



**Report Identification Number: BU-16-013**

**Prepared by: Buffalo Regional Office**

**Issue Date: 12/13/2016**

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

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

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

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

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

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

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

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



## Abbreviations

### Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

### Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

### Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

### Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



## Case Information

**Report Type:** Child Deceased  
**Age:** 8 year(s)

**Jurisdiction:** Erie  
**Gender:** Male

**Date of Death:** 09/02/2015  
**Initial Date OCFS Notified:** 05/04/2016

## Presenting Information

SC resided with SM and siblings ages twelve, eight, seven, six, five, two and eleven-months old. SM is the sole and main caretaker of SC. On September 2, 2015, SC was riding a bike in front of his house without a helmet. SC while riding without a helmet, was hit by a car and killed. The cause of death was head trauma due to lacerations, a hematoma of the brain, and a skull fracture. SC also sustained fractured ribs.

## Executive Summary

The report concerns the death of an eight-year-old boy that lived with SM and Surviving Siblings (SS) ages 12, 7, 6, 5, 2 and 1 years-old. At the time of SC's death the family had an open Preventive Services case with ECDSS. Preventive Services was open with the family because SM was developmentally disabled and was over-whelmed taking care of seven children. The SM was having difficulty with housing and keeping her home clean. An SCR report with allegations of DOA/Fatality, Fractures, internal Injuries, Inadequate Guardianship and Lacerations, Bruises and Welts was received by ECDSS against SM with respect to SC on May 4, 2016. On September 2, 2015, SC was riding a bike in front of his house without a helmet and was hit by a car and killed. The cause of death was head trauma due to lacerations, a hematoma of the brain and a skull fracture. SC also sustained fractured ribs. At the time of SC's death the Preventive Services worker observed all the children and made sure they were safe. The SM stated to CW that she and a friend were packing the house up and moving furniture into the U-Haul. The SM stated the younger children were at MGM's house and the older children were told to stay on the front porch. The bikes were waiting to be moved and the bicycle helmets had been packed away. SC jumped on the bike without a helmet and road into the street without looking. Several people stated SC was a very active child. The CW spoke to all the verbal children that were present, SM's friend that was helping her move, family members and neighbors. The CW was informed that SM, while appearing to be overwhelmed with the care of all the children, always provided appropriate supervision and there were no safety concerns for the SS. ECDSS spoke with the police and first responders, who had no concerns. There was no open Homicide Investigation and SC death had been deemed an accident.

The ME determined the Cause of Death as blunt force injuries of the head and the Manner of Death was accident. On July 1, 2016 ECDSS unsubstantiated the allegations of DOA/Fatality, Fractures, internal Injuries, Inadequate Guardianship and Lacerations, Bruises and Welts against SM with respect to SC. On September 2, 2015 while his family was loading a van to move to a new home, SC grabbed a bike and rode into the street, without putting on a helmet first. SC was struck by a car and dragged several feet. He sustained head trauma and was killed. SM has many supports in place, both familial and in the community. Services remain in place with the family through ECDSS and Community Services. The children appeared safe in SM's custody.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

**Determination:**

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

**Explain:**

ECDSS unsubstantiated the allegations and the case remains open with services.

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:**

ECDSS unsubstantiated the allegation of DOA/Fatality, IG, fractures, Internal Injuries and LBW"S, but the family continues to work with services.

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities**

**Incident Information**

Date of Death: 09/02/2015

Time of Death: 07:53 PM

Time of fatal incident, if different than time of death: 07:24 PM

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: 07:24 PM

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



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Playing  
 Other

Eating

Unknown

**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**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		8 Year(s)
Deceased Child's Household	Father	No Role	Male	51 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Month(s)

### LDSS Response

ECDSS originally was informed of the death of SC on September 3, 2015. ECDSS had an open Preventive Services case with the family and assessed safety of the SS's on September 4, 2015. ECDSS received the SCR report with allegations of DOA/Fatality, Fractures, internal Injuries, Inadequate Guardianship and Lacerations, Bruises and Welts against SM with respect to SC on May 4, 2016. The SM stated that she and a friend were packing the house up to move and she told the children to stay on the front porch. The children's bicycles were in a pile ready to be moved. The bicycle helmets for the children were already packed. The CW was informed that SC jumped on a bike and rode into the street without putting his helmet on and was hit by a car and dragged several feet. SM stated she was upstairs packing the bunk beds. The SS denied not being supervised on a regular basis and denied having any safety concerns. The CW attempted to contact SF, but was unable to locate him. The youngest SS's father had no safety concerns for any of the children. The family moved to another home. The family had been given new bike helmets from the school.

