



**Report Identification Number: AL-16-027**

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

**Issue Date: Jul 31, 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

| <b>Relationships</b>                              |   |                                       |
|---|---|---------------------------------------|
| 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                             |   |                                       |
| <b>Contacts</b>                                   |   |                                       |
| 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                 |   |                                       |
| <b>Allegations</b>                                |   |                                       |
| 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                               |                                       |
| <b>Miscellaneous</b>                              |   |                                       |
| 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                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 5 year(s)

**Jurisdiction:** Rensselaer  
**Gender:** Female

**Date of Death:** 11/10/2016  
**Initial Date OCFS Notified:** 11/15/2016

## Presenting Information

The SC had Tay Sachs Disease. On 11/6/16 she went into cardiac arrest. The mother called 911 and EMS responded to her home. The SC was transported to Samaritan Hospital but then transferred to Albany Medical Center. The SC was on a ventilator until 11/10/16 when the physicians learned that there was no brain activity. The child passed away on 11/10/16 in the hospital. The cause of death was disease progression.

## Executive Summary

The SC was diagnosed with Tay Sachs Disease at the age of 4, which is fatal and life expectancy is 5-8 years old. She was non-verbal and was immobile but had some mobility in her arms and could wiggle her head.

On the morning of 11/5/16, the mother woke up and heard the SC gurgling and noticed the SC was not breathing. She called 911 and started CPR. EMS arrived and transported the SC to the hospital.

On 11/6/16 a report was recieved alleging IG and L/B/W regarding the SC against the mother and father. The caseworker contacted all collaterals necessary to determine the cause of the injury to the SC as well as the safety of the SS. There were no safety factors present. The mother's explanation for how the injury occurred was confirmed, by the doctor, to be consistent with the injury and not a concern. Therefore, it was determined that there was no credible evidence to substantiate the allegations listed in this report. All medical providers and family members interviewed reported that the mother was very knowledgeable of the SC's medical needs and was very attentive.

On 11/10/16 the SC passed away. The cause of death, as determined by the attending physician at the hospital, was cardiac arrest due to disease progression. The manner of death was natural.

The mother and father did not live together at the time of the report. The mother gave the SC nebulizer treatments every four hours and suctioned the SC's mouth and nose frequently. The SS lived with his father during the week and would see his mother on weekends. This decision was made by the parents due to the SC needing so much of the mother's time. The SS would have the full attention and care of his father.

This report was thoroughly investigated and closed in a timely manner.

## 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 was no fatality report made.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**

This case was thoroughly investigated. The SC died a natural death during the course of a CPS investigation.

### 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: 11/10/2016

Time of Death: 11:00 PM

Date of fatal incident, if different than date of death:

11/06/2016

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

08:00 AM

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?

Yes

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

No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1



Adults: 0

### Household Composition at time of Fatality

| Household                  | Relationship   | Role    | Gender | Age        |
|----------------------------|----------------|---------|--------|------------|
| Deceased Child's Household | Deceased Child | No Role | Female | 5 Year(s)  |
| Deceased Child's Household | Mother         | No Role | Female | 26 Year(s) |
| Deceased Child's Household | Stepfather     | No Role | Male   | 30 Year(s) |
| Other Household 1          | Father         | No Role | Male   | 26 Year(s) |
| Other Household 1          | Sibling        | No Role | Male   | 8 Year(s)  |

### LDSS Response

On the morning of 11/5/16, the mother woke up and heard the SC gurgling and noticed the SC was not breathing. She called 911 and started CPR. EMS arrived and transported the SC to the hospital.

On 11/6/16 a report was received alleging IG and L/B/W against the mother and father regarding the 5-year-old female SC. The report stated that on 11/6/16, the SC sustained a bruise on her forehead above her right eye. The explanation given was that she rubbed up against her nebulizer while sleeping. It was reported that the SC was paralyzed and did not seem to be consistent with the injury, making it suspicious.

At the hospital, a nurse reported that the SC was not paralyzed but was developmentally delayed. The nurse denied having any concerns for the parents' care of the SC. The caseworker observed the marks on the SC. There was a dark colored mark above her right eye, blisters on her right hand and a two inch mark on her upper torso.

