



Report Identification Number: AL-21-004

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

Issue Date: Jul 19, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

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

Jurisdiction: Schoharie
Gender: Male

Date of Death: 01/23/2021
Initial Date OCFS Notified: 01/24/2021

Presenting Information

On 1/24/2021, Schoharie County Department of Social Services (SCDSS) became aware of the death of the 16-year-old subject child (SC). The child died in a single car accident on 1/23/2021. All five occupants of the car died in the accident. Their ages and identities were unknown to SCDSS. The child was involved in an open preventive services case with SCDSS at the time of his death. The case was opened on 8/12/2019 due to concerns for domestic violence, alcohol abuse, and drug use in the home by the mother and stepfather. SCDSS informed OCFS of the child's death on 1/24/2021 through an OCFS-7065 Agency Reporting Form.

Executive Summary

This report concerns the death of a 16-year-old child which occurred on 1/23/2021 in a single vehicle accident. The child was a passenger in the vehicle which had four other peers inside it at the time of the accident. All five occupants of the vehicle were killed in the crash. The child lived with his mother, stepfather, and 5-year-old sibling at the time of his death. The family was involved in an open prevention case at the time of the fatal incident.

SCDSS learned of the child's death on 1/24/2021 and informed OCFS of the death on the same date. SCDSS made unsuccessful attempts to contact the family by phone and email. One home visit was made and the mother spoke briefly with SCDSS at the home. The mother informed SCDSS that the family was not interested in additional services in relation to the child's death.

Following the death of the child, SCDSS did not document that the 5-year-old surviving sibling was safe in the care of the mother and stepfather despite significant historical concerns for drug and alcohol abuse occurring in the home and in the presence of the children. SCDSS did not obtain any further documentation or information regarding the death of the child and closed the prevention case.

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 appropriate? N/A

Explain:

While there was not a requirement of a safety assessment to be completed at the time the preventive case was closed,



SCDSS did not document any attempts to assess the safety of the SS following the death of the SC, or gather information relevant to the death of the SC.

- Was the decision to close the case appropriate? No
- Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes
- Was there sufficient documentation of supervisory consultation? No

Explain:
 The decision to close the services case was made without documentation of a supervisory consult, without vital information regarding the death of the SC being obtained, and without the safety of the SS in the care of the mother and stepfather being documented.

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: 01/23/2021

Time of Death: 08:40 PM (Approximate)

- County where fatality incident occurred:** Schoharie
- Was 911 or local emergency number called?** Unknown
- Did EMS respond to the scene?** Unknown
- At time of incident leading to death, had child used alcohol or drugs?** Unknown

Child's activity at time of incident:

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

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: Unknown

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	16 Year(s)
Deceased Child's Household	Mother	No Role	Female	45 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Stepfather	No Role	Male	39 Year(s)



LDSS Response

SCDSS became aware of the SC's death on 1/24/2021. SCDSS notified OCFS of the SC's death and obtained information regarding the child's death from LE.

LE informed SCDSS that the SC was a passenger in a car with four other peers which was involved in a single car accident. All five passengers in the vehicle were killed in the accident.

Upon learning of the SC's death, SCDSS conducted a home visit to meet with the family and offer additional services in relation to the SC's death. At the home visit, the BM spoke with SCDSS and informed them that the family wanted no further services or involvement. The court order mandating preventive services had expired and the case was scheduled to be closed prior to the SC's death. SCDSS closed the family's services case on 2/5/2020 due to the family declining additional services. There was a 5-year-old surviving sibling (SS) whose safety was not documented as being assessed in the services case following the death of the SC. Additionally, the record did not reflect the sibling was observed following the death. The biological father (BF) lived out of state and was not contacted by SCDSS.

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: Unknown

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: Schoharie County has an approved OCFS Child Fatality Review Team.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------

Explain:
A home visit was made, however safety of the SS was not documented to have been assessed prior to the services case being closed.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input checked="" 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 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"/>

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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"/>
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"/>

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? No

Explain:

Services for the sibling were declined by the parents.



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

Explain:

The parents declined all services offered by SCDSS.

