



Report Identification Number: AL-16-017

Prepared by: Albany Regional Office

Issue Date: Jul 12, 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	PS-Parent Sub
CH/CHN-Child/Children		
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-Cardiopulmonary 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-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	

Case Information



Report Type: Child Deceased
Age: 16 year(s)

Jurisdiction: Rensselaer
Gender: Male

Date of Death: 08/19/2016
Initial Date OCFS Notified: 08/22/2016

Presenting Information

This case was open at the time of the child's death. The open report dated 8/18/16, stated that the 16-year-old child had a history of mental health issues and had made suicidal statements in the past. The child showed symptoms of depression over the break up of a girlfriend. The mother was aware but left the child unsupervised anyway. On 8/16/16 the child made suicidal statements threatening to jump off of a bridge. The child was missing for two days. The role of the sibling was unknown at the time. Miscellaneous information stated that the mother was refusing to file paperwork with the Probation Department for a PINS to request a warrant on the child.

Executive Summary

On 8/17/16 at approximately 6:30am, the 16-year-old subject child sent his mother a text message stating he was going to jump off a bridge. The mother was at work and didn't receive the text until 7:00am. She called 911 and filed a missing persons report. The mother drove around looking for the child and contacted all of his friends.

On 8/18/16 a report was received alleging IG and Lack of Supervision against the mother regarding the subject child. The report stated the child had a history of mental health issues and suicidal statements. The child was upset and showed symptoms of depression over a breakup with his girlfriend. The mother was aware but left the child unsupervised.

The mother denied the child was depressed or anxious leading up to this incident. She also denied that the child was ever suicidal in the past. The child was involved with PINS diversion due to a school PINS complaint for lack of attendance. The family was working with the START Children's Center Clinical Consultation Program for case management and linkage to services.

The caseworker met with the 13-year-old surviving sibling who reported that he was doing ok with everything that was going on. He denied being hit or spanked and stated that his mother usually grounded him for punishment. He denied any use of alcohol/drugs in his home and stated that he felt safe. The sibling denied knowing where his brother was.

A conversation with probation revealed the subject child made suicidal statements in the past. There were two incidents police responded to where the child threatened to jump off a building; and locked himself in the bathroom with a knife and electrical cord. The mother stated that he was threatening her, not suicide.

On 8/19/16 the subject child's body was found in the river, he drowned. A case conference with the caseworker, supervisor and CPS director was convened to discuss the circumstances and determined that there was no reason to suspect child maltreatment or abuse, so no report to the State Central Register was made regarding the subject child's death.

The caseworker made a home visit to assess the mother's mental state and to determine if she felt well enough to care for the surviving sibling; as well as to strongly encourage the mother to engage in her mental health services and grief counseling for the surviving sibling. The sibling denied needing counseling. The mother's sister and brother-in-law were at the home to support the family.

The mother requested help from the caseworker as the sibling was sneaking out of the house and not following rules. The aunt reported that he kept putting himself in danger by making poor decisions. The mother reported that he



wasn't listening and was angry at everyone. The family had a meeting to come up with a plan so that the child was not left alone for any period of time.

The caseworker and START Clinical Consultant made a home visit. The mother agreed to take the child to get a Mental Health crisis evaluation but refused to engage in grief counseling for herself as she needed to focus on her son. The sibling was evaluated and referred to outpatient counseling.

The mother reported to the caseworker again that the sibling was still acting out in defiant/dangerous ways, staying out late and smoking "weed". The mother agreed to file a PINS petition.

The sibling posted a suicidal statement on Facebook. Mobile Crisis was called but he refused to talk and was transported to a therapeutic center for crisis management. The mother signed a Voluntary Placement Agreement with DSS so that he could be placed in a facility with a higher degree of care. She did not feel he was safe at home. The sibling was moved to the facility on 9/27/16.

The mother was provided grief/bereavement information many times throughout the investigation and did engage. The father was added to the report and history check done. The father had no caretaking role with the children for the past 10+ years.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Safety assessment due at the time of determination?** 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:

This was a very thorough investigation with a lot of support provided to the mother and surviving sibling.

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 case was determined to be unfounded and the case was transferred to foster care for where the case remain open for monitoring the Voluntary Placement Agreement and placement of the sibling at a long-term care facility.



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: 08/19/2016

Time of Death: Unknown

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

Unknown

County where fatality incident occurred:

Rensselaer

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to respond to the scene?

Unknown

At time of incident leading to death, had child used alcohol or drugs?

Unknown

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: walked to bridge

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	Deceased Child	No Role	Male	16 Year(s)
Deceased Child's Household	Mother -	No Role	Female	52 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Other Household 1	Father	No Role	Male	65 Year(s)

LDSS Response

The caseworker assigned contacted the source and made a number of home visits to determine the needs of the mother and surviving sibling. The mother needed support regarding how to handle the surviving sibling's behavioral/mental health needs. The caseworker enlisted the START Children's Center Clinical Coordinator for help. The caseworker and START counselor recommended that the sibling receive a crisis evaluation. The mother followed through with the evaluation and set up an appointment for counseling. The child continued to act out and the worker recommended the mother file a PINS petition for defiant behavior. The sibling posted on facebook that he was planning to kill himself so the mother contacted



mobile crisis but the child would not cooperate. The police were called to assist and brought the child to Samaritan crisis. The child was transported to a crisis hospital for a few days for his safety as the mother was unable keep him safe. The mother signed a Voluntary Placement Agreement placing the child in foster care so that he could get the long term care needed. The child was placed at Northeast Parent and Child Society on September 27, 2016 and the mother filed the PINS petition on September 30, 2016.

