



Report Identification Number: SV-20-039

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

Issue Date: Feb 24, 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: 17 year(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 09/14/2020
Initial Date OCFS Notified: 09/14/2020

Presenting Information

The 17-year-old child had awoken at approximately 7:00 AM on 9/14/20 and informed the adoptive parents that he was not feeling well. The child had a runny nose and cough and the mother instructed him to return to bed. The mother and father checked on the child around 10:00 AM and found the child unresponsive in his bed. The child slept in a tented bed and was found with his head hanging outside a window of the tent with a wire from the window around his neck. The child sustained ligature marks to the throat area. The mother called 911 and attempts to resuscitate the child were made. There were 6 adult siblings in the home as well as 7 minor children aged 17-years-old, 16-years-old, 15-years-old, 14-years-old, 14-years old, 11-years-old, and 7-years old living in the home at the time of the child's death.

Executive Summary

This report concerns the death of a 17-year-old child which occurred in the care of his adoptive parents. The child was found unresponsive in his bed by his mother on 9/14/20 at approximately 10:00 AM. There were 7 adult siblings and 5 minor siblings in the home as well as a 6-year-old foster child.

Suffolk County Department of Social Services (SCDSS) received the SCR report and coordinated their response with law enforcement. Through interviews with the mother and the father, it was learned that the children in the home were diagnosed with multiple disabilities and were limited verbally. On the morning on 9/14/20, the 17-year-old woke up and went downstairs, but did not eat breakfast. The mother noticed the child was not feeling well, was congested, and had a runny nose. The mother sent him upstairs to go back to sleep. The mother went upstairs to check on the child at approximately 10:00 AM and found his head hanging out of the window of his over the bed tent. A wire from the window area was wrapped around his neck and the child was unresponsive. The mother immediately began CPR and used oxygen to attempt to revive the child. Emergency services were called, and the child was pronounced dead at the home upon their arrival.

Through further interviews with the family and collateral contacts, it was learned that the family used tent beds for several of the children with autism diagnoses to assist with limiting stimuli while sleeping. The 17-year-old child had previously tried to climb through the window of the tent. The 17-year-old had limited mobility and required leg braces to stand and walk. It was believed by law enforcement and the medical examiner that the child was accidentally strangled to death while attempting to climb through the opening of the tent. There were no signs of abuse or other trauma to the child.

The safety and care of the adult and minor siblings and the 6-year-old foster child was assessed throughout the investigation by SCDSS. Collateral contacts, including medical providers and foster care agency caseworkers, disclosed no concerns for the care of the children in the home. The mother and the father have a history of adopting and fostering children that were medically fragile and had short life expectancies. The family had five previous children pass away while in their care due to their various medical conditions. None of the previous deaths were reported to the SCR or had any law enforcement involvement.

SCDSS determined that there was no credible evidence to substantiate the allegations of DOA/Fatality, Inadequate Guardianship, and Lack of Supervision for the mother and the father regarding the 17-year-old child and closed their investigation.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

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

Determination:

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

Was the decision to close the case appropriate? 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:
SCDSS followed regulatory requirements during the investigation period and made the determination to unsubstantiate the allegations in the report.

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: 09/14/2020

Time of Death: 10:00 AM (Approximate)

County where fatality incident occurred:	Suffolk
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?	N/A

**Child's activity at time of incident:**

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	No Role	Male	21 Year(s)
Deceased Child's Household	Adult Sibling	No Role	Female	20 Year(s)
Deceased Child's Household	Adult Sibling	No Role	Male	19 Year(s)
Deceased Child's Household	Adult Sibling	No Role	Male	19 Year(s)
Deceased Child's Household	Adult Sibling	No Role	Female	18 Year(s)
Deceased Child's Household	Adult Sibling	No Role	Male	18 Year(s)
Deceased Child's Household	Adult Sibling	No Role	Male	18 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	17 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	62 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	61 Year(s)
Deceased Child's Household	Other Child - Foster Child	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)
Deceased Child's Household	Sibling	No Role	Female	16 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	14 Year(s)
Deceased Child's Household	Sibling	No Role	Male	14 Year(s)

LDSS Response

Suffolk County Department of Social Services (SCDSS) received the report from the SC and coordinated their investigation with LE.

LE informed SCDSS that the SC was observed with ligature marks on his neck and that an examination by the ME was pending. LE had no concerns for the condition of the home or the parents' care of the medically fragile children.

