



Report Identification Number: NY-16-081

Prepared by: New York City Regional Office

Issue Date: 2/3/2017

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	

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	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-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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 08/03/2016
Initial Date OCFS Notified: 08/03/2016

Presenting Information

On 8/3/16, the BM was feeding the one-month-old infant when she noticed milk coming from his nostrils. She turned the infant over and began to pat his back. He became limp and unconscious. He was transported to the hospital where he was pronounced dead.

Executive Summary

The BM reported that at approximately 3:00 P.M. she was feeding the SC and noticed milk excreting his nostrils. She turned him face down and pat his back as she had been taught by the hospital staff. The BM noticed the SC became pale in color and unresponsive. She called for the MGM who was in another room feeding the SC's twin brother. The MGM called 911 for medical assistance.

ACS documented that EMS arrived at the case address at 3:44 P.M. and transported the SC and the BM to Jacobi Hospital (JH). The medical staff at JH pronounced the SC dead at 4:34 P.M. The 8/3/16 SCR report alleged DOA/ Fatality and IG of the SC by the BM.

On 8/3/16, ACS interviewed the attending physician at JH. The Dr reported the twins were born prematurely at thirty-two weeks and six days and they remained in the hospital for approximately one month. The Dr reported the SC had no pre-existing medical conditions. The Dr also told the Specialist that at the time of the incident the BM, was traumatized and she was treated at the adult emergency and discharged. The assigned NYPD detective reported that at the time of this incident, the BF was at work and the fifteen-year-old SS was out of the home visiting the MA. The NYPD found no criminality and closed the case.

The Specialist interviewed family members and neighbors who all stated the BM was a good mother and that they would support the family. The pediatrician reported that the immunizations of the fifteen-year-old SS are current and there are no medical concerns for the child.

The family engaged in PPRS services under the auspices of Leake and Watts and the twin was being closely monitored by VNS and Home Care Services daily, under the auspices of JSP Life Agency Inc. He also received Early Intervention. The fifteen-year-old SS is currently receiving counseling through Bright Point services.

The cause of death of this one-month-old infant is unknown; the ME has not finalized a report to date. On 1/12/17, ACS unsubstantiated the allegations of the report. ACS cited there was no credible evidence to support either allegation against the BM.

Findings Related to the CPS Investigation of the Fatality



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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? Unable to Determine

Explain:

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 family has engaged in services.

Required Actions Related to the Fatality

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

Issue:	Preliminary assessment of safety must be completed and documented within 7 days.
Summary:	During the course of this investigation ACS did not complete the 7-Day Safety Assessment as required.
Legal Reference:	18 NYCRR 432.1 (aa)
Action:	The Administration for Children’s Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Timely/Adequate 24 Hour Assessment
Summary:	The 24-Hour Safety Assessment was not approved within the required time frame.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	The Administration for Children’s Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/03/2016

Time of Death: 04:34 PM

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

Yes

Time of Call:

03:36 PM

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

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	1 Month(s)
Deceased Child's Household	Father	No Role	Male	43 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Month(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)

LDSS Response

ACS initiated the investigation within the required timeframe by contacting Jacobi Hospital (JH) and the local NYPD precinct. The Specialist interviewed the attending physician, detective and the parents.



ACS investigation revealed that the SC has a surviving, fraternal twin brother and a fifteen-year-old brother. The twins were born prematurely at thirty-two weeks and six days. They remained in the hospital for approximately one month. However, the SC had no pre-existing medical conditions.

The attending physician reported that EMS transported the SC accompanied by the BM to the ER. According to the DR, the SC arrived at 4:00 P.M. in full cardiac arrest. After failed attempts to resuscitate him, the SC was pronounced dead at 4:34 P.M., on 8/3/16. He was found with no sign signs of obvious trauma to suspect child abuse.

LE reported that at the time of this incident, the BF was at work and the fifteen-year-old SS was at the MA's home, visiting. LE reportedly found nothing suspicious or any reason to believe that there was foul play. As a result of the incident, the BM was treated in the adult ER and released.