Official Manner and Cause of Death

Official Manner: Suicide

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: The Rensselaer County CFRT thoroughly reviewed this case on October 5, 2016. The team agreed that this investigation was complete and that the current focus needed to be on the mental health/safety of the surviving sibling.

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

No additional information.

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"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 mother signed a Voluntary Placement Agreement so that the surviving sibling could be placed in a long-term care facility due to the child's defiant behavior and suicidal threats. The mother also filed a PINS Petition due to his defiant behavior.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

- Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article - 7 PINS		
Date Filed:	Fact Finding Description:	Disposition Description:
09/30/2016	There was not a fact finding	There was not a disposition



Respondent:	None
Comments:	The mother filed a PINS petition against the surviving sibling due to his defiant behavior and suicidal ideation.

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>				
Foster care	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Other, specify: START Clinical Coordinator

Additional information, if necessary:

The caseworker enlisted family and friends to support the mother and surviving sibling; as well as the START Children's Center Clinical Coordinator for help with crisis intervention.

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:

Mental health and crisis services were provided to the surviving sibling as needed.

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

**Explain:**

Grief and Bereavement Services were recommended for the mother but not provided as the mother did not want to leave the sibling alone.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
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

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)
08/18/2016	Deceased Child, Male, 16 Years	Mother, Female, 51 Years	Lack of Supervision	Pending	No
	Deceased Child, Male, 16 Years	Mother, Female, 51 Years	Inadequate Guardianship	Pending	

Report Summary:

The report alleged IG and Lack of Supervision against the mother regarding the deceased child. The narrative stated that the subject child had a history of mental health issues and made suicidal statements in the past. The child became upset over a breakup with his girlfriend and showed symptoms of depression. The mother was aware but left the child unsupervised anyway. On August 16, 2016, the subject child made suicidal statements by threatening to jump off of a bridge. The child was not found on the bridge but was missing for two days. The role of the younger sibling was unknown.

Determination: Unfounded**Date of Determination:** 10/05/2016**Basis for Determination:**

Tin that the mother denied knowing the child had a girlfriend or being aware of any symptoms of depression. when the child did not return home mother acted appropriately by calling police and filing a missing person's report. She also responded appropriately when she saw a text message from the SC threatening to end his life. She immediately contacted emergency services. RCDSS provided necessary services to the surviving sibling.

OCFS Review Results:

RCCFRT reviewed this case and found the investigation and the subsequent services provided to the family to be appropriate.

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

Date of SCR	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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Child Fatality Report

Report	Victim(s)	Perpetrator(s)			Issue(s)
06/23/2015	Deceased Child, Male, 15 Years	Mother, Female, 50 Years	Other	Unfounded	No
	Sibling, Male, 12 Years	Mother, Female, 50 Years	Other	Unfounded	

Report Summary:

The report alleges Other against the mother regarding both children. The mother filed a PINS petition regarding the deceased child due to his behaviors toward her and the surviving sibling.

Determination: Unfounded

Date of Determination: 09/01/2015

Basis for Determination:

The mother followed through with all recommendations made to her regarding herself and her children. The mother reported that things were better and that she felt support from Probation and mental health providers. The deceased child was placed on diversion. Due to the family engaging in services, there were now concerns for the family and the report was unfounded and closed.

OCFS Review Results:

The decision to unfound the report was supported by the CFRT.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/29/2015	Sibling, Male, 12 Years	Mother, Female, 50 Years	Inadequate Guardianship	Unfounded	No
	Deceased Child, Male, 15 Years	Mother, Female, 50 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 12 Years	Mother, Female, 50 Years	Lack of Medical Care	Unfounded	

Report Summary:

The report alleged IG against the mother regarding both children; and Lack of Medical care against the mother regarding the surviving sibling. The narrative stated that the mother could not control the subject child who was 15-years-old at the time. The subject child was violent, beat up his younger brother, hit his mother and threatened to kill her. The report stated that the mother was afraid of the subject child and was encouraged to file a PINS petition against him in order to attempt to control his behavior. The sibling expressed suicidal ideation and the mother failed to get him involved in mental health services.

Determination: Unfounded

Date of Determination: 07/22/2015

Basis for Determination:

The mother filed a PINS petition against the subject child and followed through with all recommendations for mental health services for both children. The mother also engaged in services that have been recommended for her benefit. Based on this, the report was unfounded and closed.

OCFS Review Results:

The CFRT agreed with this determination.



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

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

A report was received on February 17, 2006 alleging Inadequate Guardianship (IG) and Choking/twisting/shaking for the deceased child against the biological father; and IG for the surviving sibling against the father. The mother had an unknown role. On March 30, 2006, the case was unfounded and closed with no services required.

A report was received on October 26, 2009 alleging Excessive Corporal Punishment and IG for both children against the mother. The mother admitted to hitting the children with a belt and hanger. On December 22, 2009, the case was indicated and opened for services.

Known CPS History Outside of NYS

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.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 was no placement history 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?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article - 7 PINS



Date Filed:	Fact Finding Description:	Disposition Description:
06/17/2015	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	The mother filed a PINS petition against the subject child due to defiant behavior and not attending school. The child was put on the PINS diversion track with probation.	

Additional Local District Comments

There are no recommended actions. The LDSS executed a thorough investigation and supported the mother through each decision to ensure the safety of her surviving child.

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