



Report Identification Number: SY-21-051

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

Issue Date: Apr 28, 2022

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: Broome
Gender: Male

Date of Death: 11/04/2021
Initial Date OCFS Notified: 11/18/2021

Presenting Information

An SCR report alleged that in September 2021, the 14-year-old subject child began to experience increased constipation, a limited appetite and unexplained weight loss. On 10/8/21, a physician recommended the child receive a colonoscopy and be placed on a laxative regimen. The grandparents did not agree with the physician's recommendation and failed to comply. As a result, the child remained constipated. On 11/4/21, at an unknown time, the child woke up to take his medication. Moments after taking the medication, the child vomited and laid back down. On the same date, a family member in the home checked on the child and discovered that his skin was blue and EMS was called to the home. EMS was able to restart his heart during transport to the hospital, but he subsequently died at an unknown time later on 11/4/21. The child's preliminary cause of death was perforated bowels and the autopsy results were pending.

Executive Summary

On 11/18/21, the Broome County Department of Social Services (BCDSS) received an SCR report regarding the death of the 14-year-old male subject child that occurred on 11/4/21. At the time of the child's death, he resided with his maternal grandparents and his three siblings, ages 19, 16 and 3. The children's mother had little contact with them and attempts to locate and contact her were unsuccessful. The subject child's father was deceased, and the siblings' fathers had no contact with them.

The investigation revealed that on the morning of 11/4/21, the subject child appeared to be ill, and he vomited after taking his prescribed medication. The child laid down on a futon bed in the living room and the 19-year-old sibling found him to be unresponsive when she checked on him an hour later. The grandmother performed CPR while the grandfather called 911. EMS responded to the home, and they transported the child to the hospital via ambulance. Efforts to resuscitate the child were unsuccessful and he was pronounced deceased.

An autopsy was performed, and the final autopsy report stated that "the death of the subject child was due to complications of large bowel obstruction. A seizure disorder contributed to his death. External examination showed a teenage boy with no significant evidence of injury. Autopsy showed dilated loops of small and large bowel. The large intestine was filled with hard fecal material. No other anatomic abnormalities were present". Law enforcement closed their investigation with no charges filed.

The siblings were assessed to be safe in the grandparents' care. BCDSS referred the family for bereavement services, and they declined. The investigation remained open at the time this report was written; however, information gathered supported that the grandparents were meeting the child's medical needs and that they were unaware of the severity of the child's current medical condition.

PIP Requirement

For citations identified in historical cases, BCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) BCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, BCDSS will review the plan and revise as needed to address ongoing concerns.

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? The CPS report had not yet been determined at the time this Fatality report was written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

Casework activity was commensurate with case circumstances.

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 investigation remained open at the time this fatality report was written.

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: 11/04/2021

Time of Death: Unknown

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

11:40 AM

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? 1 Hours
At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- Other: **In another room**

Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	No Role	Female	19 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	61 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	60 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	16 Year(s)
Other Household 1	Mother	No Role	Female	38 Year(s)
Other Household 2	Other Adult - 16-year-old Sibling's Father	No Role	Male	39 Year(s)
Other Household 3	Other Adult - 3-year-old Sibling's Father	No Role	Male	32 Year(s)

LDSS Response

BCDSS reviewed SCR history and they spoke to the source of the report, law enforcement, school staff, EMS, the Medical Examiner, the children's pediatrician, the child's gastroenterologist and behavioral pediatrician, a friend of the grandmother, and the 16-year-old sibling's father. Law enforcement informed BCDSS that they had already investigated the incident following the child's death on 11/4/21 and closed their investigation with no reason to suspect foul play.

The home was assessed to be safe on 11/19/21. The grandparents reported that they had custody of the children. The circumstances surrounding them obtaining custody was not documented. The child was diagnosed with seizures and a neurodevelopment disorder that caused impairments in social interaction and communication. He had a history of constipation and bowel issues, and he wore diapers. He had been experiencing limited appetite, increased constipation, and unexplained weight loss. The grandparents said on 10/8/21, the behavioral pediatrician advised them to give the child fiber gummies and a laxative to assist with constipation. They reported giving the child fiber gummies daily and they attempted



to give the child a laxative, but the child refused to drink it. They also gave the child an enema treatment every few days to help with constipation. They stated that the child was acting normally on 11/3/21 and he did not appear to be ill. He was having bowel movements every other day, so they thought his constipation had improved; however, they said his last bowel movement prior to his death was on 10/31/21.

The grandparents said on the morning of 11/4/21, the child awoke around 5:45 AM. He appeared to be breathing heavy, which was typical for that time of year when the weather changed. The child vomited after taking his prescribed medication, then he went upstairs to his bedroom. A few minutes later he returned downstairs, and he appeared to be ill, but he had no fever. The child got a glass of water and he laid on a futon bed in the living room. The grandparents discussed seeking medical care for the child when he woke up. About an hour later the 19-year-old sibling checked on the child and she discovered he was blue and not breathing.

