



Report Identification Number: SY-16-043

Prepared by: Syracuse Regional Office

Issue Date: Apr 07, 2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

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

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	

Case Information



Report Type: Child Deceased
Age: 9 year(s)

Jurisdiction: Oneida
Gender: Female

Date of Death: 08/26/2016
Initial Date OCFS Notified: 08/26/2016

Presenting Information

Today, 8/26/16, the 9-year-old SC was found deceased in her bed at approximately 12:30PM by an adult sibling visiting the home. The SC was put to bed at approximately 10:30PM on 8/25/16 by the BM and the BM's Partner, who is a parent substitute. The SC was placed to bed in a twin sized bed with crib rails on the sides. There were two pillows in the bed and a stuffed animal at the SC's feet. The SC had no visible injury. The SC was non-verbal and had a genetic disorder (Microdeletion); however it is not a life threatening condition. The SC's adult brother, his 17-year-old girlfriend and their 10-month-old child also live in the home. The BM, parent substitute and SC's brother are the persons who were responsible for the care of the child at the time of death. At this time there is no explanation for the SC's death. EMS responded to the home, however no lifesaving attempts were made. NYSP are investigating. The roles of the brother's 17-year-old girlfriend and infant child are unknown.

Executive Summary

The report involved the death of a 9-year-old female child with advanced developmental delays/disabilities. The SC was non-verbal and non-ambulatory with a genetic disorder, microdeletion. The SC was pronounced dead on 8/26/16 at 12:40PM. A report was registered with the SCR on 8/26/16 with allegations of IG and DOA/Fatality against the BM, Parent Substitute and the SC's 18-year-old brother regarding the SC after the SC was found unresponsive in her bed. The household consisted of the BM, parent substitute, the SC, the brother, his girlfriend and their infant son (SC's nephew).

The preliminary forensic autopsy summary documented that the SC had poor dentition, with many caries and gingival inflammation, as well as thick mucus in the upper airways and probably bilateral pneumonia. The Final Autopsy Report listed the Cause of Death as Bronchial Asthma with Organic Brain Syndrome as a contributing cause. The Manner of death is Natural. There was no evidence of trauma and toxicology results were negative. Sepsis was ruled out by negative viral, aerobic and anaerobic cultures and by microscopy. According to the ME, there was no treatment that could have prevented or lack of treatment that contributed to the SC's death. While there were initially concerns about poor dentition, allergies, and untimely prescription refills, they did not contribute to the cause of death.

OCDSS obtained pertinent medical records, preliminary and final autopsy, LE records, and contacted several collateral contacts. On 3/6/17 OCDSS unsubstantiated the allegations of DOA/Fatality and IG against the BM, parent substitute and SC's brother as there was not credible evidence to support the allegations. The LDSS gathered appropriate information to determine the allegations in the report and counseling services were offered to the family. All casework activity was commensurate with case circumstances. Safety and risk of the surviving children was appropriately assessed and there are no service needs.

New York State Police responded to the death of the SC and conducted an investigation. The investigation was closed with no criminal charges.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Explain:

The LDSS gathered appropriate information to determine the allegations in the report and counseling services were offered to the family. All casework activity was commensurate with case circumstances. Safety and risk of the surviving children was appropriately assessed and there are no service needs.

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:

LDSS gathered appropriate information to determine the allegations in the report and counseling services were offered to the family. All casework activity was commensurate with case circumstances. No service needs exist.

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: 08/26/2016

Time of Death: 12:40 PM

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

County where fatality incident occurred: ONEIDA

Was 911 or local emergency number called? Yes

Time of Call: 12:29 PM

Did EMS to respond to the scene? Yes



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

Child's activity at time of incident:

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

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

How long before incident was the child last seen by caretaker? 14 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	Alleged Perpetrator	Male	18 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	9 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	47 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	42 Year(s)
Deceased Child's Household	Other Child	No Role	Male	10 Month(s)
Deceased Child's Household	Other Child	No Role	Female	17 Year(s)
Other Household 1	Father	No Role	Male	43 Year(s)
Other Household 2	Other Adult	No Role	Female	45 Year(s)
Other Household 3	Other Adult	No Role	Male	49 Year(s)

LDSS Response

The report involved the death of a 9-year-old female child with advanced developmental delays/disabilities. The SC was non-verbal and non-ambulatory with a genetic disorder, microdeletion. The BF did not reside with or have involvement with the SC.

On 8/26/17 at approximately 12:30PM, the SC's adult sibling was visiting the home and went upstairs to wake the SC. She found the SC unresponsive and blue, lying on her right side in a curled position, in her twin sized bed equipped with safety rails. There was blood observed on the SC's pillow. 911 was called. LE and EMS responded to the home and found the SC cold to the touch with blood pooling, no pulse and apparent lividity. No CPR efforts were made and the SC was pronounced deceased at 12:40PM.

The SC was last seen alive about 9:30PM the night prior when the BM and parent substitute put the SC to bed. The BM



reported that it was normal for the SC to sleep long periods and not wake until late in the morning. When the SC would wake, she would make noise to alert someone to get her out of bed.

The BM reported to LE and LDSS that the SC had several allergies and often had a runny nose. She added that the SC took a prescription allergy medication that she was out of for the two days prior to the SC's death. The BM reported that the SC had a runny nose and "greenish, yellowish snot" in the days leading up to her death, but stated that the SC did not have labored breathing. One to two weeks prior to the SC's death, the SC had swelling to her left cheek due to a possible dental infection. The BM stated that she gave the SC Ibuprofen and the swelling went away. The BM stated that she had been trying to schedule a dental appointment for the SC but was having difficulty locating a provider. The BM did not contact the pediatrician because the swelling went down and there did not appear to be an abscess.

