



Report Identification Number: SY-19-056

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

Issue Date: Apr 29, 2020

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

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

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

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

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

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

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

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



Abbreviations

| 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 | ASTO-Allowing Sex Abuse to Occur | |



Case Information

Report Type: Child Deceased
Age: 7 year(s)

Jurisdiction: Broome
Gender: Male

Date of Death: 11/23/2019
Initial Date OCFS Notified: 11/23/2019

Presenting Information

An SCR report alleged the 7-year-old male subject child vomited blood on 11/22/19. The mother did not seek medical care for him. As a result, he passed away on 11/23/19, while at home with his grandmother. At the time of his death, both he and his bed were covered in blood. The grandmother also failed to seek medical attention for the child. The uncle resided in the home; however, was not present at the time of death. The role of the 9-year-old sibling was unknown.

Executive Summary

This fatality report concerns the death of the 7-year-old male subject child that occurred on 11/23/19. Two reports were made to the SCR on the same day regarding concerns the mother did not seek appropriate medical attention for the child and was not providing adequate supervision to him. The child resided with his mother and his 9-year-old sibling. The grandmother and uncle resided in an apartment below the child and had frequent contact with the children. Upon learning of the death, Broome County Department of Social Services (BCDSS) implemented a safety plan for the father to care for the sibling while the circumstances surrounding the death were investigated. During the investigation, the father was not deemed an appropriate caregiver for the child, and an alternate safety plan was implemented for the sibling to temporarily reside with the father's partner.

BCDSS coordinated investigative efforts with law enforcement immediately upon receipt of the SCR reports. Law enforcement charged the mother with endangering the welfare of a child regarding the sibling as law enforcement found the home to be in a deplorable condition. The father was arrested for aggravated harassment after making death threats to unrelated adults. The outcomes of the criminal investigations remained unknown at the time of this writing.

An autopsy was performed, and the medical examiner listed the cause of death as intestinal ischemia due to severe bowel torsion, chronic constipation and severe Autism Disorder. A contributory condition was Autism given the circumstances surrounding the death. The manner of death was best classified as natural.

The mother explained on the day prior to the child's death he did not feel well, and he napped throughout the day. On 11/23/19, the mother found the child unresponsive and he was covered in blood and vomit. She immediately called 911 and began resuscitation efforts until EMS arrived.

The father was interviewed and did not have concerns for the care the children received from the mother; however, he stated the mother would not share information about the child's medical conditions with him.

BCDSS gathered information regarding the death from the family, hospital records, pediatrician, law enforcement, the school, and the medical examiner.

Home visits were completed, and the safety of the sibling was assessed on multiple occasions. At the time of this writing, the sibling was residing with the mother as the death was ruled natural and it was deemed the sibling was safe in the care of the mother. Bereavement services were offered to the family; however, the mother declined the services for herself. The father was unsure if he wanted to participate in services, and the sibling received counseling through her school.

BCDSS completed the required fatality reports timely and accurately. Although the Safety Assessments were completed



timely and a safety plan was appropriately implemented given the case circumstances, the reasons for creating a safety plan were not accurately reflected within the Safety Assessments. Interviews with the family and collaterals were thorough and appropriate.

The allegations against the grandmother were unsubstantiated as no credible evidence was revealed to support the grandmother's actions or inactions caused the death of the child, nor was she an inappropriate caregiver. Similarly, the mother was unsubstantiated for the allegation of DOA/Fatality as the death was ruled natural. The mother was substantiated for the allegations of Inadequate Guardianship and Inadequate Food, Clothing and Shelter as the home was found to be in deplorable condition and created an unsafe environment for the children. The mother obtained appropriate housing during the course of the investigation.

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

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 casework was appropriate.

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: 11/23/2019

Time of Death: 02:47 PM

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

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 | Deceased Child | Alleged Victim | Male | 7 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 32 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Female | 9 Year(s) |
| Other Household 1 | Aunt/Uncle | No Role | Male | 45 Year(s) |
| Other Household 1 | Grandparent | Alleged Perpetrator | Female | 85 Year(s) |
| Other Household 2 | Father | No Role | Male | 38 Year(s) |

LDSS Response

On 11/23/19, BCDSS received two fatality reports from the SCR and began their investigation into the death. Within the first 24-hours of the investigation, BCDSS contacted law enforcement, the sources, and documented a CPS history check. The DA was notified of the death on 11/25/19. The sibling was assessed, and a safety plan was agreed upon with the parents.

Law enforcement said the child was found unresponsive and was soaked with what appeared to be blood and vomit. There were concerns for the unsanitary condition of the home. Law enforcement took over resuscitation efforts from the mother until EMS arrived and transported the child to the hospital. BCDSS contacted the hospital and learned the child was covered in feces when he arrived at the hospital. The hospital staff believed the child had a bowel blockage in his gastrointestinal tube.



On 11/23/19, the mother was interviewed. The child had pre-existing medical conditions and was nonverbal. On 11/22/19, the child vomited at school and was sent home without a fever. The child vomited again and dry heaved but would drink. The child napped throughout the day on 11/23/19 and would not eat. The mother went to work and left the child at the grandmother’s residence, in the grandmother’s care. When the mother returned, she checked on the child and found him unresponsive and he was covered in blood and vomit. She began to perform CPR and called 911.

The father was interviewed at the police barracks on 11/23/19. He did not have concerns for the care of the children; however, agreed to be the safety plan for the sibling until the circumstances surrounding the death were explored further.

BCDSS made diligent attempts to interview the sibling at the Child Advocacy Center immediately following the death; however, were unable to gain access. Therefore, the sibling was interviewed at the police barracks. The sibling said the child was ill on the day prior to his death but did not provide additional information. Due to the unidentified reason for the child’s death, a safety plan was created with the family. The father was to care for the sibling; however, during the investigation, the father was arrested and the safety plan changed and the sibling was cared for by the father’s partner.

