



Report Identification Number: SY-18-052

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

Issue Date: Apr 08, 2019

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 3 year(s)

Jurisdiction: Broome
Gender: Male

Date of Death: 12/22/2018
Initial Date OCFS Notified: 12/22/2018

Presenting Information

An SCR report alleged the 3-year-old subject child had a seizure disorder since birth, requiring prescribed seizure medications. He also had a history of craniotomy surgeries. The child was hospitalized on 12/20/18 at 10:07 PM for complications related to his seizure disorder. He was discharged home to the mother’s care the following day at 1:15 PM. When the mother awoke on 12/22/18 at 7:45 AM, she entered the child’s bedroom and found he was not moving in his bed. She immediately called 911. Police and EMS arrived shortly thereafter and found the child had no detectible pulse and was not breathing. CPR was administered at the home and continued until his arrival to the hospital at 8:53 AM. The child could not be revived and was pronounced dead shortly thereafter. The circumstances of the child’s death were deemed suspicious in nature. The mother had other children residing in her home, who had unknown roles.

Executive Summary

This fatality report concerns the death of a 3-year-old male child who died while in the care of his mother. Though the child was known to have medical conditions, the death was reported as suspicious of abuse or maltreatment due to the unknown circumstances surrounding his death.

Broome County Department of Social Services (BCDSS) commenced an investigation in response to the SCR report, and immediately learned from hospital staff that it appeared the death was associated with the child’s medical conditions: hydrocephalus and epilepsy. The child had been found unresponsive in his home by his mother, after she checked on him while he was asleep.

BCDSS learned from law enforcement on the first day of their investigation there was to be no further criminal investigation pertaining to the death, as there were no concerns of suspicious activity. Law enforcement had responded to the scene and gathered medical information prior to making this decision. BCDSS gathered detailed information from law enforcement about their response, observations, and facts gathered.

An autopsy was conducted by a coroner, and though the final results were pending, BCDSS secured a copy of the death certificate to verify a cause of death. The cause of death was listed as, “Sudden death in epilepsy, due to or as a consequence of uncontrolled seizure disorder, due to or as a consequence of a cranial birth defect.” It was further noted, “Other significant conditions contributing to death but not related to cause given: hydrocephalus cranial revision, ventriculoperitoneal shunting.”

The child had resided with his mother, two adult siblings, and two minor-aged siblings, ages 5 and 6. BCDSS assessed them as safe throughout the investigation. There were four additional surviving siblings under the age of 18. One, age 11, came to live with the mother during the investigation after having lived with her father out of state. A 13-year-old sibling had previously been freed for adoption, after the mother and his father’s parental rights had been terminated several years prior. Two other siblings, ages 15 and 17, lived out of state with their adult sibling. BCDSS documented their whereabouts and spoke with their sibling/caregiver. No present concerns were revealed for any of the children throughout the investigation. All out of state history was appropriately reviewed and documented.

BCDSS attempted contact with the biological fathers of the surviving siblings in the mother’s care, though contact was unsuccessful. It was noted that the subject child’s father predeceased him.



BCDSS offered fatality-related services to the family. The record showed no credible evidence that the mother’s actions or inactions caused the child’s death, nor created immediate danger to the child such that his life or health was at risk. The case had not yet been determined at the time this report was written.

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?** N/A
- **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?** N/A

Explain:

The determination safety assessment was not completed at the time of this writing as the investigation remained open.

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:

The case remained open pending determination at the time of this writing.

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: 12/22/2018

Time of Death: 09:04 AM

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

Unknown

County where fatality incident occurred:

Broome

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 5 Hours

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Female	18 Year(s)
Other Household 1	Other Adult - BF of 5 & 6yo SS	No Role	Male	39 Year(s)
Other Household 2	Other Adult - BF of 11yo SS	No Role	Male	34 Year(s)

LDSS Response

Immediately upon receiving the report, BCDSS spoke with the source, hospital staff, law enforcement, and agency staff. BCDSS learned police ended their involvement after responding to the home and hospital. BCDSS was informed the child's cause of death was likely natural. Although this was learned early on, all required investigatory activities continued



to be conducted, including but not limited to: interviewing the family, gathering essential collateral information, documenting the safety status of all surviving siblings under the age of 18, and reviewing CPS history. BCDSS sent bereavement information to the family within the first 24 hours.

BCDSS learned the child had a device in his brain to drain fluid that was caused by hydrocephalus, a condition that causes excess fluid and pressure within one’s head. The child often suffered from seizures, among other symptoms of the condition. Since birth, the child underwent numerous surgeries and frequented hospitals, the most recent hospitalization being only days prior to his death.