The Specialist interviewed the BM at the hospital as she recounted the details leading to the incident. The BM reported that on 8/3/16, she fed the SC at 9:00 A.M., 12:00 P.M., and 1:00 P.M. Each time, she fed him two ounces of formula and he was given a single dose of vitamin that was prescribed by his pediatrician. He vomited once and she gave him a drop of water, just enough to wet his lips. At 3:00 P.M. while she was feeding him, she noticed milk coming out of his nostrils. She turned him face down with his stomach on her palm and tapped his back a few times to clear his air way; mimicking what she was taught during his hospitalization. The SC became limp and pale in color and she called to the MGM who then summoned 911 for medical assistance. At that time, the MGM was in the living room feeding the surviving twin.

According to FDNY, the first call was placed at 3:36 P.M.; however no address was given. After the second call, they arrived at the case address at 3:44 P.M., to find the SC unresponsive. The technicians observed no injuries on SC.

On 8/4/16, during a following interview at the case address, the BM disclosed that the twins were born with under developed lungs and the SC was considered to be the healthier twin; he was discharged from the hospital three days prior to the SS. The BM explained that she missed the SC's medical appointment on 7/27/16 because the SS was discharged on the same day; however, she rescheduled the appointment for 8/12/16. She stated the twins had been gaining weight steadily. The BM expressed that she was fearful that the same thing would happen to the surviving twin because he vomits often. During the investigation, the SS was admitted to the hospital for two weeks; he was discharged with equipment, medication and a new formula. Visiting Nurse Services were implemented and the BM was instructed on the use of the equipment and feeding. It is unknown whether the BM had safe-sleep instructions; however, she stated that the twins normally slept in their bassinets. The ACS Specialist gave the BM a pamphlet and DVD with safe sleep information.

The Specialist interviewed family members and neighbors who stated that the BM was a good mother and that they would support the family. The family engaged in services; the fifteen-year-old SS receives counseling from Bright Point.

On 1/12/17, ACS unsubstantiated the allegations of the report. ACS' determination narrative stated that the ME's Autopsy report was pending; however, based on collateral contacts with the ME and attending Dr there is no credible evidence to substantiate the allegation of DOA/Fatality of the SC by the BM. ACS also determined the BM provided the surviving sibling with a safe environment and the child is well cared for and there is no credible evidence to substantiate the allegation of IG of the SC by the BM.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown



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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: There is no approved OCFS Child Fatality Review in the New York City region.

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

Comments: There is no OCFS approved Child Fatality Review Team in the NYC region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
033921 - Deceased Child, Male, 1 Mons	033922 - Mother, Female, 41 Year(s)	DOA / Fatality	Unsubstantiated
033921 - Deceased Child, Male, 1 Mons	033922 - Mother, Female, 41 Year(s)	Inadequate Guardianship	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"/>
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"/>



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Additional information:

The ACS investigation adhered to previously approved protocols for joint investigation.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" 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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Explain:
 The ACS Specialist completed the 24 hours safety assessment on 8/4/16; however, it was not approved until 8/6/16 and no 7-Day safety assessment was completed.

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"/>



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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 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"/>
Explain as necessary: The BM took the surviving twin to the hospital immediately after the SC died.				

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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" 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"/>				
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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
The family engaged in services.

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:
ACS referred the family to services and they accepted. The family engaged in PPRS services under the auspices of Leake and Watts and the twin was being closely monitored by Visiting Nurses Services. Home Care Services were implemented for the surviving twin for 7-10 hours daily, under the auspices of JSP Life Agency Inc. The fifteen-year-old SS also receives counseling.

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

Explain:
The family engaged in PPRS services under the auspices of Leake and Watts.

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?** No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome



CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

On 5/08/08, the SCR registered a report with allegations of IG and LMC of the then seven-year-old child (now fifteen) by the BM, MGM and MU. The report alleged that the BM did not follow through with obtaining a psychological evaluation for the SC who attempted to hang himself. Also, the SC was angry because his BM, MU and MGM hit him often with force and his behavior had gotten worse.

ACS investigation revealed that the SC was assessed by a therapist and needed a follow-up. The BM stated that due to a language barrier, she could not schedule another appointment. The SC explained that he was playing when he placed the rope around his neck. The adults denied hitting and the SC stated other methods of punishment. On 6/25/08, ACS substantiated the allegation of LMC and unfounded IG. ACS closed the case stating that the family declined services.

On 6/5/09, the SCR registered a report with allegations of IG of the eight-year-old child (now fifteen) by the BM. The report alleged that the SC was dirty and unkempt with a foul odor. The BM had been advised of the situation; but the situation continued.

ACS found no credible evidence and unsubstantiated the allegation of IG by the BM.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

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.

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



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