



Report Identification Number: SV-24-007

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

Issue Date: Jun 03, 2024

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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: Female

Date of Death: 01/03/2024
Initial Date OCFS Notified: 01/03/2024

Presenting Information

An SCR report was received on 1/3/24, alleging the SC was experiencing constipation and was not feeling well. The SC was left home while the SM went to work at 9:30AM. The SM returned home about three hours later. The SM contacted 911 at 12:57PM and stated the SC was having breathing difficulty. EMS arrived and found the SC's body near the front door, nearly in rigor mortis, with no pulse, and surrounded by her own feces and garbage. CPR and oxygen were given to the SC; however, were unsuccessful. The SC was pronounced deceased at 1:55PM. The SM's timeline of events was inconsistent with the state of the SC's body, and she had no explanation for the SC's death. The SC had no known medical concerns which would have contributed to her death. There was garbage, wood debris, trash bags, dirty laundry, rotten food, and dirty dishes throughout the home. The CHN were exposed to these deplorable conditions. The SF was aware of the conditions of the home.

Executive Summary

Suffolk County Department of Social Services (SCDSS) received an SCR report on 1/3/24, regarding the death of the 12-year-old female subject child. The SCR report contained allegations of Inadequate Food/Clothing/Shelter, and Inadequate Guardianship against the subject mother and subject father regarding the subject child and surviving siblings ages, 10 and 6-years-old. In addition, the allegation of DOA/Fatality was listed against the subject mother regarding the subject child. At the time of her death, the subject child resided with her mother, father, and surviving siblings. SCDSS immediately assessed the safety of the surviving siblings and determined they were safe in their parents' care; however, through conversation with law enforcement determined the home was unsafe. As a result, it was determined the surviving siblings would remain at the maternal aunt's home until their home was deemed to be safe by SCDSS.

SCDSS coordinated with law enforcement and learned the subject child was having stomach issues and constipation. The subject child was home alone while the parents were at work and the surviving siblings were at school. The subject mother returned home around 12:45PM and the subject child was trying to have a bowel movement. The subject mother observed the subject child become unresponsive and called 911. The subject child was transported to the hospital and pronounced deceased at 1:55PM.

SCDSS spoke with the medical examiner who went to the scene and confirmed rigor mortis had set in, in the subject child's jaw and upper portion of her body. The medical examiner reported the subject child died a minimum of two hours before her body was found. The autopsy showed the subject child had a mega colon and rectal impaction. There was no evidence of injuries or concerns for physical abuse. At the time this report was written, the final autopsy report was still pending. Law enforcement had concerns for the timeline of events, due to evidence indicating the subject child had been deceased prior to when the subject mother reported. At the close of the investigation, there was a lack of follow up with law enforcement regarding the status of their investigation.

SCDSS offered the family resources for bereavement services and funeral assistance. It was unclear if they utilized funeral assistance. At the time of case closure, the subject mother was in a support group and the 10-year-old surviving sibling had engaged in therapy. SCDSS coordinated with a service provider to help the family get the 6-year-old surviving sibling engaged with OPWDD services. The family agreed to engage in preventive services; however, once the case was opened, they declined the services, and the case was closed.

SCDSS appropriately unsubstantiated the allegation of Inadequate Food/Clothing/Shelter, and Inadequate Guardianship



against the subject mother and subject father regarding the subject child and surviving siblings because there was no evidence to support the condition of the home placed the children in imminent danger. In addition, the allegation of DOA/Fatality was appropriately unsubstituted against the subject mother.

PIP Requirement

SCDSS will submit a PIP to the Westchester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the SCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS will review the plan and revise as needed to address ongoing 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?** No
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** No

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** No, sufficient information was gathered to determine some allegations only.
- **Was the determination made by the district to unfound or indicate appropriate?** Unable to Determine

Explain:

Sufficient information was gathered to make a safety determination. The progress notes documented the conditions of the home as not sanitary for the children to return to; however, the Safety Assessment did not reflect how safety was documented in the progress notes or that a safety plan was put in place. Sufficient information was gathered to make an appropriate decision to unsubstantiate the allegations.

- Was the decision to close the case appropriate?** Yes
- Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** No
- Was there sufficient documentation of supervisory consultation?** Yes, the case record notes a consultation took place, but no details noted.

Explain:

Casework activity was not commensurate with case circumstances due it being unclear if the home was a safety concern.

