



Report Identification Number: SV-20-033

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

Issue Date: Jan 14, 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: 11 year(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 08/08/2020
Initial Date OCFS Notified: 08/08/2020

Presenting Information

An SCR report alleged around 2:00 AM, the 11-year-old subject child had a severe asthma attack in the home. The mother and parent substitute were present and gave the child a breathing medication that he was not prescribed. The adults brought the child outside to transport him for medical care. While outside, the child became unconscious and fell to the ground. EMS arrived and transported the child to the hospital around 3:00 AM. At 3:40 AM, the child was pronounced deceased. The child had no visible injuries. The medication the mother and parent substitute gave to the child contributed to his death. The three other children had unknown roles. A subsequent report was received on the same day alleging the adults did not provide the child with his asthma medication; therefore, they did not provide adequate medical care for the child.

Executive Summary

This fatality report concerns the death of the 11-year-old male subject child that occurred on 8/8/2020. Two reports were made to the SCR on the same day regarding the child's death and allegations the mother and parent substitute did not provide adequate medical attention to the child regarding his pre-diagnosed asthma. The child had three siblings, ages 11 months, 3 and 10 years. The siblings were assessed to be safe with their parents.

Westchester County Department of Social Services (WCDSS) coordinated investigative efforts with law enforcement immediately upon receipt of the SCR report. The criminal investigation was closed without any criminal charges filed. An autopsy was performed, and the cause of death was cerebral edema due to cerebral hypoxia due to acute exacerbation of bronchial asthma. The manner of death was natural.

The mother reported the child was prescribed asthma medications and had several hospital admissions during his life due to his condition. The child did not have the medications he used to treat his asthma and the mother attempted to obtain refills of the prescriptions; however, was told by the doctor the child needed to be assessed prior to being given more medication. The mother scheduled an appointment for the child to be evaluated. Prior to his appointment, the child's asthma exasperated and the mother gave him albuterol that was not prescribed to him. The child's condition worsened and he became unresponsive and was declared deceased. The mother did not wish to be interviewed regarding the fatal incident. The parent substitute also declined to be interviewed by WCDSS. Additionally, the mother requested WCDSS did not interview the siblings regarding the child or his death.

The father of the child was interviewed and provided information that the child had asthma since he was 3 years old and he did not believe the mother provided the child with adequate medical monitoring for his condition. The father reported expressing his concerns to CPS prior to the child's death.

WCDSS made several attempts to obtain information from the pediatrician's office; however, the pediatrician's office did not return calls or provide the pediatrician's records regarding the child.

WCDSS conducted home visits and met with the mother and observed the siblings during the investigation. The Safety Assessments and required reports were completed timely. Although the mother and parent substitute were provided with written notice of the SCR reports, the letters were provided untimely. The record did not reflect the father of the child was provided with written notice of the SCR reports. WCDSS unsubstantiated the allegations of Inadequate Guardianship, Lack of Medical Care and DOA/Fatality against the mother and parent substitute regarding the child due to lack of



credible evidence. WCDSS based their determination on the medical examiner’s report that the child’s death was a result of asthma and planned to make an SCR report if the pediatrician’s records reflected the mother or parent substitute were medically neglectful.

PIP Requirement

WCDSS will submit a PIP to the Westchester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the WCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, WCDSS 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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

Casework activity was commensurate with case circumstances.

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:

The decision to close the case was appropriate.

Required Actions Related to the Fatality

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

Issue:	Failure to provide notice of report
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Summary:	The mother and parent substitute were provided with written notice of the SCR report untimely on 10/6/2020. The father of the child was not provided with written notice.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	WCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/08/2020

Time of Death: 03:40 PM

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

02:00 PM

County where fatality incident occurred:

Westchester

Was 911 or local emergency number called?

Yes

Time of Call:

02:50 PM

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: Seeking medical attention

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	11 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Month(s)

LDSS Response



On 8/8/2020, WCDSS received the fatality report from the SCR. A duplicate report was received on the same day. Within the first 24 hours of the investigation, WCDSS coordinated investigative efforts with law enforcement, contacted the sources and notified the district attorney's office of the death. Within the first business day, WCDSS completed a CPS history check.

Law enforcement provided WCDSS with information that was gathered before WCDSS' involvement. Law enforcement reported the mother said the child was prescribed an albuterol inhaler in the years prior to his death for severe asthma. On 8/7/2020, the child ran out of his medication and was given someone else's prescription. The child was having difficulty breathing and as the family was leaving the home to seek emergency medical attention, the child collapsed. EMS was contacted and CPR was performed. The child was transported to the hospital where he was pronounced deceased.

On 8/9/2020, WCDSS made telephone contact with the mother who declined to have CPS involvement until the following day. On 8/10/2020, WCDSS conducted a home visit and interviewed the mother. The mother reported the child felt ill on 8/6/2020 because his asthma was acting up. She stated the child had asthma since age 3 and he was hospitalized on many occasions as a result. The child saw a pulmonologist in December 2019, but the family did not return for follow up visits as the child's asthma had not bothered him for approximately two years. The mother said the child ran out of his asthma prescriptions, including solution for his nebulizer and a rescue inhaler. She contacted the pediatrician, who declined to refill his medications until the child was seen for an evaluation. The mother scheduled an appointment for 8/19/2020. When the child was having difficulty breathing, a family friend gave the child solution for the nebulizer. The child said he was ok after he had a nebulizer treatment but later said he did not feel well. The mother said the child told his cousin that he thought he was going to die; however, neither the child or the cousin reported this to adults prior to the death. During the home visit, the siblings were assessed to be safe in the care of the mother and parent substitute. The parent substitute did not engage with the caseworker.

