



Report Identification Number: SY-14-027

Prepared by: Syracuse Regional Office

Issue Date: 7/30/2015

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
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
CPR-Cardio-pulmonary Resuscitation		
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	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
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		

Case Information



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

Jurisdiction: Broome
Gender: Female

Date of Death: 05/18/2014
Initial Date OCFS Notified: 05/19/2014

Presenting Information

Child was at home with a peer on Saturday, May 17, 2014. No other adults were present. She reportedly had pizza and watched movies until about midnight. At about 10am Sunday May 18, 2014, child was observed to be snoring very loudly and attempts to wake her were unsuccessful. She was transported to the hospital by EMS where treatment was provided until she died at approximately 8pm. Child's mother provided information that she died from complications of a 2013 surgery for a medical condition.

Executive Summary

Subject child passed away on 5/18/14 at the age of 17. Cause of death was determined by the Medical Examiner to be Acute Myocardial Infarct with the Manner of Death being Natural. An Other Significant Condition was listed to be Chiari-type malformation of the brain. Per case documentation, subject child had received surgery in November 2013 for a medical condition, a potential side effect of which was blood clots, which was reported to have led to the heart condition that caused the child's death.

The subject child resided in an Article 10 placement with her maternal uncle on an open Services case and was visiting her biological mother at the time of her death. Mother called EMS to the home after subject child was found unresponsive. Mother reported to EMS that subject child had complained of a headache around 1AM and that mother had given her some water at that time. Extensive resuscitation efforts were made by EMS and hospital staff however failed; and subject child died at approximately 8PM. Toxicology tests were negative and abuse/maltreatment was not suspected nor ultimately found to be a factor in child's death.

BCDSS responded promptly and appropriately to the fatality by interviewing involved parties, gathering information from collateral sources and offering services to the family. The ongoing case remained open to address the needs of the surviving siblings, whom remained in the care of relatives following the fatality.

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?** N/A
 - **Safety assessment due at the time of determination?** N/A

Determination:

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



Explain: No additional comments
Was the decision to close the case appropriate? N/A
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: No additional comments

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/18/2014 Time of Death: Unknown

County where fatality incident occurred: BROOME
Was 911 or local emergency number called? Yes
Time of Call: 11:30 AM
Did EMS to respond to the scene? Yes
At time of incident leading to death, had child used alcohol or drugs? No
Child's activity at time of incident: [x] Sleeping [] Working [] Driving / Vehicle occupant
[] Playing [] Eating [] Unknown
[] Other

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:
Children ages 0-18: 1

Household Composition at time of Fatality

Table with 5 columns: Household, Relationship, Role, Gender, Age. Row 1: Deceased Child's Household, Aunt/Uncle, No Role, Male, 34 Year(s)



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Deceased Child's Household	Deceased Child	No Role	Female	17 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Other Household 1	Mother	No Role	Female	36 Year(s)
Other Household 2	Father	No Role	Male	37 Year(s)

LDSS Response

The subject child passed away unexpectedly due to natural causes. She was involved in an open Services case and residing in an Article 10 placement with her maternal uncle at the time of her death and had regular visitation with her biological mother. She was discovered unresponsive after her friend called her mother, who then called 911. Subject child later died at the hospital. Toxicology tests were negative.

BCDSS responded appropriately to the death by interviewing parties involved and offering appropriate services. BCDSS gathered information from first responders, medical, law enforcement, and other relevant collaterals. It was determined that abuse/maltreatment were not a factor in subject child's death. Case remained open for Services as there were surviving siblings who remained safely in relatives' care.