The CW spoke to the police, who stated that SC's death was an accident. The CW spoke to the children's school. They had no concerns regarding the SS's safety. The SC's teacher stated SC was very active. The CW spoke with the children's counselors, who did not have concerns for their safety. The CW spoke to all the services providers in the home. CW was informed that The SM is developmentally delayed and is over-whelmed with the children, but did not have safety concerns. Services are assisting SM with looking for appropriate housing, locating furniture, attending appointments and



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parenting. The pediatrician did not have concerns for the children’s safety. The SC had been diagnosed with ADHD, but was not on medication. The CW spoke with neighbors who stated it was a horrible accident, but SM was usually always outside watching the children play.

The ME determined the Cause of Death as blunt force injuries of the head and the Manner of Death was accident. On July 1, 2016 ECDSS unsubstantiated the allegations of DOA/Fatality, Fractures, internal Injuries, Inadequate Guardianship and Lacerations, Bruises and Welts against SM with respect to SC. On September 2, 2015 while his family was loading a van to move to a new home, SC grabbed a bike and rode into the street, without putting on a helmet first. SC was struck by a car and dragged several feet. He sustained head trauma and was killed. SM has many supports in place, both familial and in the community. Services remain in place with the family through ECDSS and Community Services. The children appeared safe in SM’s custody.

## 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 investigation conducted by a Multidisciplinary Team (MDT)?**Yes

**Comments:** ECDSS spoke with the police, the CAC and notified the DA.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** ECDSS does not have an approved CFRT.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032406 - Deceased Child, , 8 Yrs	032407 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
032406 - Deceased Child, , 8 Yrs	032407 - Mother, Female, 30 Year(s)	Fractures	Unsubstantiated
032406 - Deceased Child, , 8 Yrs	032407 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
032406 - Deceased Child, , 8 Yrs	032407 - Mother, Female, 30 Year(s)	Internal Injuries	Unsubstantiated
032406 - Deceased Child, , 8 Yrs	032407 - Mother, Female, 30 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to
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				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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<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"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<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:**

ECDSS spoke with all appropriate collaterals, the police, neighbors, family and interview all verbal children.

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

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

## Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



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Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input checked="" type="checkbox"/>	<input 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 family was working with Preventive Services at the time of fatality. The family was offered counseling and had several support systems in place.

**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:**  
 The family was working with Preventive Services.

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

**Explain:**  
 The family was working with Preventive Services.

## History Prior to the Fatality

## Child Information

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

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/18/2016	11846 - Other Child - Friends's child, Female, 13 Years	11843 - Other Adult - friend of family, Female, 44 Years	Lack of Medical Care	Pending	No
	11846 - Other Child - Friends's child, Female, 13 Years	11843 - Other Adult - friend of family, Female, 44 Years	Lack of Supervision	Pending	
	11846 - Other Child - Friends's child, Female, 13 Years	11843 - Other Adult - friend of family, Female, 44 Years	Inadequate Guardianship	Pending	
	11846 - Other Child - Friends's child, Female, 13 Years	11843 - Other Adult - friend of family, Female, 44 Years	Abandonment	Pending	

**Report Summary:**

Friend of the SM is the PGM and legal guardian of 13-year-old. Sometime ago she left and went to NYC and has continued to obtain child's benefit check for herself. The 13-year-old's father took care of child because PGM abandoned her. However father is unable to care for her due to his own medical issues. Father and child moved into SM's home and he has now gone into the hospital for surgery. He will need care afterward. In the meantime, child had not had her immunizations and will be expelled from school because of this. PGM left no forwarding information and her location. Child had also had pelvic pain that has not been followed up with.

