



Report Identification Number: SY-16-031

Prepared by: Syracuse Regional Office

Issue Date: 12/30/2016

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: 15 year(s)

Jurisdiction: Oneida
Gender: Male

Date of Death: 06/23/2016
Initial Date OCFS Notified: 06/29/2016

Presenting Information

OCFS was notified of SC's death by the Oneida County Department of Social Services (OCDSS) on 6/29/16. OCDSS learned of the SC's death at a home visit with his family on 6/28/16. The SC's BM informed OCDSS of the following: on 6/19/16 the SC had disappeared under the water in the Erie Canal while swimming with friends; he was pulled from the water after approximately 30 minutes and received emergency medical care; he was transported to University Hospital, never recovered, and died on 6/23/16. An SCR report was not registered regarding the fatality as the fatality was an accident; there was no reason to suspect it was the result of neglect and/or abuse.

Executive Summary

The fatality occurred during an open CPS investigation that was being conducted by the Oneida County Department of Social Services (OCDSS). An initial report was registered on 2/11/16 with the SCR regarding the SC. EdN was alleged against the BM for the BM allegedly failing to ensure the SC attended school, thus the SC was failing two classes. A subsequent report was registered on 3/8/16 regarding the SC and it was consolidated into the initial report. IG, XCP, and L/B/W were alleged against the BM for allegedly scratching the SC because he made a mess in the kitchen. A second subsequent report was registered on 3/11/16 regarding the SC and his sister and it was also consolidated into the initial report. IG was alleged against the BM for allegedly dragging the SC's sister by her hair, causing the SC to intervene and push the BM off of his sister. During the course of the investigation, OCDSS added the allegation of IG against the BM regarding the SC's brother.

OCDSS did not find credible evidence that the BM was responsible for the SC having excessive absences from school. The SC refused to attend school or was tardy, and the SC was being promoted to the next grade despite the absences. OCDSS UNF the allegation of EdN regarding the SC. There was no credible evidence that the SC's brother was exposed to abuse/neglect, therefore the allegation of IG was UNF. OCDSS did find credible evidence that on 3/6/16, the BM scratched the SC on his neck and on his back in a fit of anger as the SC had made a mess in the kitchen. OCDSS also found credible evidence that on 3/11/16, the BM grabbed the SC's sister by her hair and pulled her up from the floor in a fit of anger as the SC's sister's room was a mess. The SC intervened on his sister's behalf to try to stop the BM. The BM hit the SC with her hands and attempted to hit him with an iron. OCDSS IND the allegation of IG regarding the SC and the SC's sister; and IND the allegations of XCP and L/B/W regarding the SC.

During the course of the investigation, OCDSS made a home visit on 6/28/16. At the home visit, the SC's BM informed OCDSS that the SC had died on 6/23/16 due to drowning in the Erie Canal. OCDSS directly completed a 24 hour safety assessment for the SC's siblings and they were determined to be safe. OCDSS contacted collaterals to ascertain the circumstances surrounding the SC's death. No abuse and/or maltreatment was attributed to the SC's death. An autopsy was completed and the medical examiner determined the death to be accidental; ascribed to anoxic brain injury as the result of fresh water drowning.

OCDSS provided grief counseling information to the BM, and confirmed she was utilizing other community supports. The BM initially agreed to preventive services prior to the SC's death to mainly address the SC's behaviors,



however declined said services after the SC's death. Casework activity was commensurate with case circumstances. OCDSS appropriately determined the allegations in the report; and appropriately assessed safety and risk to the children. The BM declined ongoing services and there was no evidence of ongoing maltreatment, therefore the case was appropriately closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
o 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

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:
Casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 06/23/2016 Time of Death: 10:52 AM

Date of fatal incident, if different than date of death: 06/19/2016
Time of fatal incident, if different than time of death: 07:10 PM

County where fatality incident occurred: ONEIDA
Was 911 or local emergency number called? Yes
Time of Call: 07:11 PM
Did EMS to respond to the scene? Yes
At time of incident leading to death, had child used alcohol or drugs? No



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Child's activity at time of incident:

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

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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	15 Year(s)
Deceased Child's Household	Mother	No Role	Female	36 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)

LDSS Response

OCDSS directly completed safety assessments for the SC's siblings and contacted collaterals to ascertain the circumstances surrounding the SC's death. No abuse and/or maltreatment was attributed to the SC's death. On 6/19/16, the SC left the family home to go swimming with friends. As they were swimming, the SC went into a deeper part of the canal and was unable to stay afloat. The SC's friend grabbed the SC and attempted to rescue him but the SC's panicked response pulled his friend under the water and the friend was forced to release the SC. 911 was called at 7:11pm. A bystander entered the water to search for the SC, but he couldn't locate the SC, so he left the water. Emergency responders were delayed about 15 minutes as responders had difficulty identifying and reaching the location of the incident. Upon arrival, responders entered the water and after about 15 minutes pulled the SC out of the water. CPR was performed and the SC regained a pulse. The SC was transported to a local hospital, and was then transported to another hospital. Due to the amount of time the SC was under the water, without oxygen, the SC never recovered and died on 6/23/16 at the hospital.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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



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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Progress notes were entered from 1-7 months after the occurrence of the event or the receipt of the information which was to be recorded.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<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.

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"/>



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Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<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? Yes

Explain:

Information on grief counseling services was provided.

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

Explain:

Information on grief counseling services was provided.

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? Yes

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No

Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
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NYS Office of Children and Family Services - Child Fatality Report

11/12/2015	11385 - Deceased Child, Male, 15 Years	11386 - Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	No
	11387 - Sibling, Female, 13 Years	11386 - Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	
	11388 - Sibling, Male, 6 Years	11386 - Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	

Report Summary:
 An initial report was registered on 11/12/15 regarding the SC and his two siblings. IG was alleged against the BM for the BM allegedly being overwhelmed with the children, being unable to control them, and no longer wanting to care for them.

Determination: Unfounded **Date of Determination:** 01/29/2016

Basis for Determination:
 OCDSS UNF the report as no credible evidence was found to support the allegations of IG. No safety concerns were noted in the home. The BM left the children at home for three weeks while she was out of the country, but arranged appropriate care and supervision for the children.

OCFS Review Results:
 Casework activity was commensurate with case circumstances. OCDSS appropriately determined the allegations in the report; and appropriately assessed safety and risk to the children. The BM noted behavioral issues with the SC but OCDSS appropriately determined that the family didn't qualify for ongoing service needs due to the lack of risk. The BM was working with community services.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/23/2014	11381 - Deceased Child, Male, 13 Years	11382 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	No
	11381 - Deceased Child, Male, 13 Years	11382 - Mother, Female, 33 Years	Internal Injuries	Unfounded	

Report Summary:
 An initial report was registered on 1/23/14 regarding the SC. IG and II were alleged against the BM for the BM allegedly scratching the SC in the face and eye; causing scratches on the SC's face and small blood clots on the SC's eye.

Determination: Unfounded **Date of Determination:** 03/13/2014

Basis for Determination:
 OCDSS UNF the report as no credible evidence was found to support the allegations of IG or II. The SC said he lied as he was angry at his BM for yelling at him. He stated that his younger brother scratched him while they were playing around. The SC's sister denied that she saw the SC scratched by their BM.

OCFS Review Results:
 Casework activity was commensurate with case circumstances. OCDSS appropriately determined the allegations in the report; and appropriately assessed safety and risk to the children. No ongoing service needs were identified and the report was appropriately closed.

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 CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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

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