Required Actions Related to the Fatality



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

Issue:	Adequacy of Documentation of Safety Assessments
Summary:	In the progress notes it was documented that the SSs could not return home until SCDSS determined it was clean and safe; however, none of the safety assessments documented safety concerns or a safety plan. In addition, there was no evidence collected that established the condition of the home was unsafe or a safety plan was necessary.
Legal Reference:	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)
Action:	SCDSS will make an adequate assessment of the nature, extent and cause of any condition which may constitute abuse or maltreatment, whether contained in the original SCR report or discovered during the open investigation.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/03/2024

Time of Death: 01:55 PM

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:

01:00 PM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs?

Unknown

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Attempting to have a bowel movement

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	Female	12 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	43 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	40 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	8 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)



LDSS Response

Upon receipt of the SCR report, SCDSS initiated their investigation within 24 hours and coordinated their efforts with LE. SCDSS contacted the source of the report, reviewed prior CPS history, and notified the DA and ME.

SCDSS immediately assessed the safety of the SSs and determined they were safe in their parents' care. Eight days after the initial report, SCDSS informed the SF that pictures taken of the home by law enforcement indicated it was not safe for the CHN to return until SCDSS was able to assess the home to determine it had been cleaned. The SF informed SCDSS the family had been on vacation and had not had time to clean prior to the SC's death; however, stated he had since cleaned the home. The SSs had been staying at the MA's home and prior to them returning home, SCDSS assessed it to be safe.

The morning of the incident, the SC woke up having stomach issues, constipation and had soiled her bed. The SM went to work around 9:30AM and left the SC home alone. The SM returned home around 12:45PM and found the SC lying in bed, alert and responsive. The SM helped the SC to the bathroom where the SC attempted to have a bowel movement. The SM instructed the SC to push harder. The SC stated she could not see. The SM saw the SC's eyes roll back and the SC passed out. The SM dragged the SC from the bathroom to the living room and called 911. The SM stated LE arrived and began CPR on the SC. At the hospital, the SC was pronounced deceased, and the SM was hospitalized due to emotional shock. The SM reported she did not understand there being inconsistencies in her timeline. She stated she called 911 as soon as the SC became unresponsive, and she was unaware of rigor mortis setting in. The SM reported the SC had video called her around 12:30PM asking when she would be returning home, proving the SC was alive at that time. The SF reported he was at work during the incident and had no firsthand information about the SC's death. He was informed of the SC's death when he arrived at the hospital. The parents explained, the family had returned from a family vacation the day before the incident and the SC had been acting normal, was not complaining of anything, was walking, swimming, and eating normally. The SM confirmed the SC had a history of stomach and bowel problems and had previously been treated by a gastroenterologist.

The 10yo SS had nothing to add regarding the SC's death due to being at school during the fatal incident. The 6yo SS was unable to be interviewed due to his developmental level.

LE confirmed they responded to a 911 call shortly after 1:00PM for the SC having difficulty breathing. The SC was found at the door to the home, not breathing. The SC's body appeared to be in rigor mortis because it was somewhat stiff. LE confirmed seeing a trail of feces from the bathroom to SC's body. LE immediately began CPR and EMS continued when they arrived. The SC was transported to the hospital and pronounced deceased at 1:55PM. LE described the home as being deplorable.

SCDSS spoke with the SC's gastroenterologist who reported the SC had been a patient since November 2021 and had previously seen another gastroenterologist. The SC was last seen by the gastroenterologist on 5/12/23, when she was in pain, and could barely stand. She was sent to the ER. The SC was seen again, on 5/19/23, after she was discharged from the hospital. The gastroenterologist had no concerns. The SC was seen by her endocrinologist on 8/1/23, and no intervention was needed. The CHN's primary care provider reported no concerns for the family. SCDSS spoke with the schools and confirmed they had no concerns for the family.

SCDSS spoke with significant collaterals and interviewed the family about the incident. The progress notes were entered timely; however, there was unclear documentation regarding if SCDSS made a safety plan with the family regarding the condition of the home. All the safety assessments documented no safety concerns; however, the progress notes indicated otherwise.

