the home. BM reported SC had attended substance abuse treatment in the past and had also been previously placed on PINS. She explained he completed all of his treatment. BM said she and BF knew SC would engage in marijuana use and some alcohol use; however, they did not suspect he was using “hard drugs.” BM stated when SC was using other drugs, he showed signs such as coming home late and sleeping all day. BM explained if SC wanted to use drugs, he would have found ways to get them without her and BF knowing. BM stated on 4/30/20, she went



downstairs and observed SC and the woman he brought home asleep and did not expect either were engaging in drug use on that date. She explained when she checked SC's phone a few days after his death she read text messages between SC and the woman discussing using drugs. BM reiterated she and BF did not know about the current drug use and were having difficulty understanding why SC chose to begin using again. NCDSS followed up with SS on this date as well and she reported no safety concerns. The home was also observed to be appropriate.

NCDSS followed up with collateral sources regarding the death of SC and offered the family appropriate services. NCDSS attempted to reach the woman SC was with the day of his death but were unsuccessful. NCDSS addressed all allegations unrelated to the fatality in the report and closed the case.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**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?** Yes

**Comments:** This fatality was reviewed by the Nassau County Child Fatality Review Team.

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

NCDSS interviewed the family and collateral sources. NCDSS was unable to reach SC's school and the woman present when SC died. Progress notes and other documentation were completed and entered timely.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
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# Child Fatality Report

Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Explain:</b> This was not an SCR reported fatality, and therefore safety assessments were not required.				

### 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Explain:</b> NCDSS offered the family appropriate services in response to the SC's death, but services were declined.				

### 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"/>



<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain as necessary:**  
 There were no children who needed to be removed from the household as a result of fatality.

**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 type="checkbox"/>	<input checked="" 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 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:**  
 NCDSS offered the family appropriate services in response to the child's death.

**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:**



Although NCDSS offered services to the family in response to SC's death, the family declined and opted to utilize community resources.

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

**Explain:**  
Although NCDSS offered services to the family in response to SC's death, the family declined and opted to utilize community resources.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	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)
05/01/2020	Sibling, Female, 16 Years	Mother, Female, 56 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 16 Years	Mother, Female, 56 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 16 Years	Father, Male, 57 Years	Inadequate Guardianship	Unsubstantiated	

### Report Summary:

This SCR report was received with concerns BM had been abusing alcohol to the point of impairment while caring for the SS. The report alleged BF was aware of SM's alcohol abuse, but continued to leave SS in her care while BM was intoxicated.

**Report Determination:** Unfounded

**Date of Determination:** 07/10/2020

### Basis for Determination:

NCDSS interviewed family members and appropriate collateral sources. It was discovered BM had a history of alcohol abuse but was actively engaged in treatment at the time of the investigation, and had been sober for several months. During this investigation, SC died, and the official cause of death was pending at the time of this writing. NCDSS offered the family appropriate services and supports in response to this investigation and the death of SC.

### OCFS Review Results:

This investigation met all statutory requirements.

**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)
08/12/2019	Deceased Child on Report, Male, 16 Years	Mother, Female, 56 Years	Other	Unsubstantiated	No
	Sibling, Female, 15 Years	Mother, Female, 56 Years	Other	Unsubstantiated	
	Deceased Child on Report, Male, 16 Years	Father, Male, 56 Years	Other	Unsubstantiated	
	Sibling, Female, 15 Years	Father, Male, 56 Years	Other	Unsubstantiated	

**Report Summary:**

This SCR report was a court ordered investigation ordered via Family Court concerning a petition filed by BM and BF for OPs against SC. The petition cited concerns SC was drinking alcohol and using drugs and hit BF and BM; BF sustained a broken nose and cuts on his face as a result and BM sustained bruises.

**Report Determination:** Unfounded

**Date of Determination:** 10/01/2019

**Basis for Determination:**

NCDSS interviewed family members and collateral sources. The parents reported they changed treatment programs for SC, and he was compliant and engaged in the new outpatient program. SC's behavior improved during the investigation and the parents denied any further concerns. The safety of the SS was assessed and there were no concerns noted. The investigation 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/31/2018	Deceased Child on Report, Male, 16 Years	Mother, Female, 55 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child on Report, Male, 16 Years	Mother, Female, 55 Years	Lack of Supervision	Far-Closed	
	Deceased Child on Report, Male, 16 Years	Father, Male, 55 Years	Inadequate Guardianship	Far-Closed	
	Deceased Child on Report, Male, 16 Years	Father, Male, 55 Years	Lack of Supervision	Far-Closed	

**Report Summary:**

This SCR report was received with concerns BM and BF failed to provide appropriate supervision to SC, and as a result, SC was abusing drugs regularly. As a result of the drug use, SC passed out.

**OCFS Review Results:**

This investigation was appropriately tracked FAR. The FLAG was completed appropriately. NCDSS determined SC overdosed while at the gym and was taken to the hospital. The parents were unaware SC had begun using drugs again, as he had recently completed treatment and PINS diversion. The parents implemented a curfew and the child was engaged in substance abuse counseling prior to NCDSS ending their involvement. 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

BM and BF were listed in 3 unfounded investigations from 2010 to 2017, with allegations of IG, Other, and PD/AM regarding SC and SS.

## Known CPS History Outside of NYS

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

## Preventive Services History

A voluntary services case (PINS) was opened in February 2017 due to SC's ungovernable behaviors including running away, destroying property, not going to school, drug use and sale. Closed in June 2017 due to SC's sustained behavioral improvements and becoming engaged in counseling.

## 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