On 8/24/2020, the mother said she no longer wanted to discuss the child or his death with WCDSS. She declined the siblings be interviewed regarding the child.

On 9/4/2020, WCDSS conducted another home visit. The mother said the parent substitute refused to engage with the Department. The siblings were observed to "look well" and be comfortable in the home. No additional information was gathered.

On 10/6/2020, the father was interviewed over the telephone as he lived out of state. The father spoke to the child on 8/6/2020 and the child was not feeling well and had run out of his medications. The father talked to the mother about his concerns, and she notified him of the child's upcoming appointment. The father reported expressing concerns to CPS prior to the child's death. The father believed the child's death was preventable and that the mother did not provide the child with appropriate medical care.

Despite multiple attempts to contact the pediatrician, information was not provided to WCDSS. Furthermore, the doctor did not return telephone calls regarding the child or his condition.

WCDSS gathered collateral information from the district attorney's staff who stated there were no criminal charges as the medical examiner ruled the child's death to be due to an asthma attack.

The family was offered services in response to the fatality including Victim's Assistance Services. The mother was accepting of the services but declined the services for the children. The case was appropriately determined and the investigation was closed timely.

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: Forensic Pathologist

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055061 - Deceased Child, Male, 11 Yrs	055062 - Mother, Female, 33 Year(s)	DOA / Fatality	Unsubstantiated
055061 - Deceased Child, Male, 11 Yrs	055062 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
055061 - Deceased Child, Male, 11 Yrs	055062 - Mother, Female, 33 Year(s)	Lack of Medical Care	Unsubstantiated
055061 - Deceased Child, Male, 11 Yrs	055063 - Mother's Partner, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
055061 - Deceased Child, Male, 11 Yrs	055063 - Mother's Partner, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
055061 - Deceased Child, Male, 11 Yrs	055063 - Mother's Partner, Male, 30 Year(s)	Lack of Medical Care	Unsubstantiated

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>
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Additional information:

WCDSS contacted the pediatrician but he was not responsive in providing the child's records. Attempts were made to interview the parent substitute and SS; however they declined. The father was interviewed but was not seen as he resided out of state.

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"/>

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 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: A removal of the children was not necessary.				

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 checked="" type="checkbox"/>	<input 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 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 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? No

Explain:

The mother declined services for the siblings.

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

Explain:

The mother was engaged in counseling during the course of the investigation.

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)
04/01/2019	Deceased Child, Male, 9 Years	Mother, Female, 32 Years	Excessive Corporal Punishment	Unsubstantiated	Yes
	Deceased Child, Male, 9 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 9 Years	Mother, Female, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 9 Years	Mother, Female, 32 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

An SCR report alleged the subject child had a cut on his right palm near his thumb and wrist. The injury was self-inflicted as the child attempted to commit suicide because the mother punched him in the eye and violently grabbed his neck. The mother did this as punishment because the child was not listening. The child sustained scratches to his face. The child had a history of suicidal ideation and the mother did not seek appropriate medical attention. The 2-year-old sibling had an unknown role.

Report Determination: Unfounded

Date of Determination: 05/24/2019

Basis for Determination:

The allegations within the report were unsubstantiated as they lacked credible evidence. The investigation revealed the child cut his wrist with a pencil as he was angry and wanted attention. The record reflected the mother sought out appropriate mental health treatment for the child, resulting in his hospitalization. The family denied the mother struck the child and he did not have an injury. The case was appropriately closed.

OCFS Review Results:

The report was initiated timely and home visits were conducted. The Safety Assessments were completed with accuracy.



The RAP accurately reflected case circumstances. Interviews with the family were appropriate. The record did not reflect the father was provided with written notice of the SCR report. The investigation was appropriately determined.

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

Issue:
Failure to provide notice of report

Summary:
Although the father was spoken with, the record did not reflect he was provided with written notice of the SCR report.

Legal Reference:
18 NYCRR 432.2(b)(3)(ii)(f)

Action:
WCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/02/2018	Deceased Child, Male, 9 Years	Mother, Female, 30 Years	Educational Neglect	Far-Closed	No
	Deceased Child, Male, 9 Years	Mother, Female, 30 Years	Inadequate Guardianship	Far-Closed	
	Deceased Child, Male, 9 Years	Mother, Female, 30 Years	Lack of Medical Care	Far-Closed	

Report Summary:
An SCR report alleged the subject child was diagnosed with asthma and required the care of a specialist. The child was hospitalized multiple times due to asthma symptoms. The mother was aware yet did not address the situation. The mother smoked cigarettes around the child causing an increase in asthma symptoms. The child missed at least 20 days of school during the last school year and fell behind as a result. The mother was aware and did not rectify the situation. The mother allowed the child to go outside alone, exposing him to dangerous gang and drug activity in the neighborhood. The parent substitute and siblings, ages 2 and 8 years, had unknown roles.

OCFS Review Results:
The investigation was initiated timely and the source of the report was contacted. The FAR process was explained and agreed upon. The FLAG was completed, and a CPS history check was documented. Appropriate collateral contacts were made, and written notice was provided timely. The 7-day Safety Assessment was completed with accuracy.

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

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

1/18/2011- 3/17/2011- The mother was unsubstantiated for IG regarding other children.

Known CPS History Outside of NYS

There was 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