



Report Identification Number: SY-21-030

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

Issue Date: Dec 20, 2021

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: 14 year(s)

Jurisdiction: Oneida
Gender: Male

Date of Death: 07/03/2021
Initial Date OCFS Notified: 07/07/2021

Presenting Information

A completed 7065 Reporting Form was received which stated that the subject child was shot and killed by his 15-year-old friend while visiting the friend at his home. The subject child's mother was at work at the time of the shooting, and the 15-year-old was arrested and in police custody. The mother had been unable to control the subject child's behaviors over the past few months and had made multiple missing persons reports. The subject child was on probation at the time of his death.

Executive Summary

This fatality report concerns the death of a 14-year-old male subject child that occurred on 7/3/21. On 7/7/21, Oneida County Department of Social Services (OCDSS) submitted a completed 7065 Reporting Form to OCFS which noted the subject child died from a gunshot wound. The fatality occurred during an open CPS investigation, which was addressing concerns the subject child was failing to attend school and suffering academically as a result. An autopsy was completed; however, the cause and manner of death had not yet been released.

At the time of the subject child's death, he resided with his mother and three siblings, ages 13, 10, and seven years old. The children had minimal contact with their father, who resided out of state. On the date of the incident, the subject child had left his home at an unknown time, unbeknownst to any of his family members. It was revealed the subject child had gone to the home of an unrelated 15-year-old child (OC). The exact details of what proceeded were unknown, but through speaking with law enforcement and family members, it was determined the 15-year-old child was in possession of a firearm and fatally shot the subject child. It remained unclear if the shooting was accidental or intentional. There were no known witnesses to the incident. Emergency services were called and responded to the scene. The subject child was transported to the hospital via ambulance, where he was pronounced deceased at 8:59PM on 7/3/21.

OCDSS gathered information surrounding the fatality from family members and collateral sources. The 15-year-old child was arrested; however, the record did not reflect what charges he faced. The siblings of the subject child were deemed safe in the care of their mother. OCDSS offered services to the families involved, and the CPS investigation remained open and ongoing at the time this report was issued.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Safety assessment due at the time of determination?** N/A

Determination:

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



- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

This was not an SCR reported fatality.

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:

OCDSS gathered available information surrounding the fatal incident. This was not an SCR reported fatality.

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: 07/03/2021

Time of Death: 08:59 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: Unknown

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

- | | | |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input checked="" type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
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Deceased Child's Household	Deceased Child	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Mother	No Role	Female	43 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)

LDSS Response

On 7/7/21, OCFS received the 7065-reporting form regarding the death of SC, which occurred on 7/3/21. At the time of the fatality, the family had been involved in an active CPS investigation which was initiated on 11/30/20. This investigation was surrounding a report received concerning SC's excessive school absences. OCDSS contacted the SCR regarding the fatality, and the report was accepted as additional information.

On 7/4/21, OCDSS met with the family. BM was not fluent in English; however, family members assisted with translating. BM explained she was working from 7:00AM to 4:00PM on the date of the incident. She reported an adult sibling was at the home babysitting, and all the CHN were still in bed when she left for work that morning. BM reported that at 3:30PM, she received a call from her daughter who informed her that SC had been shot. BM reported the SSs were with a family member at the time of this visit, and OCDSS observed them via video call. The SSs were deemed safe.

On 7/6/21, OCDSS learned that a PINS petition was filed by SC's school on 4/29/21, and SC was last seen in family court in June of 2021. At that appearance, the judge recommended youth diversion services, and referrals were completed for such on 6/28/21. It was unclear if SC had begun to engage in services prior to his death.

On 7/7/21, OCDSS met with the family of OC. The CHN residing in that home were assessed as safe. OC's mother reported on the date of the incident, OC had 5 boys in the home, and she only recognized SC, as he would come to the home frequently. OC's mother explained she was on her way out and told all the boys to leave; all agreed and when she left, they were all outside the home with their bicycles. OC's mother reported she did not notice any conflict between any of the CHN, and stated they were just "hanging out," which was a normal occurrence for OC and his friends. OC's mother said OC and 2 of his siblings were at home and in their bedrooms when the incident happened, and both siblings denied hearing any gun shots. The eldest sibling explained he only knew what happened after OC came into the house crying; police arrived at the home shortly after. OC's mother and siblings denied knowing how OC obtained a gun or that he had one in his possession. They also denied OC was involved in any gang or drug related activities. The family reported SC and OC were friends and they were unaware of any issues between them. OC had been arrested and remained incarcerated at the time of this visit.