The SC was diagnosed with Tay Sachs Disease at the age of 4, which is fatal and life expectancy is 5-8 years old. She was non-verbal and not mobile but had some mobility in her arms and could wiggle her head. The SC had a team of doctors at the hospital who consulted on her care, as well as a visiting nurse that visited once a week. The SC also had a Services Coordinator that managed her Special Education, Physical Therapy, Occupational Therapy and Speech services. Each therapist worked with the SC twice a week in the home. The visiting nurse, doctors and all other caregivers told the caseworker that the mother and father were very knowledgeable of the SC's needs and were very attentive.

The mother and father were interviewed regarding the bruise above the SC's eye and blisters on her hand. The mother told the doctor and visiting nurse about the marks on her hand stating that she thought something, like a spider, was biting her. The mother also reported that on 11/4/16, the SC fell asleep on the couch while receiving a nebulizer treatment. In the morning, the SC's head was against the nebulizer button. The mother also reported that the mark on the SC's side was due to the suction machine at home. The father did not know how any marks happened.

The mother and father did not live together at the time of the report. The mother gave the SC nebulizer treatments every four hours and suctioned the SC's mouth and nose as necessary. The 8-year-old male SS lived with his father during the week and would see his mother on weekends. This decision was made by the parents due to the SC needing so much of the mother's time. At the time of the fatality, the SC was home sleeping with her mother and mother's live-in boyfriend. The parents reported having great support from family members. The mother reported that she had a resource for grief counseling through the hospital. Since the diagnosis of Tay Sachs disease, she has had to prepare for the SC's death.

The mother's boyfriend and the SS were interviewed at the mother's residence. They stated that the SC slept in her room last night until 6:00am when they heard the SC cough and throw up. The SS did not see marks on the SC or know how



they happened. He stated that for discipline, the mother spanks him on the butt and father sends him to his room. The SS was free from any marks or bruises. The home was free from hazards, had a lot of medical equipment for the SC's care and plenty of food.

The Resident Physician determined that the marks on the SCs hands were a viral rash that was not concerning, the mark on the SC's head was consistent with the mother's story of the nebulizer and a CT scan confirmed no injury. He stated that cardiac arrest, due to disease progression, caused the SC's grave condition.

On 11/10/16, it was determined that the SC was brain dead and she was taken off of life support. The SC died in the hospital that same day.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

### 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 December 7, 2016.

### 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement?                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Additional information:**

The case notes were entered in a timely manner as well as all other required documentation.

### 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: |                                     |                          |                          |                          |



|   |                                     |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <b>Within 24 hours?</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>At 7 days?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>At 30 days?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Are there any safety issues that need to be referred back to the local district?</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

|  |                          |                          |                                     |                          |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>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?</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

**Explain:**  
The report was not a fatality report, therefore a 24 hour assessment was not required. Although not required, the county completed a 30 day assessment.

**Fatality Risk Assessment / Risk Assessment Profile**

|  | <b>Yes</b>                          | <b>No</b>                           | <b>N/A</b>               | <b>Unable to Determine</b> |
|--|-------------------------------------|-------------------------------------|--------------------------|----------------------------|
| <b>Was the risk assessment/RAP adequate in this case?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Was there an adequate assessment of the family's need for services?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>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?</b>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Were appropriate/needed services offered in this case</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>   |

**Placement Activities in Response to the Fatality Investigation**

|  | <b>Yes</b>               | <b>No</b>                           | <b>N/A</b>               | <b>Unable to Determine</b> |
|--|--------------------------|-------------------------------------|--------------------------|----------------------------|
| <b>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?</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>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?</b>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |

**Explain as necessary:**  
The surviving sibling lived with his father in a separate residence to the subject child. The safety of the sibling was assessed as needed.



## Legal Activity Related to the Fatality

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

## Services Provided to the Family in Response to the Fatality

| Services                             | Provided After Death     | Offered, but Refused                | Offered, Unknown if Used | Needed but not Offered   | Needed but Unavailable   | N/A                                 | CDR Lead to Referral     |
|--------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Economic support                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements                 | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention                   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care                           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional information, if necessary:**

The mother was already involved in Grief and Bereavement through the hospital. The father did not feel he needed counseling as family and friends were very supportive.  
No other services needed.