**Determination:** Undetermined

**OCFS Review Results:**

ECDSS is still currently investigating the allegations. The CW has interviewed the children, SM and her boyfriend. The CW has spoken to collateral contacts and completed the 7 day safety assessment on time. FA asked SM if child could stay with them until he gets out of the hospital. PGM has been spoken to and is trying to return to Buffalo.

**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)
10/05/2016	11836 - Sibling, Male, 6 Years	11831 - Mother, Female, 31 Years	Inadequate Guardianship	Pending	No
	11840 - Sibling, Male, 1 Years	11831 - Mother, Female, 31 Years	Lack of Supervision	Pending	
	11838 - Sibling, Male, 5 Years	11831 - Mother, Female, 31 Years	Inadequate Guardianship	Pending	
	11838 - Sibling, Male, 5 Years	11831 - Mother, Female, 31 Years	Lack of Supervision	Pending	



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11836 - Sibling, Male, 6 Years	11831 - Mother, Female, 31 Years	Emotional Neglect	Pending
11836 - Sibling, Male, 6 Years	11831 - Mother, Female, 31 Years	Lack of Medical Care	Pending
11840 - Sibling, Male, 1 Years	11831 - Mother, Female, 31 Years	Inadequate Guardianship	Pending

**Report Summary:**

SM is aware that her seven-year-old son has ADHD and had been experiencing violent behavior towards others. SM had so far refused to have him evaluated by a physician or psychiatrist to see if medication may help him or if there is something else medically wrong with him. SM laughed at child when he was upset and she made him strip his clothes off and stay in the bedroom for the rest of the night and child was so upset and humiliated that he cried, whined and yelled a lot. SM had a visitor in the home and she was not supervising her children. The one-year-old was hanging off the sofa because five-year-old was head butting him. SM did not get up and intervene.

**Determination:** Undetermined

**OCFS Review Results:**

ECDSS is still currently investigating the allegations. The CW has interviewed the children, SM and her boyfriend. The CW has spoken to collateral contacts and completed the 7 day safety assessment on time.

**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)
09/25/2014	11754 - Sibling, Male, 11 Years	11752 - Father, Male, 51 Years	Lacerations / Bruises / Welts	Unfounded	Yes
	11754 - Sibling, Male, 11 Years	11752 - Father, Male, 51 Years	Lack of Medical Care	Unfounded	
	11755 - Deceased Child, Male, 8 Years	11752 - Father, Male, 51 Years	Lack of Medical Care	Unfounded	
	11755 - Deceased Child, Male, 8 Years	11751 - Mother, Female, 30 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	11754 - Sibling, Male, 11 Years	11751 - Mother, Female, 30 Years	Lack of Medical Care	Unfounded	
	11755 - Deceased Child, Male, 8 Years	11751 - Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	
	11755 - Deceased Child, Male, 8 Years	11751 - Mother, Female, 30 Years	Lacerations / Bruises / Welts	Unfounded	
	11754 - Sibling, Male, 11 Years	11752 - Father, Male, 51 Years	Inadequate Guardianship	Unfounded	
	11755 - Deceased Child, Male, 8 Years	11752 - Father, Male, 51 Years	Lacerations / Bruises / Welts	Unfounded	
	11754 - Sibling, Male, 11 Years	11753 - Other Adult - Mother's boyfriend, Male, 21 Years	Inadequate Guardianship	Unfounded	
	11754 - Sibling, Male, 11 Years	11751 - Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	
	11754 - Sibling,	11751 - Mother, Female, 30	Lacerations / Bruises	Unfounded	



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Male, 11 Years	Years	/ Welts	
11755 - Deceased Child, Male, 8 Years	11751 - Mother, Female, 30 Years	Lack of Medical Care	Unfounded
11755 - Deceased Child, Male, 8 Years	11752 - Father, Male, 51 Years	Inadequate Guardianship	Unfounded
11755 - Deceased Child, Male, 8 Years	11753 - Other Adult - Mother's boyfriend, Male, 21 Years	Lacerations / Bruises / Welts	Unfounded
11755 - Deceased Child, Male, 8 Years	11752 - Father, Male, 51 Years	Inadequate Food / Clothing / Shelter	Unfounded
11755 - Deceased Child, Male, 8 Years	11753 - Other Adult - Mother's boyfriend, Male, 21 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

The parent substitute (PS) assaulted the SF with a knife. The PS had been hitting and kicking the child. The child had a bruise on his leg as a result. Subsequent report received 11/17/14. SC wore the same clothes for days at a time and no underwear. SC had scabies. SP's did not get treatment for the SC. SC had been diagnosed with ADHD and a seizure disorder and did not get treatment or medication. SC brought a knife to school. Subsequent report received 12/18/14. The SF punched the wall and PS pulled a gun on SF in front of the children. SS has threatened SC with a knife and had physically injured SC. The SP failed to protect SC.

