

Report Identification Number: SV-16-038

Prepared by: Spring Valley Regional Office

Issue Date: May 09, 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: 15 year(s)

Jurisdiction: Ulster
Gender: Male

Date of Death: 08/18/2016
Initial Date OCFS Notified: 08/19/2016

Presenting Information

On 8/18/2016 at 4:27 PM in the city of Kingston, New York, the subject child was struck and killed by a train. An autopsy was completed and the cause of death was listed as Blunt Force Trauma. The subject child was in foster care at the time of his death.

Executive Summary

The case record revealed that the subject child was removed from the home due to his mother and step-father not being able ensure his medical needs related to his diabetes nor his educational needs were met. The subject child was placed in foster care on 2/13/2016 and the case was filed in Ulster County Family Court on 2/17/16. Supervised visits took place between the subject child and his family up until the time of his death. On 8/18/2016 the subject child was with his girlfriend near the train tracks where at approximately 4:27 PM, the subject child was struck and killed in an apparent suicide. The subject child's girlfriend was unharmed. The UCDSS Caseworker was made aware of the death of the subject child by local law enforcement officials who were at the Foster Mother's home following the incident. The UCDSS Caseworker met with the family and the foster mother at the hospital and offered condolences. It was confirmed by hospital staff that the subject child had died. It was not noted that the subject child expressed any prior suicidal ideations.

An autopsy of the subject child was completed. As per the Medical Examiner's findings, the cause of death for the subject child was Blunt Force Trauma, and was ruled a suicide.

A call was placed to the SCR on 8/18/2016, however no report was accepted as there was no reasonable cause to suspect child abuse or neglect. UCDSS offered to aid the family with funeral expenses, and appropriate services were offered to the family. Bags of food and flowers were provided to the family on 8/19/2016. The foster care agency will aid the foster family with counseling as needed to help them cope with the death of the subject child. Face to face contact was made with the surviving siblings and their safety and wellbeing was assessed. The service case remained open.

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?** N/A

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** N/A
- **Was the determination made by the district to unfound or indicate** N/A



appropriate?

Explain:

The case remained open for services for the surviving children.

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 notes a consultation took place, but no details noted.

Explain:

The case remained open for services.

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: 08/18/2016

Time of Death: 04:27 PM

County where fatality incident occurred: ULSTER

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

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

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	15 Year(s)
Other Household 1	Adult Sibling	No Role	Female	18 Year(s)
Other Household 1	Mother	No Role	Female	42 Year(s)
Other Household 1	Sibling	No Role	Female	17 Year(s)
Other Household 1	Stepfather	No Role	Male	34 Year(s)
Other Household 2	Father	No Role	Male	48 Year(s)
Other Household 3	Adult Sibling	No Role	Female	21 Year(s)

LDSS Response

Ulster County Department of Social Services, (UCDSS), had an open service case at the time of the death of the subject child, who was in foster care. Throughout the service case, UCDSS made appropriate collateral contacts including the local law enforcement officials, the Medical Examiner, medical professionals, relatives, service providers, and community resources. All family members were interviewed and observed, and the needs of the family were discussed. Following the death of the subject child, appropriate service referrals were offered to the family and the foster family.

There were two surviving female siblings residing in the home. UCDSS completed all safety assessments and the risk assessment profile (RAP) accordingly and found the siblings were doing well. All assessments were timely and accurate. All Family Assessments and Service Plans (FASPs) were timely and accurate. The case notes were well documented, detailed and contemporaneous.

As per the medical records for the subject child, including the final autopsy report from the Medical Examiner, the death was ruled a suicide and the cause of death was blunt force trauma. The police investigation was still active, however local law enforcement officials were made aware the death was ruled a suicide. No criminal charges were filed.

There was documentation of supervisory conferences noted in which the circumstances of the case were discussed and directives were provided.

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?No

Comments: Ulster County does not have an OCFS approved Child Fatality Review Team.



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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

All appropriate collateral contacts were made.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to
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				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: There was no removal regarding the surviving siblings.				

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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 checked="" 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"/>

Additional information, if necessary:
 Appropriate services were offered to the family following the death of the subject child.

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:
 Services were offered to the family following the death of the subject child.