The 19-year-old sibling stated that she went downstairs around 9:00 AM and she could see that the child was sick. She went upstairs around 10:00 AM to get ready for work. Around 11:40 AM she checked on the child and she saw that he was blue, so she called for the grandmother. She reported no concerns for the children. The 16-year-old sibling said he was at school at that time of the incident, and he did not disclose any concerns. The 3-year-old sibling pointed to the futon bed and said the child was on the bed. She said he went upstairs, came down, then he was taken out the front door and he is in heaven now.

School staff reported no concerns for the 16-year-old sibling. Staff at the subject child’s school said he had been in school the week of his death and they had no concerns. He seemed happy at that time, and he was always clean and well-groomed.

The behavioral pediatrician reported that the child had recently suffered weight loss due to constipation. During the child’s last telehealth appointment on 10/8/21, the grandparents were instructed to give the child a laxative and suppository treatment for constipation. The child had not been seen for an in-person appointment in 9 months, therefore the doctor was not aware how severe the child’s constipation was. The doctor said if they had seen the child in person, they may have felt his stomach and they may have noticed how severe his condition was. The doctor said the child had nonfunctional communication so he would not have been able to express that he was so constipated or in pain.

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 referred to an OCFS approved Child Fatality Review Team? No

Comments: Broome County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060142 - Deceased Child, Male, 14 Yrs	060143 - Grandparent, Male, 61 Year(s)	DOA / Fatality	Pending



060142 - Deceased Child, Male, 14 Yrs	060143 - Grandparent, Male, 61 Year(s)	Inadequate Guardianship	Pending
060142 - Deceased Child, Male, 14 Yrs	060143 - Grandparent, Male, 61 Year(s)	Lack of Medical Care	Pending
060142 - Deceased Child, Male, 14 Yrs	060144 - Grandparent, Female, 60 Year(s)	DOA / Fatality	Pending
060142 - Deceased Child, Male, 14 Yrs	060144 - Grandparent, Female, 60 Year(s)	Inadequate Guardianship	Pending
060142 - Deceased Child, Male, 14 Yrs	060144 - Grandparent, Female, 60 Year(s)	Lack of Medical Care	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:

Attempts were made to locate and interview the mother and 3-year-old sibling's father but were unsuccessful.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

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

Explain:

Bereavement services were offered but refused.

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



Child Fatality Report

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

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

Explain:

The siblings were referred for bereavement services but they declined.

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

Explain:

The grandparents were referred for bereavement services but they declined.

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? 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)
03/22/2019	Deceased Child, Male, 12 Years	Grandparent, Female, 58 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 12 Years	Grandparent, Female, 58 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Male, 12 Years	Grandparent, Male, 59 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 12 Years	Grandparent, Male, 59 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

An SCR report alleged the grandparents failed to follow through with medical care for the subject child. The child had a seizure disorder and mental health issues. He was on medication for his seizures and developmental medications that needed to be monitored with blood work. The grandparents had a history of failing to follow through to get his blood work done. There were additional concerns that the grandparents had issues controlling the child's behavior and they were referred to other mental health services and they failed to comply.

Report Determination: Unfounded

Date of Determination: 05/28/2019

Basis for Determination:

The allegations were unsubstantiated based on a lack of credible evidence. The grandparents had custody of the child and it was verified that they brought him for blood work four times in the previous year. The child was also hospitalized for a period of time, where he received blood work. The grandparents missed one appointment and the child received the needed blood work on the rescheduled date. The doctor did not report any ill effects as a result of the delayed bloodwork.

OCFS Review Results:

A home visit was conducted and the grandparents and siblings were interviewed. The child was assessed to be safe but attempts to interview him were unsuccessful due to the child's limited verbal communication. The 7-Day Safety Assessment was completed 14 days late on 4/12/19. School staff and the child's medical specialists were spoken to and the child was referred for disability services.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-Day Safety Assessment was completed 14 days late on 4/12/19.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

BCDSS will document and approve all safety assessments within the required time frame.

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

An SCR report dated 8/10/11 was substantiated for the allegation of Inadequate Guardianship against the mother's partner at the time regarding the subject child and the now 16-year-old sibling.



An SCR report dated 11/30/11 was unsubstantiated for the allegations of Inadequate Guardianship and Lack of Medical Care against the grandparents regarding a child not listed on this case.

An SCR report dated 11/3/12 was unsubstantiated for the allegations of Inadequate Guardianship and Lacerations, Bruises, Welts against the grandfather regarding the now 16-year-old sibling.

An SCR report dated 9/30/16 was unsubstantiated for the allegations of Inadequate Guardianship and Educational Neglect against the grandparents regarding a child not listed on this case.

An SCR report dated 3/1/17 was unsubstantiated for the allegations of Inadequate Guardianship and Educational Neglect against the grandparents regarding the now adult sibling and a child not listed on this case.

Known CPS History Outside of NYS

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

Preventive Services History

A Preventive Services case was opened from 5/13/11-7/28/11 regarding the grandparents, subject child, and siblings. The grandparents were referred for parent training; however, they declined the services offered and the case closed.

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.

Additional Local District Comments

BCDSS has reviewed the report and is in agreement with the findings of the fatality report.

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