



Report Identification Number: NY-19-015

Prepared by: New York City Regional Office

Issue Date: Aug 07, 2019

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 14 year(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 01/26/2019
Initial Date OCFS Notified: 02/05/2019

Presenting Information

On 2/5/19 OCFS received an OCFS-7065 that reported the death of a fourteen-year-old male child. The 7065 stated the SC may have been engaged in criminal activity when he was struck by a train at approximately 4:44 AM on 01/26/19. The ME's office provided a preliminary report that indicated the SC suffered from multiple blunt force injuries to the head, torso and upper body. It was deemed accidental.

Executive Summary

On 2/5/19, OCFS was notified via OCFS-7065 of the death of the 14 year-old SC. According to preliminary autopsy information from the ME's office the SC suffered multiple blunt injuries to the head, torso and upper body extremities. The injuries were the accidental result of being struck by a train.

At the time of the SC's death he resided with the BF in the Bronx. ACS documented the two SS reside with the BM out of state and there are no SS or other children in the care of the BF. ACS was conducting an investigation registered with the SCR on 11/29/18 at the time of the incident with allegations of LS and IG of the SC by the BF and because of this shall be known as the subject father (SF). There was no DOA/Fatality allegation for the SC registered with the SCR.

During the investigation, ACS documented the SC had a criminal record and was on probation; the SF had made every effort to supervise the SC. The SF has sought counseling, clinical services and been involved with the SC's court cases and probation officer hearings and meetings.

During this investigation ACS contacted CPS in the state the BM and two male SS resided in and they were assessed to be safe and doing well with the BM. ACS continued to work with the SF to engage the SF and SC in services, mental health assistance in addition to housing assistance until the death of the SC.

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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A



Explain:

There were no DOA/Fatality allegations for the death of the SC.

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 11/29/18 case remained open for services after the 01/28/19 determination.

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: 01/26/2019

Time of Death: 04:44 AM (Approximate)

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

04:45 AM

Did EMS 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: Possible criminal activity

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was:

Total number of deaths at incident event:

Children ages 0-18: 01

Adults: 00

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	14 Year(s)
Deceased Child's Household	Father	No Role	Male	37 Year(s)



LDSS Response

On 1/28/19, ACS documented the SC was found deceased in a rail yard on 1/26/19 at 4:44 AM. According to ACS' OCFS-7065 the SC was last seen by the SF on 1/26/19 at 12:00 AM. The incident occurred during an open CPS investigation registered with the SCR on 11/29/18. There were no DOA/Fatality allegations received for this death.

On 1/26/19, the SF awoke at 4:15 AM and the 14 year-old SC was not home. He attempted to contact the SC via telephone but received no response. At approximately 4:45 AM a friend of the SC called the SF and stated " He's gone, he's gone." ACS documented the SF reported the SC was with a friend and stealing from a freight train yard when they were caught and chased by either LE or railroad security. The SF stated the SC tripped on the train tracks and was struck by a freight train. ACS documented that according to information received from a medical report provided by the NYC transit police to the assigned ME, the SC may have been involved in criminal activities when the incident occurred.

There is no documentation ACS took further action to obtain information related to the death of the SC beyond this entry. The now twelve and thirteen year-old SS resided with the BM out of state at the time of the SC's death.

On 01/28/19, ACS unsubstantiated the allegation of the 11/29/18 report that alleged LS and IG of the SC by the SF. ACS' determination narrative explained that there is no credible evidence to substantiate the allegations of the report because the SF had made himself available and cooperated with court dates, the SC's probation officer meetings and agreed for services for the SC.

On 1/28/19, the SCR registered a subsequent report that alleged LS and IG of the SC by the SF. ACS determined the allegations of this report were also unsubstantiated because the SC fled the home while the SF was asleep to engage in delinquent behavior with friends and was struck by a freight train.

On 2/1/19, ACS held a child safety conference with the SF and BM, who came to New York City from out of state where she resides with the SS in a family shelter. The outcome of the conference was that the SF would receive bereavement counseling, ACS would assist in paying for the funeral expenses of the SC and the BM and SS would receive services in the state where they reside.

Official Manner and Cause of Death

Official Manner: Accident

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: There is no OCFS approved CFRT in the New York City region.

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"/>



Child Fatality Report

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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Explain:
The two SS resided out of state with the BM at the time of the SC's death and were assessed by CPS from that state to be well cared for and safe with the BM.