The SC's pediatrician was consulted by LE and LDSS and reported that the SC was last seen for an exam on 4/29/16 and the family requested a refill for the SC's allergy medication on 8/24/16; however, it had not been picked up at the pharmacy prior to the SC's death. He stated that he did not feel that the allergy medication was of great importance as the allergies are generally hard to treat and are not serious in themselves. The records showed that the SC had been prescribed a nebulizer in 2013 following a hospital admission for pneumonia. The Dr. stated that although the SC had a genetic disorder, he was not aware of that contributing to her death and added that "there are times when frail children can just die". He added that if the SC presented with wheezing, then a nebulizer would be very important. The Dr. had recommended dental treatment each time he saw the SC as he noted that the SC had several cavities; however, when consulted regarding the likelihood of a dental infection contributing to the SC's death, he stated it would be slight.

The Final Autopsy Report listed the Cause of Death as Bronchial Asthma with Organic Brain Syndrome as a contributing cause. The Manner of death is Natural.

On 3/6/17 OCDSS unsubstantiated the allegations of DOA/Fatality and IG against the BM, parent substitute and SC's brother as there was not credible evidence to support the allegations. LDSS responded appropriately to the death by interviewing parties involved, obtaining and reviewing medical and LE records, gathering information from first responders, making collateral contacts, and offering appropriate services. LDSS gathered appropriate information to determine the allegations in the report and casework activity was commensurate with case circumstances. Safety and risk of the surviving children was appropriately assessed and there are no service needs.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
035741 - Deceased Child, Female, 9 Yrs	035743 - Mother's Partner, Male, 42 Year(s)	Inadequate Guardianship	Unsubstantiated
035741 - Deceased Child, Female, 9 Yrs	035742 - Mother, Female, 47 Year(s)	DOA / Fatality	Unsubstantiated
035741 - Deceased Child, Female, 9 Yrs	035742 - Mother, Female, 47 Year(s)	Inadequate Guardianship	Unsubstantiated
035741 - Deceased Child, Female, 9 Yrs	035743 - Mother's Partner, Male, 42 Year(s)	DOA / Fatality	Unsubstantiated
035741 - Deceased Child, Female, 9 Yrs	035744 - Adult Sibling, Male, 18 Year(s)	DOA / Fatality	Unsubstantiated
035741 - Deceased Child, Female, 9 Yrs	035744 - Adult Sibling, Male, 18 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Efforts were made to interview all other persons living in the home face-to-face; however when unsuccessful a telephone interview was conducted.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving 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.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

Safe sleep education was provided regarding the SC's nephew.

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

Explain:

LDSS offered funeral/financial assistance and bereavement counseling services.



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? No
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)
05/13/2015	14481 - Other Child - SC's Adult Sibling's Partner, Female, 16 Years	14482 - Other Adult - Mother to Other Child, Female, 44 Years	Inadequate Guardianship	Unfounded	No
	14481 - Other Child - SC's Adult Sibling's Partner, Female, 16 Years	14482 - Other Adult - Mother to Other Child, Female, 44 Years	Educational Neglect	Unfounded	

Report Summary:

On 5/13/15, OCDSS received an SCR report alleging IG and Educational Neglect against the BM of the 17-year-old girlfriend of the SC's 18-year-old brother, who resided with the SC at the time of the SC's death, regarding the then 16-year-old girlfriend. The report alleged that the child was pregnant and not attending school. BM failed to follow through with educational plan established. The allegations were unfounded and the investigation was closed on 6/9/15.

Determination: Unfounded

Date of Determination: 06/09/2015

Basis for Determination:

No credible evidence was found to substantiate the allegations. The BM was doing everything she could to encourage child to comply with educational plan. No safety factors were present.

OCFS Review Results:

Sufficient information was found to make appropriate safety and risk decisions. The decision to unfound the report was appropriate.

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

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

OCDSS had 7 SCR reports between 2006-2012 involving the BM, BF, Parent substitutes and unrelated household members regarding the SC's siblings and two of the reports involved the SC. The reports include allegations of IG, LS, L/B/W, Lack of Medical, PDAM, Sex Abuse and Other (COI) against the BM, BF, Parent substitutes and/or unrelated household members. Two reports were substantiated for allegations of IG and LS against the BM, BF and/or BF's



girlfriend regarding the SC's siblings.

Madison CDSS had 1 SCR report in 1994 involving the BM and BF regarding the SC's siblings. Allegations of Other, due to domestic violence was substantiated against the BM and BF.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Required Action(s)

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

Yes No

Preventive Services History

OCDSS provided mandated preventive services for the BM and the SC's then 15-year-old sister from 4/12/11-5/25/11. Services were opened for PINS diversion services due to child service needs related to drug misuse, alcohol misuse and aggressive or defiant behaviors. The case was closed when the family moved out of the school district. The review found compliance by OCDSS with all applicable statutory and regulatory requirements.

OCDSS provided mandated preventive services for the SC's then 14-year-old brother, who was residing with the paternal grandparents, from 8/31/12-9/9/13. Services were court ordered due to JD charges. The case was closed when the court order ended and services were successfully completed. The review found compliance by OCDSS with all applicable statutory and regulatory requirements.

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