On 11/26/19, the sibling was interviewed at the Child Advocacy Center. She said the child laid on the bed and she did not communicate with him that day because he was ill. The child had brown vomit that was “not normal.” The sibling said the mother laid on the bed with the child. When first responders arrived, she was told to go upstairs. She had no additional information.

The grandmother was interviewed on 11/27/19. She said on the day of the death, the mother brought the child downstairs and said the child was constipated. The child did not cry or complain and slept off and on throughout the day. The grandmother reported being in the same room as the child most of the time that she was supervising him. Prior to the mother returning from work, the grandmother went into another room to prepare food. The mother returned and checked on the child and said he was not breathing. The grandmother said the child did not vomit that day.

School staff corroborated the child vomited on the day prior to his death. His stomach was abnormally hard, but he acted normally. The school staff expressed concern the mother did not provide adequate medical care for the child as she did not follow through with recommendations to see specialists for the child's diagnosed medical conditions.

The pediatrician was contacted and said he recommended the child see a specialist and complete bloodwork; however, the mother did not follow through and missed several appointments. The child did not take medications.

During the investigation, it was deemed appropriate for the sibling to return to the care of the mother as the mother obtained adequate housing.

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

Comments: The death was referred to the CFRT.



SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--------------------------------------|--|--------------------------------------|--------------------|
| 053661 - Deceased Child, Male, 7 Yrs | 053663 - Mother, Female, 32 Year(s) | Inadequate Food / Clothing / Shelter | Substantiated |
| 053661 - Deceased Child, Male, 7 Yrs | 053663 - Mother, Female, 32 Year(s) | Inadequate Guardianship | Substantiated |
| 053661 - Deceased Child, Male, 7 Yrs | 053663 - Mother, Female, 32 Year(s) | DOA / Fatality | Unsubstantiated |
| 053661 - Deceased Child, Male, 7 Yrs | 053663 - Mother, Female, 32 Year(s) | Lack of Medical Care | Unsubstantiated |
| 053661 - Deceased Child, Male, 7 Yrs | 053663 - Mother, Female, 32 Year(s) | Lack of Supervision | Unsubstantiated |
| 053661 - Deceased Child, Male, 7 Yrs | 053664 - Grandparent, Female, 85 Year(s) | DOA / Fatality | Unsubstantiated |
| 053661 - Deceased Child, Male, 7 Yrs | 053664 - Grandparent, Female, 85 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 053661 - Deceased Child, Male, 7 Yrs | 053664 - Grandparent, Female, 85 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 053662 - Sibling, Female, 9 Year(s) | 053663 - Mother, Female, 32 Year(s) | Inadequate Food / Clothing / Shelter | Substantiated |
| 053662 - Sibling, Female, 9 Year(s) | 053663 - Mother, Female, 32 Year(s) | Inadequate Guardianship | Substantiated |

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 checked="" type="checkbox"/> | <input 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"/> |



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"/> |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 mother declined services for herself; however, the sibling was engaged in counseling through her school.

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"/> |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|

Explain as necessary:
 There was no need to remove the sibling from the care of her parents.

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:
 The mother declined bereavement services for herself, as she had a strong support system. It remained unknown if the father utilized the services. The sibling was receiving counseling through her school. The record did not reflect burial assistance was offered.

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 sibling received grief counseling through her school.

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

Explain:

The parents were offered bereavement services in response to the death. The father was unsure he wanted to obtain counseling, and the mother decided she would use her family and friends as resources.

History Prior to the Fatality

Child Information

| | |
|--|-----|
| Did the child have a history of alleged child abuse/maltreatment? | 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? | 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) |
|--------------------|-------------------------------|--------------------------|--------------------------------------|--------------------|---------------------|
| 05/31/2018 | Deceased Child, Male, 6 Years | Mother, Female, 31 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | No |
| | Deceased Child, Male, 6 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 8 Years | Mother, Female, 31 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Female, 8 Years | Mother, Female, 31 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child, Male, 6 Years | Father, Male, 37 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Deceased Child, Male, 6 Years | Father, Male, 37 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 8 Years | Father, Male, 37 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Female, 8 Years | Father, Male, 37 Years | Inadequate Guardianship | Unsubstantiated | |

Report Summary:

An SCR report alleged on a frequent basis, the mother left the sibling and subject child with an inappropriate caretaker while she went out partying. The caretaker was not mobile and could barely take care of herself. The mother failed to



maintain a sanitary home environment for the children. The home was dirty with an extremely pungent odor of cat urine and cat feces.

Report Determination: Unfounded

Date of Determination: 08/15/2018

Basis for Determination:

BCDSS unsubstantiated the allegations of Inadequate Food/Clothing/Shelter and Inadequate Guardianship regarding the children. The investigation did not reveal credible evidence to conclude that the children were harmed or placed in a substantial risk of harm situation as a result of parental action or inaction. BCDSS observed the alternative caretaker to be mobile and capable of caring for the children. The home was not observed to be hazardous during unannounced home visits.

OCFS Review Results:

The investigation was initiated timely and appropriate collateral contacts were made. Interviews with the family were clearly documented and the Safety Assessments and Risk Assessment Profile were completed accurately. The record reflected a timely CPS history check and BCDSS provided written notice of the SCR report timely. Although the mother's home was assessed for safety, the father of the child and sibling's home was not assessed despite the children frequently visiting.

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

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

3/28/16- 5/20/16 The parents were unsubstantiated for Inadequate Guardianship and Lack of Medical Care regarding the subject child.

Known CPS History Outside of NYS

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

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