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"/>



Explain:

Services for the SF, BM and SS were put into place.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

The SS resided out of state with the BM and were determined to be safe by CPS in that state.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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:
 The BM and SS reside in another state. The SF has agreed to services through programs for men with similar traumatic experiences who accept fathers even without children in their care.

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 made a referral for bereavement counseling for the SS with an out of state services agency where the SS reside with the BM.

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

Explain:
 ACS also referred the BF for bereavement counseling in addition to a father's program in New York City.

History Prior to the Fatality

Child Information

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/29/2018	Deceased Child, Male, 14 Years	Father, Male, 35 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 14 Years	Father, Male, 35 Years	Lack of Supervision	Unsubstantiated	

Report Summary:
 On 11/29/18, the SCR registered a report that alleged LS and IG of the SC by the SF. The report alleged LS and IG of the SC by the SF. ACS investigation revealed the SF had been cooperative and engaged in services and attempted to assist the SC and change his behavior but the SC would not follow through.

Report Determination: Unfounded **Date of Determination:** 01/28/2019

Basis for Determination:
 ACS' determination narrative stated the allegations IG and LS were unsubstantiated because there was no credible



evidence the BF's actions or inactions placed the SC at risk of harm. ACS added the BF made himself available for LE, court dates and meetings and on 1/11/19 agreed to and signed for services for the SC.

OCFS Review Results:

Based on ACS documentation the BF did make every reasonable effort to prevent the SC from engaging in criminal activity and to attend school.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/28/2018	Sibling, Male, 10 Years	Father, Male, 35 Years	Educational Neglect	Unsubstantiated	No
	Sibling, Male, 10 Years	Mother, Female, 37 Years	Educational Neglect	Unsubstantiated	

Report Summary:

On 3/28/18, the SCR registered a report that alleged EdN. of the then 11 year-old SS by the parents. ACS contacted the school and it was established that the SC and the family had relocated from out of state and been in the shelter system. ACs made the appropriate collateral contacts during this investigation.

Report Determination: Unfounded

Date of Determination: 05/25/2018

Basis for Determination:

ACS' determination narrative stated the allegation of EdN. would be unsubstantiated because despite the SC's absences he would be promoted and there would be no educational failure.

OCFS Review Results:

Due to the circumstances of the family and the child's promotion ACS' decision to unsubstantiate the allegation was appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/24/2017	Sibling, Male, 11 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 11 Years	Mother, Female, 35 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 11 Years	Father, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 11 Years	Father, Male, 34 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

The report alleged LMC and IG of the SC by the SM and SF.

Report Determination: Unfounded

Date of Determination: 08/12/2017

Basis for Determination:

ACS determined there was no credible evidence to support the allegations of the report. ACS contacted the appropriate collateral contacts and established the SC did receive appropriate medical care and there was no IG of the SC by the parents. .

OCFS Review Results:

Based on the documentation the SF had recently relocated to NYC and was in the process of securing housing and there were no medical concerns for the SC.

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/14/2017	Deceased Child, Male, 13 Years	Mother, Female, 35 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Deceased Child, Male, 13 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 13 Years	Mother, Female, 35 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 11 Years	Mother, Female, 35 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 11 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 11 Years	Mother, Female, 35 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 35 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 35 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Male, 13 Years	Father, Male, 34 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Male, 13 Years	Father, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 13 Years	Father, Male, 34 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 11 Years	Father, Male, 34 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 11 Years	Father, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 11 Years	Father, Male, 34 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 9 Years	Father, Male, 34 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 9 Years	Father, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Father, Male, 34 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

On 6/14/17, the SCR registered a report that alleged I/F/C/S. and IG of the three SC by the SF. The report alleged the SF and children were sleeping in the street and on the trains and the SF could not provide for the three SC. During the investigation it was revealed the family had entered a family shelter and had housing with adequate provisions for the children. The mother was not yet with the family

On 6/24/17, the SCR registered a subsequent report that alleged LMC and IG of the then 11 year-old SC by the parents.



ACS merged this report into the 6/14/17 report and it was determined the parents were not medically neglectful and had sought medical assistance for the SC.

Report Determination: Unfounded

Date of Determination: 08/12/2017

Basis for Determination:

ACS documented there was no credible evidence to support the allegations of these reports.

OCFS Review Results:

ACS' decisions were appropriate given the information obtained during the investigation.

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

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

There is no ACS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Preventive Services History

No preventive services prior to 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

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