Official Manner and Cause of Death

Official Manner: Pending



Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

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

Was the fatality referred to an OCFS approved Child Fatality Review Team? No

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066932 - Deceased Child, Female, 12 Year(s)	066933 - Mother, Female, 40 Year(s)	DOA / Fatality	Unsubstantiated
066932 - Deceased Child, Female, 12 Year(s)	066933 - Mother, Female, 40 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
066932 - Deceased Child, Female, 12 Year(s)	066933 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
066932 - Deceased Child, Female, 12 Year(s)	066934 - Father, Male, 43 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
066932 - Deceased Child, Female, 12 Year(s)	066934 - Father, Male, 43 Year(s)	Inadequate Guardianship	Unsubstantiated
066935 - Sibling, Female, 8 Year(s)	066933 - Mother, Female, 40 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
066935 - Sibling, Female, 8 Year(s)	066933 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
066935 - Sibling, Female, 8 Year(s)	066934 - Father, Male, 43 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
066935 - Sibling, Female, 8 Year(s)	066934 - Father, Male, 43 Year(s)	Inadequate Guardianship	Unsubstantiated
066936 - Sibling, Male, 6 Year(s)	066933 - Mother, Female, 40 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
066936 - Sibling, Male, 6 Year(s)	066933 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
066936 - Sibling, Male, 6 Year(s)	066934 - Father, Male, 43 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
066936 - Sibling, Male, 6 Year(s)	066934 - Father, Male, 43 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 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 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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
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Explain:
 SCDCS did not see the home to determine if it was unsafe prior to completing the 24- hour safety assessment or the 7- day safety assessment.

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 type="checkbox"/>	<input checked="" 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:
 Contact with LE indicated that the home was in deplorable condition. Progress notes indicated the CHN could not return to the home until it had been cleaned and assessed by SCDSS to be safe; however, no safety factors were checked in any of the safety assessments. The RAP documented that initially the home was below minimal standards, and a plan was made; however, not all RAP questions were explored with the family.

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 as a result of information uncovered during the fatality investigation?	<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	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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

Other, specify: Preventive Services & OPWDD

Additional information, if necessary:

SCDSS provided the family with grief counseling resources. The SM started attending a support group. The 10yo SS began therapy and participated in services with the school social worker. The family met with a service provider that was able to link the 6yo SS with OPWDD services. At case closing, the family accepted Preventive Service; however, after opening, the parents declined.

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:

SCDSS provided the family with grief counseling resources, burial assistance, preventive services, and brought a social worker to the home that helped the parents get the 6yo SS linked with OPWDD services.

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

Explain:

SCDSS provided the family with grief counseling resources, burial assistance, preventive services, and brought a social worker to the home that helped the parents get the 6yo SS linked with OPWDD services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes

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)	Allegation Outcome	Compliance Issue(s)
02/08/2022	Deceased Child, Female, 10 Years	Mother, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	No



Child Fatality Report

Deceased Child, Female, 10 Years	Mother, Female, 38 Years	Lacerations / Bruises / Welts	Unsubstantiated
Deceased Child, Female, 10 Years	Father, Male, 41 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Female, 10 Years	Father, Male, 41 Years	Lacerations / Bruises / Welts	Unsubstantiated
Deceased Child, Female, 10 Years	Mother, Female, 38 Years	Swelling / Dislocations / Sprains	Unsubstantiated

Report Summary:

An SCR report was received on 2/8/22, that alleged on 2/6/22, the SC's left eye was swollen, blood shot and had a bruised eyelid. The explanation given as to how the SC sustained the injury was inconsistent. Therefore, the SM was being held responsible. A subsequent report was received alleging on 2/7/22, the SC presented with a bruise over her left eyebrow and in the right, inner corner of her eye. The same eye was also blood shot. The explanations given were that a crumb of cereal fell into her eye and that a cookie hit her in the eye.

Report Determination: Unfounded**Date of Determination:** 03/17/2022**Basis for Determination:**

The allegations of IG and L/B/W were unsubstantiated against both parents and the allegations of S/D/S were unsubstantiated against the SM. The parents reported they did not see what happened to the SC. The SC told them separately, that a crumb fell into her eye, but neither saw anything wrong with her eye. Over the next few days, the SC's eye became swollen and bloodshot. The SM had the SC treated by a medical professional, who diagnosed the SC with a subconjunctival hemorrhage. The SC reported she was reaching for a box of cereal on the top of the refrigerator when a crumb fell into her eye. SCDSS confirmed with the medical provider the SC was treated.

OCFS Review Results:

SCDSS initiated their investigation within 24 hours, contacted the source, and completed a CPS history review. SCDSS attempted to see the SC immediately; however, the family was uncooperative. SCDSS was eventually able to interview the family, except for the then 5yo SS due to his development. SCDSS did not speak with the CHN's primary care providers; however, did speak with the medical provider that treated the SC's eye and determined there were no safety concerns. SCDSS was able to communicate with the school regarding the SC and the then 8yo SS. The safety assessments, RAP, and progress notes were completed accurately and timely and the case was determined appropriately and on time.

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

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

There was no CPS investigative history more than three years prior to 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.

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