



Report Identification Number: SV-15-012

Prepared by: Spring Valley Regional Office

Issue Date: 8/13/2015

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
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 8 year(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 02/17/2015
Initial Date OCFS Notified: 02/18/2015

Presenting Information

An SCR report was received on 02/17/2015, which alleging Inadequate Guardianship and DOA/Fatality against the parents on behalf of the 9-year-old male subject child. According to the report the family went to bed on 2/16/2015 at 9:00 PM. On 2/17/2015, the father woke up at 5:45 AM and observed the subject child unresponsive and unconscious. In response to a 911 call, EMS was unable to revive the child. The entire family had a stomach virus for the 2-days prior to 2/17/2015, and the subject child was drinking sports drinks to stay hydrated.

On 3/25/2015, a subsequent SCR alleged lack of medical care by the parents on behalf of the 1-year-old sibling. The sibling was admitted to the hospital with severe anemia and dehydration. The parents allegedly failed to follow-up with after care and prescriptions.

Executive Summary

Suffolk County Department of Social Services, (SCDSS), conducted an investigation into the allegations, and coordinated their investigation with law enforcement. Appropriate collateral contacts were made, and pertinent information was obtained. SCDSS contacted medical professionals, first responders, and arranged for services through community resources for the family.

All Safety Assessments as well as the Risk Assessment Profile (RAP) were appropriate, timely, and accurately reflected the known circumstances of the case.

On 4/14/2015, SCDSS completed their investigation and determined the case as follows: The allegations of DOA/Fatality and Inadequate Guardianship on behalf of the subject child were unsubstantiated. The entire family had a stomach virus and symptoms subsided within 24 hours. The parents made reasonable observations that the subject child's symptoms also subsided in the same timeframe. The Medical Examiner preliminary findings listed Asthma as a contributing factor, however it was unknown the subject child had Asthma at the time. The Medical Examiner believed the severe dehydration that ultimately led to the subject child's death was caused by the severe diarrhea and vomiting. The parents had provided a sports drink for the subject child to stay hydrated. SCDSS concluded this was consistent with providing a minimum degree of care of the subject child.

The 3/25/15 allegations on behalf of the 1-year-old surviving sibling were substantiated as the parents neglected to take the child to regular doctor checkups since she had been born. The 1-year-old was admitted to the hospital with medical conditions that could have been treated or prevented with regular medical care. Once care was obtained, the parents also neglected to obtain the prescriptions for the medical conditions for the child in a timely manner, and did not take the child to a follow-up appointment.

The children's pediatrician noted no concerns in regard to the surviving siblings once they were medically seen. The criminal investigation by local Law Enforcement remained open at the close of this investigation, pending the final results from the Medical Examiner; however they would close their case as non-criminal.

The family moved back to California on 4/10/2014, to bury the subject child's ashes next to his sibling, who pre-



deceased the subject child in February of 2013. The sibling, then 15-years-old, passed away following a gang related incident in which he sustained a gunshot wound to his head. The family had left the sibling with a relative in California when they moved to New York as he was dealing with legal issues. He was expected to join the family in New York once the legal issues had been resolved. A 4/14/2014 follow-up contact with the shelter the family was residing in, confirmed the family had left as planned. The family agreed to seek prompt medical attention for the children as necessary.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

SCDSS completed the case investigations activities appropriately.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

There were no services needed for the family. They returned to California.

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: 02/17/2015

Time of Death: Unknown



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County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: 05:51 AM

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

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

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

How long before incident was the child last seen by caretaker? 8 Hours

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	8 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	37 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)

LDSS Response

Suffolk County Department of Social Services, (SCDSS), conducted an investigation into the allegations, and coordinated their investigation with law enforcement. The SCR reports of 2/17/15 and 3/25/15 were appropriately consolidated. Appropriate collateral contacts were made, and pertinent information was obtained. SCDSS contacted medical professionals, first responders, and arranged for services through community resources for the family. The information gathered supported the statements as listed in the SCR report.

All Safety Assessments as well as the Risk Assessment Profile (RAP) were appropriate, timely, and accurately reflected the known circumstances of the case.



On 4/14/2015, SCDSS completed their investigation and determined the case as follows: The allegations of DOA/Fatality and Inadequate Guardianship on behalf of the subject child were unsubstantiated. The entire family had a stomach virus and symptoms subsided within 24 hours. The parents made reasonable observations that the subject child's symptoms have also subsided in the same timeframe. The Medical Examiner preliminarily listed Asthma as a contributing factor, however it was unknown the subject child had Asthma at the time. The Medical Examiner believed the severe dehydration that ultimately led to the subject child's death was caused by the severe diarrhea and vomiting. The parents had provided a sports drink for the subject child to stay hydrated. However, the allegations listed on the 3/25/15 report on behalf of the one-year-old surviving sibling were substantiated. It was determined the parents neglected to take the child for regular doctor visits since she had been born. The one-year-old was admitted to the hospital and it was discovered she had medical conditions that would have been treatable had regular care been sought. Following a previous emergency visit, the parents neglected to obtain the prescriptions for the child in a timely manner, and did not take the child to a follow-up appointment.