**Determination:** Unfounded**Date of Determination:** 04/17/2015**Basis for Determination:**

Everyone denied that there was an altercation between SF and PS and no one ever saw a knife or a gun. Everybody denied PS hitting and kicking SC. SC never had scabies. CW observed new and clean clothes including underwear. SC was undergoing testing to determine if SC had seizures and if he need to take medication for his ADHD. SC did bring a knife to school and SP's acted appropriately by coming to school right away and dealing with the situation. Everyone denied SM and SF fighting. Both children denied SS coming after him with a knife. The children had fought and were spoken to about this. PS no longer has contact with family. Family is working with Preventive Services.

**OCFS Review Results:**

ECDSS completed the 7 day safety assessment on 9/25/14, but it was not approved until 10/28/14. CW entered a note on 9/25/14 stating children were seen. There was no documentation regarding SM, SF or PS being interviewed until 10/28/14. In January 2015 ECDSS assigned the case to a new CW and all collateral contacts were contacted, and family was seen on regular basis. CW spoke with source and opened the case for services.

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

Timely/Adequate Seven Day Assessment

**Summary:**

ECDSS completed the 7 day safety assessment on 9/25/14, but it was not approved until 10/28/14. CW entered a note on 9/25/14 stating children were seen. There was no documentation regarding SM, SF or PS being interviewed until 10/28/14. There was no documentation the source was contacted or any collateral's were completed.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ECDSS will complete all safety assessments on time with appropriate documentation in the case notes.



# NYS Office of Children and Family Services - Child Fatality Report

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

The SM was the subject child in two indicated reports with allegations of IG and EDN, she was a no role in two indicated reports with allegations of FX and other as a child. The SM was a no role in an unfounded SCR report in 2011.

## Known CPS History Outside of NYS

No history outside 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: 01/30/2015

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

	Yes	No	N/A	Unable to Determine
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"/>

## Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The FASP was due on 8/13/16, but was completed on 10/13/16				
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:

ECDSS was the case manager and a voluntary agency was the case planner.



# NYS Office of Children and Family Services - Child Fatality Report

## Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

## Preventive Services History

ECDSS opened a preventive Services case January 30, 2015 to assist SM who was over-whelmed with parenting her children. Services was assisting the family with school, counseling and doctor's appointments. The worker linked the family to other long term services. The SM was participating in parenting. Services also helped the family find stable housing with appropriate furniture. Service Providers meet with the family on a regular basis. The family continues to work with Preventive Services.

## 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?**

Family Court  Criminal Court  Order of Protection

**Have any Orders of Protection been issued? Yes**

**From:** 03/05/2015

**To:** 03/05/2017

**Explain:**

SS's father is to stay away from SM and SS's.

## Additional Local District Comments

We find that the facts describe the unfortunate events and actions taken. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We note that when the reviewer assessed the CPS history covering the three year period preceding the fatality, it was discovered within the investigation dated 9/25/14, that although the 7 day safety assessment was submitted prior to day seven of the report, it was not approved by the supervisor in a timely manner. As OCFS is aware, caseload sizes were higher at the time of this investigation. As caseload sizes have fallen, so too are the percentages of overdue safety assessments. Nonetheless, since the time of this particular investigation, all CPS Supervisors are reminded, on a regular basis, of the statutory requirement



per Social Services Law to complete and approve the safety assessment in Connections within the first 7 days of the report. Since this November 2014 investigation, OCFS has provided ECDSS with many reports outlining the strides we have taken to come into compliance. This includes a drastic increase in the percentage of safety assessments that are submitted and approved on time now. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.

## 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