The SM and SF were interviewed in the home. They reported that on the morning of the SC's death, the SC had come downstairs for breakfast at approximately 7:00 AM, but did not want to eat. They reported that the SM advised the SC to return to his room to sleep more to not risk any of the siblings getting sick while being near him. The SM disclosed that she went to check on the SC around 10:00 AM and found him in his bedroom with his head hanging out of his bed tent and yelled for the SF for help. The SM was able to free the SC on her own before the SF could respond upstairs. The SM



called 911 and started CPR. LE took over CPR efforts when they arrived on scene. The SF had returned downstairs to attend to the other children. The SC was pronounced dead on scene and brought to the ME's office. They reported that the SC had previously attempted to climb through the window of the tent. The SM and SF stated that 5 other children have passed away in their care and that they have historically fostered and adopted children with disabilities, medically fragile diagnoses, and short life expectancies. None of the previous child deaths were reported to the SCR and there were no concerns for abuse or maltreatment surrounding the deaths of those children.

Living in the home were 7 adult siblings ages 21, 20, 19, 19, 18, 18, and 18-years-old. Additionally, there were 5 minor siblings ages 17, 16, 15, 14 and 14-years old. There was also a 6-year-old foster child living in the home at the time of the SC's death. All 13 of these children were diagnosed with multiple disabilities and were unable to be interviewed regarding the SC's death due to their limited verbal and non-verbal communication abilities. There were no concerns identified for the care of the children by SCDSS through collateral contacts. The record reflected that the SM and the SF were capable of caring for the children in the home and had several years experience caring for profoundly disabled children. The SM was a registered nurse and the SM and SF had overnight nursing assistance in the home.

SCDSS obtained records from medical providers for the minor children. There were no concerns identified for the family's use of tent beds or the care of the children through the records.

SCDSS spoke with foster care workers for the 6-year-old child. There were no concerns identified for the care of the child in the home with the SM and the SF. SCDSS documented unsuccessful attempts to speak with the biological parents of the 6-year-old.

SCDSS spoke with LE prior to closing their investigation. LE informed SCDSS that they would not be pursuing criminal charges against the SM and SF and that the death appeared to be an accident.

SCDSS spoke with the office of the ME. The final autopsy report had not been received prior to the closing of the investigation. There were ligature marks on the neck, petechiae in the eyeballs, eyelids, and face. There were no other signs of abuse or trauma and the story was consistent with the SC's death.

SCDSS determined there was no credible evidence to substantiate the allegations and closed the investigation.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

Comments: Suffolk 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
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056068 - Deceased Child, Male, 17 Yrs	056069 - Mother, Female, 61 Year(s)	DOA / Fatality	Unsubstantiated
056068 - Deceased Child, Male, 17 Yrs	056069 - Mother, Female, 61 Year(s)	Inadequate Guardianship	Unsubstantiated
056068 - Deceased Child, Male, 17 Yrs	056069 - Mother, Female, 61 Year(s)	Lack of Supervision	Unsubstantiated
056068 - Deceased Child, Male, 17 Yrs	056070 - Father, Male, 62 Year(s)	DOA / Fatality	Unsubstantiated
056068 - Deceased Child, Male, 17 Yrs	056070 - Father, Male, 62 Year(s)	Inadequate Guardianship	Unsubstantiated
056068 - Deceased Child, Male, 17 Yrs	056070 - Father, Male, 62 Year(s)	Lack of Supervision	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The adult siblings and children were not able to be interviewed due to their developmental abilities.

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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 parents declined services on behalf of the children due to their developmental disabilities.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The parents chose to utilize existing supports in relation to the child's death.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/09/2019	Sibling, Male, 13 Years	Mother, Female, 59 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 13 Years	Mother, Female, 59 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 13 Years	Father, Male, 61 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 13 Years	Father, Male, 61 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The SCR report alleged that the mother and the father lock the 13-year-old child in his room from 7:30 PM until the following morning. The child is not provided water and is unable to use the bathroom.

Report Determination: Unfounded**Date of Determination:** 02/13/2019**Basis for Determination:**

SCDSS met with all family members and it was learned that there is no lock on the child's door. The child has a habit of wandering the home at night and there is a door alarm to alert the parents if he leaves the bedroom. All of the children in the home have multiple developmental disabilities. Collateral contacts expressed no concerns and spoke overwhelmingly positive about the parents.

OCFS Review Results:

SCDSS followed regulatory requirements in investigating the allegations. All of the children were assessed as safe in the care of the mother and father during the investigation. A lock was not observed on the child's door and there were no concerns identified for any of the children in the care of the parents. The allegations were unsubstantiated and the investigation was closed.

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known history outside of NYS.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity



Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No