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? N/A

**Explain:**

The father already had the SS scheduled to see a counselor through school.

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

**Explain:**

The mother was already referred to Grief and Bereavement counseling through the hospital. The father did not think he



needed counseling at this time as his family and friends were very supportive.

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment? No

Was there an open CPS case with this child at the time of death? 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? 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) |
|--------------------|---------------------------------|--------------------------|-------------------------------|----------------|---------------------|
| 11/06/2016         | Deceased Child, Female, 5 Years | Mother, Female, 26 Years | Inadequate Guardianship       | Unfounded      | No                  |
|                    | Deceased Child, Female, 5 Years | Father, Male, 26 Years   | Inadequate Guardianship       | Unfounded      |                     |
|                    | Deceased Child, Female, 5 Years | Father, Male, 26 Years   | Lacerations / Bruises / Welts | Unfounded      |                     |
|                    | Deceased Child, Female, 5 Years | Mother, Female, 26 Years | Lacerations / Bruises / Welts | Unfounded      |                     |

### Report Summary:

The report stated that the SC sustained a bruise on her forehead, above her right eye. The explanation provided was not consistent with the injury, making it suspicious. Therefore, the mother and father are subjects of the report.

The SC had Tay Sachs Disease. The parents stated that it is a neuromuscular and respiratory disease that the SC has had since birth and is fatal between the ages of 5-8 years old. The SC is paralyzed, so it is suspicious to have a bruise on her forehead. The mother stated that the child rubbed up against her nebulizer while sleeping last night; however the source reported the bruise looked older and did not appear to be from that.

**Determination:** Unfounded

**Date of Determination:** 12/16/2016

### Basis for Determination:

The investigation did not reveal credible evidence to substantiate the allegations. The parents were consistent in reporting the SC suffered from Tay Sachs Disease which had a life expectancy of 5-8 years. The SC was receiving intensive medical care and parents were very attentive to her needs. The mother reported that the mark on her head, above her right eye was from her head rubbing against the nebulizer while sleeping. The doctors deemed the mother's explanation to be consistent with the injury. The doctor reported that the SC died from disease progression. The manner of death was natural and no autopsy was ordered as this death was expected and explained.

### OCFS Review Results:

The investigation was complete and thorough.

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) |
|--------------------|---------------------------------|--------------------------|-------------------------|----------------|---------------------|
| 09/11/2014         | Deceased Child, Female, 3 Years | Mother, Female, 24 Years | Inadequate Guardianship | Unfounded      | No                  |
|                    | Deceased Child, Female, 3 Years | Mother, Female, 24 Years | Lack of Medical Care    | Unfounded      |                     |

**Report Summary:**  
 The SC had multiple health problems including failure to thrive, a speech and language deficit and orthopedic abnormalities. She was developmentally delayed and handicapped. The mother had been referred to multiple specialists for her child's needs but she did not follow through with these medical appointments. The mother had been offered visiting nurse services for case management to monitor her growth. The mother didn't appear to want to engage in special medical help for her daughter. It was alleged that the mother's lack of effort to address the SC's unmet medical needs could have affected her health long-term.

**Determination:** Unfounded **Date of Determination:** 11/19/2014

**Basis for Determination:**  
 The investigation revealed that there was no credible evidence to substantiate the allegations. Medical documentation and interviews with providers showed that the mother followed through with all recommendations by the child's service providers at the hospital. The mother had missed an appointment at the pediatrician's office due to transportation issues but rescheduled and remained compliant.

**OCFS Review Results:**  
 The report was thoroughly investigated.

**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 known CPS history more than 3 years prior to the fatality.

**Known CPS History Outside of NYS**

There is no known CPS history outside of NYS.

**Required Action(s)**

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**  
 Yes  No

**Preventive Services History**

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

**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 is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

**Legal History Within Three Years Prior to the Fatality**

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

**Additional Local District Comments**

This report was fully investigated. This was an expected and explained death due to the child's Tay Sachs Disease. There were no recommended actions needed.

**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