The children's pediatrician noted no concerns in regard to the surviving siblings once they were medically seen. The criminal investigation by local Law Enforcement remained open at the close of SCDSS's investigation, pending the final results from the Medical Examiner; however, they would close their case as non-criminal.

The family moved back to California on 4/10/2014. A 4/14/2014 follow-up contact with the shelter the family resided in, confirmed the family had left as planned. The family agreed to seek prompt medical attention for the children as necessary.

Official Manner and Cause of Death

Official Manner: Pending

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)?No

Comments: The investigation coordinated efforts with law enforcement.

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

Comments: Suffolk County does not hold Child Fatality Review Team meetings.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
017323 - Deceased Child, Male, 8 Yrs	017324 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated
017323 - Deceased Child, Male, 8 Yrs	017324 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated



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017323 - Deceased Child, Male, 8 Yrs	017325 - Father, Male, 37 Year(s)	DOA / Fatality	Unsubstantiated
017323 - Deceased Child, Male, 8 Yrs	017325 - Father, Male, 37 Year(s)	Inadequate Guardianship	Unsubstantiated
017328 - Sibling, Female, 1 Year(s)	017324 - Mother, Female, 35 Year(s)	Lack of Medical Care	Substantiated
017328 - Sibling, Female, 1 Year(s)	017325 - Father, Male, 37 Year(s)	Lack of Medical Care	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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"/>

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 and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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



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Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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:

Bereavement counseling was offered to the family and refused. The 12-year-old surviving sibling was speaking with someone at the "drop-in" center at the shelter in which the family was staying at as she refused to speak with a formal counselor. The parents agreed to seek additional services for the family upon returning to California.

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 counseling, however were refused.

History Prior to the Fatality



Child Information

Did the child have a history of alleged child abuse/maltreatment? No
Was there an open CPS case with this child at the time of death? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? 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)	Status/Outcome	Compliance Issue(s)
10/31/2014	3041 - Deceased Child, Male, 8 Years	3042 - Mother, Female, 35 Years	Educational Neglect	Far-Closed	No
	3044 - Sibling, Female, 11 Years	3042 - Mother, Female, 35 Years	Educational Neglect	Far-Closed	
	3041 - Deceased Child, Male, 8 Years	3042 - Mother, Female, 35 Years	Inadequate Guardianship	Far-Closed	
	3044 - Sibling, Female, 11 Years	3042 - Mother, Female, 35 Years	Inadequate Guardianship	Far-Closed	
	3041 - Deceased Child, Male, 8 Years	3043 - Father, Male, 36 Years	Inadequate Guardianship	Far-Closed	
	3044 - Sibling, Female, 11 Years	3043 - Father, Male, 36 Years	Inadequate Guardianship	Far-Closed	
	3041 - Deceased Child, Male, 8 Years	3043 - Father, Male, 36 Years	Educational Neglect	Far-Closed	
	3044 - Sibling, Female, 11 Years	3043 - Father, Male, 36 Years	Educational Neglect	Far-Closed	

Report Summary:

A report was made to the SCR on 10/31/2014, which alleged Inadequate Guardianship and Educational Neglect on behalf of the then 11-year-old female surviving sibling, and the then 8-year-old subject child. The report alleged the children had not attended school since 9/23/2014, and were at a risk of failing as a result. It was noted the parents attempted to register the children in a new school district in early October. They were advised to follow-up with additional information but they did not comply.

No safety factors were identified and the case was assigned to the Family Assessment and Response (FAR) track. The FAR case was closed on 12/30/2014.

OCFS Review Results:

SCDSS assisted the Family in coordination with the local school to obtain the necessary documentation from California and the children were successfully enrolled in school. Additionally, SCDSS assisted the family in obtaining necessary



furniture and additional food when the mother requested as the food supply became low. The children were observed doing well, healthy and there were no safety concerns.

OCFS is in agreement the with the closure of the FAR case as necessary services and support were provided. Based on the low risk determined by home visits, collateral contacts, supervisory conferences and solution focused work regarding the family, keeping the case open was not warranted.

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

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

There is no known history on file for the family.

Known CPS History Outside of NYS

There is no known substantiated CPS history on file for the family outside of New York State.

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality



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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

Action:	It is recommended SCDSS consider stablishing a protocol when it is known that a family in an open case will move out of the jurisdiction to ensure they children are safe in their new location. In cases that SCDSS intends to close, this could include an arrangement with the family and the jursidiction of destination to conduct a safety check, and if agreed upon the parties a referral for community based services.
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Are there any recommended prevention activities resulting from the review? Yes No