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: Forensic Pathologist

Multidisciplinary Investigation/Review

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

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



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Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>



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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 and 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 siblings/other children in the household removed as a result of this fatality report/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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input 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"/>



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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"/>				

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)
02/22/2012	3471 - Deceased Child, Female, 15 Years	3472 - Mother, Female, 33 Years	Educational Neglect	Unfounded	No
	3471 - Deceased Child, Female, 15 Years	3472 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	3471 - Deceased Child, Female, 15 Years	3477 - Father, Male, 37 Years	Inadequate Guardianship	Indicated	
	3471 - Deceased Child, Female, 15 Years	3477 - Father, Male, 37 Years	Sexual Abuse	Unfounded	
	3476 - Sibling, Female, 16 Years	3472 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	3476 - Sibling, Female, 16 Years	3477 - Father, Male, 37 Years	Inadequate Guardianship	Unfounded	
	3476 - Sibling, Female, 16 Years	3477 - Father, Male, 37 Years	Sexual Abuse	Unfounded	
	3475 - Sibling, Female, 8 Years	3477 - Father, Male, 37 Years	Inadequate Guardianship	Indicated	
	3475 - Sibling, Female, 8 Years	3472 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	3473 - Sibling, Female, 1	3477 - Father, Male, 37	Inadequate	Indicated	



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Years	Years	Guardianship	
3474 - Sibling, Female, 2 Years	3477 - Father, Male, 37 Years	Inadequate Guardianship	Indicated
3473 - Sibling, Female, 1 Years	3472 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded
3474 - Sibling, Female, 2 Years	3472 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded

Report Summary:

Report stated that the fifteen-year-old subject child was a special education student with an IEP. Subject child had missed 36 days of school that year and had a number of days when she has arrived late. There had been several attempts to address this issue with the mother. These attempts had been made by phone calls; meetings and letters. Mother was not making attempts to rectify the situation and ensure that subject child was in attendance. As a result of mother's noncompliance subject child continued to miss school and was failing the 9th grade.

A subsequent report on 2/27/12 alleged that mother's boyfriend who had sexually offended on subject child was in contact with the children.

Determination: Indicated

Date of Determination: 03/29/2012

Basis for Determination:

Allegations of IG were substantiated against mother's boyfriend (father of two of subject child's siblings), with regard to subject child and three siblings, as he had previously sexually abused subject child and sibling and during investigation it was found that he had been in contact with the children.

Allegations of IG and EN against the mother were unsubstantiated due to lack of sufficient level of evidence. The allegations of SA were also unsubstantiated regarding mother's boyfriend as there was no evidence that abuse was currently occurring.

OCFS Review Results:

OCFS review found that safety and risk were appropriately investigated. Case determination was appropriate.

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)
03/01/2013	3481 - Deceased Child, Female, 16 Years	3482 - Mother, Female, 34 Years	Inadequate Guardianship	Unfounded	No
	3484 - Sibling, Female, 3 Years	3482 - Mother, Female, 34 Years	Inadequate Guardianship	Unfounded	
	3486 - Sibling, Female, 2 Years	3482 - Mother, Female, 34 Years	Inadequate Guardianship	Unfounded	
	3481 - Deceased Child, Female, 16 Years	3487 - Father, Male, 38 Years	Inadequate Guardianship	Unfounded	
	3484 - Sibling, Female, 3 Years	3487 - Father, Male, 38 Years	Inadequate Guardianship	Unfounded	
	3486 - Sibling, Female, 2 Years	3487 - Father, Male, 38 Years	Inadequate Guardianship	Unfounded	

Report Summary:

Report alleged that the father of youngest siblings had an Order of Protection in place against him on behalf of subject child (age 16), sibling (age 2) and sibling (age 3). The mother was aware of the order and the threat father posed on her



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children and yet she allowed him to have access to the children.

Determination: Unfounded

Date of Determination: 04/23/2013

Basis for Determination:

No credible evidence was found to corroborate the allegations. Case was unfounded and remained open for ongoing services.

OCFS Review Results:

OCFS review found that safety and risk were appropriately assessed. Investigation determination was appropriate.