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? Yes

Were there any siblings ever placed outside of the home prior to this child's death? Yes

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)
08/17/2020	Sibling, Male, 4 Years	Mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 4 Years	Mother, Female, 45 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 4 Years	Stepfather, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Stepfather, Male, 38 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

The SCR report alleged that the mother and stepfather left the 4-year-old sibling home alone while they went out. The report also alleged that the mother and stepfather allowed the 4-year-old sibling to play barefoot in an area where there was broken glass on the ground.

Report Determination: Unfounded

Date of Determination: 10/01/2020

Basis for Determination:

SCDSS interviewed familial members and the allegations in the SCR report were denied by all parties. The parents stated that they utilized a video monitor system to observe the 4-year-old sibling if they step outside or into the garage. SCDSS found no credible evidence to substantiate the allegations and the investigation was closed.

OCFS Review Results:

SCDSS made multiple attempts to meet with the family upon receipt of the SCR report; however, contact with the family was not made until 9/9/20. SCDSS documented safety concerns in the safety assessment due to the allegations made; however, did not utilize additional investigative resources, such as law enforcement, to assess the safety of the children in the home. The allegations were unsubstantiated due to a lack of credible evidence and the department remained involved with the family through an open prevention services case.

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

Issue:

Failure to provide notice of report

Summary:

SDSS did not provide Notice of Existence letters to the biological father of the SC.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

SCDSS will obtain demographic information of biological parents and send a Notice of Existence letter when contact information becomes available.

Issue:

Review of CPS History

Summary:

There was no documentation of a CPS history check for the family.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

SCDSS will review all prior CPS history within regulatory required timeframes.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

SCDSS did not document attempts to contact the biological father of the SC to gather information as it pertains to safety, risk, and a determination of the allegations.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

SCDSS will make diligent efforts to contact absent parents to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/05/2020	Deceased Child, Male, 16 Years	Mother, Female, 44 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 16 Years	Mother, Female, 44 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 16 Years	Stepfather, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 16 Years	Stepfather, Male, 38 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 44 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 44 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 44 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 4 Years	Stepfather, Male, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Stepfather, Male, 38 Years	Lack of Supervision	Unsubstantiated	



Sibling, Male, 4 Years	Stepfather, Male, 38 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 4 Years	Mother, Female, 44 Years	Lacerations / Bruises / Welts	Unsubstantiated

Report Summary:

The SCR report alleged a history of drug and alcohol abuse by the stepfather and mother while acting as the sole caregivers to the SC and the 4-year-old SS. The SCR report alleged that the stepfather had become violent in the home and that the parents left the children unattended for extended periods of time.

Report Determination: Unfounded**Date of Determination:** 07/07/2020**Basis for Determination:**

SCDSS conducted family and collateral interviews to make a determination of the allegations. The parents denied drug and alcohol use and passed a drug test that was administered. The mother and stepfather denied leaving the children alone, as did the children. The investigation was closed, and the previously opened prevention services case remained open.

OCFS Review Results:

SCDSS made a determination of the allegations in accordance with evidence gathered. SCDSS did not document attempts to contact the BF of the SC or notify him of the report or document a history check within required time frames.

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

Issue:

Review of CPS History

Summary:

There was no documentation of a CPS history check for the family.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

SCDSS will review all prior CPS history within regulatory required timeframes.

Issue:

Failure to provide notice of report

Summary:

SDSS did not provide Notice of Existence letters to the biological father of the SC.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

SCDSS will obtain demographic information of biological parents and send a Notice of Existence letter when contact information becomes available.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

SCDSS did not document attempts to contact the biological father of the SC to gather information as it pertains to safety, risk, and a determination of the allegations.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

SCDSS will make diligent efforts to contact absent parents to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations.



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

There were two investigations which occurred more than three years prior to the fatality. The investigations involved allegations of drug and alcohol use by the mother and stepfather, and domestic violence occurring between the mother and the stepfather in the presence of the SC and SS. Both investigations were substantiated, and a neglect petition was filed against the mother and stepfather.

Known CPS History Outside of NYS

There is no known history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 08/17/2019

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
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"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

Services were provided by both internal and external providers.

Preventive Services History

The family participated in both voluntary and court ordered prevention services to deal with behavioral issues by the SC, domestic violence in the home, and drug and alcohol services.

Foster Care Placement History

The SC and SS were placed with relatives under Article 10 custody in June 2017-November 2017 when custody transitioned to Article 6 and services were discontinued.

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

SCDSS unable to asses safety due to denial of access to child by parents.

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