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

Explain:
 Services were offered to the family following the death of the subject child.

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?** Yes
- Were there any siblings ever placed outside of the home prior to this child's death?** No
- Was the child acutely ill during the two weeks before death?** Yes



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/13/2016	12440 - Sibling, Female, 18 Years	12436 - Mother, Female, 42 Years	Inadequate Guardianship	Indicated	No
	12442 - Deceased Child, Male, 15 Years	12436 - Mother, Female, 42 Years	Inadequate Guardianship	Indicated	
	12442 - Deceased Child, Male, 15 Years	12436 - Mother, Female, 42 Years	Lack of Medical Care	Indicated	
	12442 - Deceased Child, Male, 15 Years	12438 - Stepfather, Male, 34 Years	Lack of Medical Care	Indicated	
	12442 - Deceased Child, Male, 15 Years	12438 - Stepfather, Male, 34 Years	Inadequate Guardianship	Indicated	
	12441 - Sibling, Female, 17 Years	12436 - Mother, Female, 42 Years	Inadequate Guardianship	Indicated	

Report Summary:

This report listed allegations of Inadequate Guardianship on behalf of the subject child, and the 18-year-old and 17-year-old female surviving siblings, and Lack of Medical Care on behalf of the subject child regarding the mother and step-father. This report alleged the mother failed to ensure that the subject child's medical needs were met in regard to his Diabetes. On 2/12/16, the subject child's blood glucose levels were over 500 and he was involved in a verbal altercation with the mother escalating into the subject child shoving and hitting the mother. The subject child blacked out due to the high sugar level and did not recall what happened.

Determination: Indicated**Date of Determination:** 04/01/2016**Basis for Determination:**

The subject child was taken to the hospital for his blood sugar level being high. The step-father also knowingly allowed the female siblings to see their biological father knowing the father had parole conditions restricting him from communication with his children.

OCFS Review Results:

The subject child was removed from the care of the mother and placed in foster care to ensure his medical needs were met. The family continued to work with service providers.

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)
01/07/2016	12423 - Sibling, Female, 18 Years	12419 - Mother, Female, 42 Years	Lack of Supervision	Unfounded	No
	12424 - Sibling, Female, 17 Years	12419 - Mother, Female, 42 Years	Lack of Supervision	Unfounded	
	12425 - Deceased Child, Male, 15 Years	12419 - Mother, Female, 42 Years	Inadequate Guardianship	Unfounded	
	12424 - Sibling, Female, 17 Years	12419 - Mother, Female, 42 Years	Inadequate Guardianship	Unfounded	
	12425 - Deceased Child, Male, 15 Years	12419 - Mother, Female, 42 Years	Lack of Supervision	Unfounded	



12424 - Sibling, Female, 17 Years	12426 - Stepfather, Male, 34 Years	Lack of Supervision	Unfounded
12425 - Deceased Child, Male, 15 Years	12426 - Stepfather, Male, 34 Years	Inadequate Guardianship	Unfounded
12425 - Deceased Child, Male, 15 Years	12426 - Stepfather, Male, 34 Years	Lack of Supervision	Unfounded
12423 - Sibling, Female, 18 Years	12419 - Mother, Female, 42 Years	Inadequate Guardianship	Unfounded
12423 - Sibling, Female, 18 Years	12426 - Stepfather, Male, 34 Years	Inadequate Guardianship	Unfounded
12423 - Sibling, Female, 18 Years	12426 - Stepfather, Male, 34 Years	Lack of Supervision	Unfounded
12424 - Sibling, Female, 17 Years	12426 - Stepfather, Male, 34 Years	Inadequate Guardianship	Unfounded
12425 - Deceased Child, Male, 15 Years	12419 - Mother, Female, 42 Years	Lack of Medical Care	Unfounded
12425 - Deceased Child, Male, 15 Years	12426 - Stepfather, Male, 34 Years	Lack of Medical Care	Unfounded

Report Summary:

This report listed allegations of Inadequate Guardianship, Lack of Supervision and Lack of Medical Care regarding the mother and step-father on behalf of the subject child and his then 17-year-old and 16-year-old female siblings. This report alleged the mother and step-father failed to make adequate plans for the care and supervision of their children in their absence. It was alleged the mother and step-father left the children unsupervised overnight and slept in a neighboring town due to transportation issues. The children are believed to not be able to stay alone due to their health and mental health concerns. It was also alleged there was no hot water in the home.