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)
06/11/2013	3494 - Sibling, Female, 4 Years	3496 - Father, Male, 39 Years	Other	Indicated	No
	3491 - Deceased Child, Female, 16 Years	3492 - Mother, Female, 35 Years	Inadequate Guardianship	Indicated	
	3491 - Deceased Child, Female, 16 Years	3496 - Father, Male, 39 Years	Other	Indicated	
	3493 - Sibling, Female, 9 Years	3492 - Mother, Female, 35 Years	Educational Neglect	Unfounded	
	3493 - Sibling, Female, 9 Years	3492 - Mother, Female, 35 Years	Inadequate Guardianship	Indicated	
	3493 - Sibling, Female, 9 Years	3496 - Father, Male, 39 Years	Other	Indicated	
	3494 - Sibling, Female, 4 Years	3492 - Mother, Female, 35 Years	Inadequate Guardianship	Indicated	
	3495 - Sibling, Female, 3 Years	3492 - Mother, Female, 35 Years	Inadequate Guardianship	Indicated	
	3495 - Sibling, Female, 3 Years	3496 - Father, Male, 39 Years	Other	Indicated	

Report Summary:

Report alleged that subject child's then 9-year old sibling was failing the 4th grade and was not getting her education. Sibling had missed 38 days of school and was late 8 days. The days missed has a negative impact on sibling's education. Mother had moved her children in with the father of the youngest two siblings, who was on the New York State Sex Offender's Registry and committed a sex crime against a female child. Mother was aware of the history.

Determination: Indicated

Date of Determination: 10/31/2013

Basis for Determination:

BCDSS found credible evidence that mother had allowed her sex offender boyfriend/father of youngest siblings to be unsupervised around the children. Mother allowed children to go to relatives' homes on a safety plan. EN allegation against mother was unsubstantiated due to lack of detrimental effect on sibling. Report was indicated for IG and Other against mother and boyfriend related to subject child and three siblings. Case remained open for ongoing Services.

OCFS Review Results:

OCFS review found that safety and risk were appropriately assessed. Investigation actions and determination were appropriate.

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



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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/30/2014	3503 - Sibling, Female, 4 Years	3502 - Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	No
Report Summary: Report alleged that father (of youngest two siblings) was a registered child sex offender who had a history of sexually abusing subject child. Mother was aware of this and was aware that father was not to have any contact with sibling child. Mother had recently allowed father to have contact with sibling child.					
Determination: Unfounded			Date of Determination: 05/12/2014		
Basis for Determination: No credible evidence was found to conclude that child was harmed or placed at risk of harm as a result of adult/caretaker action. Father of child was allowed supervised visitation with child and was not alone with child. Children remained with an uncle on a safety plan and were assessed as safe.					
OCFS Review Results: OCFS review found that safety and risk were appropriately assessed. Investigation actions and determination were appropriate.					
Are there Required Actions related to the compliance issue(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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

On 9/21/05 BCDSS received a report alleging LSUP, IG, and ICFS against mother and father of then 2-year old sibling related to the deceased child and siblings. No credible evidence was found to substantiate the allegations and report was unfounded and closed on 1/3/06.

On 8/3/09 BCDSS received a Court-ordered investigation against mother, father of sibling, and sibling's grandmother. Father and grandmother had expressed concerns regarding sibling's safety in mother's home. Case was unsubstantiated as there was no evidence found that mother was abusing or maltreating the sibling child.

On 2/17/11 BCDSS received a report alleging Sexual Abuse and IG against mother's boyfriend/father of then 1-year and 9-month siblings, with regard to then 13-year old deceased child and her then 15-year old sibling. Report was Indicated against mother's boyfriend and he was arrested. BCDSS filed an abuse petition in Family Court.

Known CPS History Outside of NYS

No known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 04/08/2011

Evaluative Review of Services that were Open at the Time of the Fatality



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	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

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

Yes No

Preventive Services History

No prior Preventive Services history outside of case open when subject child died.

Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)



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

Yes No

Foster Care Placement History

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

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Have any Orders of Protection been issued? Yes

From: 05/26/2011

To: Unknown

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