The mother told BCDSS the child was hospitalized on 12/20/18 for seizures and was discharged the following day. Prior to that hospitalization, the child was diagnosed as having febrile seizures, but the diagnosis changed to epilepsy. When they returned home on 12/21/18, the child was active. That night, the child fell asleep with the adult sibling in her room. The sibling later brought the child to the mother, and the mother and child resumed sleeping together in the living room at 12 AM. Around 2:45 AM, the child vomited. The mother changed him and he fell back asleep. She put him back to sleep wearing only a diaper, as he would often vomit in the night if he was too hot. The mother awoke at 7:45 AM and checked on him, noticing his stomach seemed “deflated;” he was not breathing. She screamed for help and called 911. EMS immediately responded and tried reviving the child. He was transported to the hospital, where he was pronounced deceased. BCDSS learned information from the coroner via the police that the child experienced febrile seizures between 12 and 3 AM on 12/22/18. It was also noted he had a lot of fluid on the brain at the time of his death.

The mother was asked about drug and alcohol use; she denied she currently used drugs. There was no noted suspicion from collaterals that the mother was under the influence the night of the fatal incident.

BCDSS obtained information from the pediatrician about the child’s physical on 11/24/18, where it was noted the mother took him to all follow up appointments with every specialist. The mother reported she had always gotten the child the medical care he needed, and she administered his prescribed medications. The child had received Early Intervention services such as speech, occupational, and physical therapies.

BCDSS learned there were six surviving siblings under the age of 18. BCDSS assessed the safety of all minor children. The three who lived with the mother were seen, interviewed, and had their living environment assessed. BCDSS noted these children were safe and their basic needs were met in their mother’s care. Two siblings lived in Arizona with their 23-year-old sibling. BCDSS spoke with the adult sibling and asked questions pertaining to safety and risk of the children, and no concerns were revealed. A review of CPS history in the state of California revealed there was one sibling to whom the mother no longer had parental rights; therefore, an assessment of his safety was not required.

Many times throughout their involvement, BCDSS offered services to the family, including counseling. The family declined counseling services, and school staff said they were aware of the fatality and were there to support the children if needed. BCDSS provided a clothing voucher and information on a service who provided furniture; these services were utilized.

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: Coroner

Multidisciplinary Investigation/Review

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



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

Comments: Though the fatality has not yet been reviewed by the Broome County Child Fatality Review Team, BCDSS has relayed to OCFS that a review is planned.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049541 - Deceased Child, Male, 3 Yrs	049542 - Mother, Female, 41 Year(s)	Inadequate Guardianship	Pending
049541 - Deceased Child, Male, 3 Yrs	049542 - Mother, Female, 41 Year(s)	DOA / Fatality	Pending

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 the two fathers of the siblings in the mother's care; however, contact was not successful.

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 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"/>



Child Fatality Report

At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fatality Risk Assessment / Risk Assessment Profile

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

Explain:
 The Risk Assessment Profile had not yet been completed, as the case remained open at the time of this writing. Many services were offered, some of which were declined and some of which were utilized.

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality



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

Other, specify: Clothing and furniture services

Additional information, if necessary:
 The mother had previously took parenting classes and participated in mental health services when she was involved in a CPS-Services case in the state of California. Such services did not appear necessary at the time of this investigation, which was nearly ten years later.

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:
 The mother was provided a clothing voucher for the family, and services to obtain furniture, from which the children would benefit. The school was available for counseling support for the children in the home, though additional counseling was referred but not utilized during the investigation.

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

Explain:
 The mother was provided a clothing voucher, and services to obtain furniture for the home. These services were utilized. The mother and adult siblings in the home were referred for grief counseling services, but these services were declined during the investigation.



History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	No
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?	Yes
Was the child acutely ill during the two weeks before death?	Yes

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

There is no CPS history in New York State more than three years prior to the fatality.

Known CPS History Outside of NYS

The SM was a confirmed subject of a CPS report involving her children on one occasion, in 2007 in the state of California. The report included allegations of “general neglect” and “emotional abuse” against SM regarding the now 17 and 15yo SS, though only “general neglect” was substantiated; the other was determined “inconclusive.” “Substantial risk” was also a substantiated allegation during that investigation, though no caregiver was associated with the allegation. This came as a result of a sibling (who is now an adult) being sexually abused. One other substantiated report exists historically for SS, from 2014 in the state of Texas. The report included allegations of “neglectful supervision” against SM regarding the now 11, 6, and 5yo SS – which were “ruled out” – and “sexual abuse” against a MU regarding the now 17yo SS, which was determined “reason to believe.”

Between 2004 and 2017, there were 8 other CPS investigations in California involving the SM and SS, 3 of which named SC as allegedly maltreated. Allegations against SM were “general neglect” and “substantial risk.” The earlier reports concerned the now 17 and 15yo SS, and a report in 2016 alleged “sexual abuse” of the now 11yo SS against her BF. All allegations were determined as either “inconclusive” or “unfounded.”

SM also has history as a confirmed subject in 2 reports regarding one of her children for whom her parental rights were legally terminated in 2009. That child was freed for adoption in 2017.

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