On 7/7/21, OCDSS again met with SC's family. BF was present but would not engage in an interview. BM reported she believed SC and OC were friends, but that their friendship ended recently. She stated she did not know where OC lived, or that SC went to his house. BM explained she last saw SC alive before she left for work on 7/3/21 but was unaware he had left the home at some point. The SSs denied seeing SC at all that day. The family reported SC had a pattern of not telling anyone where he was going or when he would return, and he often left the home without anyone knowing. BM stated they had little information regarding the fatal incident, but she felt the shooting happened while OC was trying to steal SC's sneakers. BM did not explain why she thought that or where she received that information. All family members denied knowing of any gang or drug related activities SC may have been involved in.

OCDSS determined BM had been working with SC's school and LE to improve SC's attendance and behaviors, which included PINS/diversion and filing missing persons reports. LE reported the gun from the incident had not yet been found. The record did not reflect if OC was interviewed, or if LE was spoken with regarding their interview with OC. OCDSS



offered services to both families involved. The CPS and criminal investigations remained ongoing at the time of this writing.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

Comments: This fatality was submitted to the Oneida County Child Fatality Review Team.

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

Additional information:

OCDSS interviewed the family and collateral sources. Progress notes were not entered contemporaneously.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 This was not an SCR reported fatality, therefore, these assessments were not required; however, OCDSS did assess the safety of all of the children in both effected households.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
 This was not an SCR reported fatality, therefore a RAP was not required. OCDSS offered the family services in response to the subject child's death.

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 type="checkbox"/>	<input checked="" 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 were no children that needed to be removed as a result of this fatality.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?
 Family Court Criminal Court Order of Protection



Criminal Charge: Other - Unknown Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	OC	Unknown	Unknown
Comments:	Law enforcement informed OCDSS that the 15-year-old unrelated child was arrested and charged; however, the record did not reflect what the charges were.		

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 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 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 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:

OCDSS offered the families involved services following the fatality; however, they declined.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

OCDSS provided referrals for grief and bereavement counseling to the mother for the surviving siblings.



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

Explain:

OCDSS provided grief and bereavement counseling referrals to the mother and father.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? 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)	Allegation Outcome	Compliance Issue(s)
11/30/2020	Deceased Child, Male, 13 Years	Mother, Female, 42 Years	Educational Neglect	Pending	Yes
	Deceased Child, Male, 13 Years	Mother, Female, 42 Years	Inadequate Guardianship	Pending	

Report Summary:

This SCR report was received with concerns SC was not attending school virtually and was failing his classes as a result. BM was aware of the issue but did not intervene.

Report Determination: Undetermined

OCFS Review Results:

More than 50% of progress notes were entered more than one month past event dates. There was no casework activity from 4/22/21 to 7/3/21, the date of the fatal incident. As a result, it was unknown what services the SC was involved with, if SC was compliant, or if BM was in need of a greater level of support prior to the death of SC. It was not until after the fatality that OCDSS obtained the aforementioned information. This investigation has been open for over one year and it is unclear why the case remains active.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

More than 50% of progress notes were entered more than one month after event dates.

Legal Reference:

18 NYCRR 428.5

Action:

OCDSS will enter progress notes contemporaneously as events occur.



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/23/2020	Sibling, Male, 11 Years	Mother, Female, 42 Years	Lack of Medical Care	Unsubstantiated	No

Report Summary:

This SCR report was received with concerns the now 13yo SS had a medical condition that required emergency surgery, and without such, serious medical complications would occur. BM was aware of the risks but still refused to allow SS to have the procedure.

Report Determination: Unfounded**Date of Determination:** 06/15/2020**Basis for Determination:**

OCDSS spoke with family members and collateral sources. BM spoke another language and she did not fully understand the seriousness of the situation, as the translator at the hospital had a different dialect. OCDSS articulated the medical concerns with the assistance of an adult sibling to translate for BM, and BM brought SS back to the hospital for the surgery. SS was discharged the following day. The CHN's pediatrician only noted concerns surrounding SC being underweight and that he had not been seen since 2018. OCDSS sent BM a letter requesting she schedule a follow up appointment. OCDSS observed the CHN, and they all appeared healthy and were deemed safe.

OCFS Review Results:

This investigation met all statutory requirements.

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

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

In 2015, the mother was listed as a nonconfirmed subject in one CPS investigation with allegations of OTH/COI regarding a now adult sibling.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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