Determination: Unfounded**Date of Determination:** 01/21/2016**Basis for Determination:**

The family had been working with an intensive case manager and were engaged in therapy. They were also voluntarily working with a preventive agency to address the concerns in the home. The water issue was corrected and during the time without, the family made alternative plans to bathe and keep the home clean. The notes stated that the family did everything they could to help their children.

OCFS Review Results:

The family was engaged in multiple voluntary services.

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)
09/28/2015	12411 - Deceased Child, Male, 15 Years	12414 - Stepfather, Male, 34 Years	Inadequate Guardianship	Unfounded	No
	12411 - Deceased Child, Male, 15 Years	12414 - Stepfather, Male, 34 Years	Lack of Supervision	Unfounded	
	12411 - Deceased Child, Male, 15 Years	12412 - Mother, Female, 42 Years	Lack of Supervision	Unfounded	
	12411 - Deceased Child, Male, 15 Years	12412 - Mother, Female, 42 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

This report listed allegations of Inadequate Guardianship and Lack of Medical Care regarding the mother and step-father on behalf of the subject child. This report alleged the subject child had Diabetes and required an insulin pump. It was alleged that on 9/25/15, the subject child threw his insulin pump in the garbage, and the mother and step-father made no effort to replace the pump and did not test the subject child's sugar levels all weekend. As a result, the subject child was taken to the emergency room on 9/28/2015.

Determination: Unfounded**Date of Determination:** 01/13/2016**Basis for Determination:**

During unannounced visits, the subject child had his pump and appropriate supplies, and the allegations were denied, and there was no evidence the subject child was taken to the hospital on 9/28/15 as alleged.

OCFS Review Results:

The family continued to work with preventive services.

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)
06/18/2015	12397 - Deceased Child, Male, 15 Years	12391 - Mother, Female, 42 Years	Inadequate Guardianship	Indicated	No
	12397 - Deceased Child, Male, 15 Years	12393 - Stepfather, Male, 34 Years	Inadequate Guardianship	Indicated	
	12397 - Deceased Child, Male, 15 Years	12393 - Stepfather, Male, 34 Years	Lack of Medical Care	Indicated	
	12397 - Deceased Child, Male, 15 Years	12391 - Mother, Female, 42 Years	Lack of Medical Care	Indicated	

Report Summary:

This report listed allegations of Inadequate Guardianship and Lack of Medical Care regarding the mother and step-father on behalf of the subject child. This report alleged the subject child is a Type 1 Diabetic and required an insulin pump at all times. The report stated the mother and step-father were gone from the home, the subject child's insulin pump fell off and he did not have the supplies to re-insert it as the supplies were in the mother's car with the mother. The subject child did not have access to a phone and had no way to contact the mother or step-father, and as a result, he did not get adequate insulin dosage.

Determination: Indicated**Date of Determination:** 10/02/2015**Basis for Determination:**

The mother and step-father left the subject child overnight in the care of an adult sibling who did not fully understand how to deal with his diabetes. The morning after, the subject child had a blood glucose level of over 500 and vomited in school.

OCFS Review Results:

The family was continuing to work with service providers. Neglect petitions through family court were pending.

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)
04/07/2015	12387 - Deceased Child, Male, 15 Years	12381 - Mother, Female, 42 Years	Inadequate Guardianship	Unfounded	No
	12387 - Deceased Child,	12381 - Mother, Female, 42	Lack of Medical	Unfounded	



Male, 15 Years	Years	Care	
12387 - Deceased Child, Male, 15 Years	12383 - Adult Sibling, Female, 21 Years	Inadequate Guardianship	Unfounded
12387 - Deceased Child, Male, 15 Years	12383 - Adult Sibling, Female, 21 Years	Lack of Medical Care	Unfounded
12387 - Deceased Child, Male, 15 Years	12388 - Stepfather, Male, 34 Years	Inadequate Guardianship	Unfounded
12387 - Deceased Child, Male, 15 Years	12388 - Stepfather, Male, 34 Years	Lack of Medical Care	Unfounded

Report Summary:

This report listed allegations of Inadequate Guardianship and Lack of Medical Care regarding the mother, step-father, and the adult sibling on behalf of the subject child. This report alleged the subject child suffered from Type 1 Diabetes and it was not controlled. The report stated the subject child had behavioral issues that made it difficult for the disease to be regulated on its own, and as a result, he was in need of a higher level of supervision. The adults in the home were said to be aware of the issues but did not provide the supervision needed. When the subject child arrived at the school the afternoon the report was made his blood glucose level was over 600.

Determination: Unfounded**Date of Determination:** 06/24/2015**Basis for Determination:**

The subject child had an extensive history of refusing to comply with his diabetes management. The adult sibling is not responsible for monitoring the subject child's Diabetes. The mother and step-father were found to provide a minimum degree of care in regard to the supervision of the subject child's Diabetes, and have been compliant with recommended and preventive services.

OCFS Review Results:

The family was participating in services.

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)
12/01/2014	12367 - Deceased Child, Male, 15 Years	12361 - Mother, Female, 42 Years	Inadequate Guardianship	Unfounded	No
	12367 - Deceased Child, Male, 15 Years	12361 - Mother, Female, 42 Years	Lack of Medical Care	Unfounded	

Report Summary:

This report listed allegations of Inadequate Guardianship and Lack of Medical Care regarding the mother on behalf of the subject child. The report alleged that the subject child was a Type 1 Diabetic and needed to wear an insulin pump at all times. The report alleged the subject child had not had his pump on since the day prior, and the mother was aware however failed to ensure the subject child put his pump on. As a result, the subject child was in the beginning stages of Ketoacidosis. His blood sugar level was extremely high and he was vomiting and lethargic.

Determination: Unfounded**Date of Determination:** 01/16/2015**Basis for Determination:**

The subject child was defiant in dealing with his Diabetes, and has routinely sabotaged his health. The mother was noted to have addressed the situation. The mother provided the subject child with his own phone so he can call for help when needed.

OCFS Review Results:

The family was participating in PINS Diversion for the subject child, and began voluntary preventive services.



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)
03/24/2014	12373 - Deceased Child, Male, 15 Years	12368 - Mother, Female, 42 Years	Inadequate Guardianship	Unfounded	No
	12373 - Deceased Child, Male, 15 Years	12372 - Stepfather, Male, 34 Years	Inadequate Guardianship	Unfounded	

Report Summary:
 This report was called in listing allegations of Inadequate Guardianship regarding the mother and step-father on behalf of the subject child. The report alleged the mother and step-father were angry at the subject child and proceeded to beat him in an out of control manner. The mother was reported to have been on top of the subject child and the step-father was also beating him.

Determination: Unfounded **Date of Determination:** 05/23/2014

Basis for Determination:
 The subject child and mother got into an argument and the subject child hit the mother. The mother and subject child then began to hit each other. The step-father attempted to intervene and was hit by the subject child. There were no reported injuries.

OCFS Review Results:
 The family was referred to community based services.

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

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

There were 25 recorded calls to the New York Statewide Central Register of Child Abuse and Maltreatment made between 5/10/1990 and 2/4/2013 listing indicated allegations of Inadequate Guardianship, Sexual Abuse, Lack of Supervision and other regarding the father and Inadequate Guardianship, Inadequate Food, Clothing, Shelter, Other, and Lack of Medical Care regarding the mother.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
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Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care:

Date of placement with most recent caregiver?

02/13/2016

How did the child(ren) enter placement?

Emergency removal without Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was the certification/approval for the placement current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a Criminal History check conducted? Date: Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: The case remains open for services for the surviving siblings.				

Required Action(s)



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

Yes No

Foster Care Placement History

The subject child entered foster care placement on 2/13/2016 as his mother and step-father were failing to ensure his medical needs were being met.

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 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
02/17/2016	There was not a fact finding	There was not a disposition
Respondent:	033121 Mother Female 42 Year(s)	
Comments:	The subject child was removed from the home and placed in foster care as a result of his medical needs not being met by the mother and step-father.	

Additional Local District Comments

No additional local district comments noted.

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