



Report Identification Number: SY-17-037

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

Issue Date: Jan 09, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 15 year(s)

Jurisdiction: Tompkins
Gender: Male

Date of Death: 08/12/2017
Initial Date OCFS Notified: 08/11/2017

Presenting Information

On 8/10/17 the death of the SC was reported to OCFS by the Tompkins County Department of Social Services (TCDSS) through the required Agency Reporting Form 7065 because TCDSS had an open Preventive Services case with the SC and his BM at the time. On 8/8/17, the SC was involved in an accident in which he fell off the back of a moving vehicle and hit his head on the road. The SC was airlifted to Upstate University Hospital where he remained unresponsive, despite surgical intervention. TCDSS was informed the SC passed away from his injuries on 8/10/17, although the SC actually passed away on 8/12/17 at 8:10 AM.

Executive Summary

On 8/10/17, TCDSS notified OCFS of the SC's passing through the required Agency Reporting Form 7065. TCDSS was notified that the SC passed away in the hospital on 8/10/17 from injuries sustained during an accident on 8/8/17. TCDSS later learned that the SC passed away on 8/12/17.

TCDSS had an open Preventive Services case involving the SC and the BM at the time of the SC's passing. TCDSS had been involved with the family since 9/21/16 for Preventive Services after a referral was received from SC's Probation officer with concerns for the SC's behavior at home that escalated to the point of LE involvement. TCDSS contracted with Family and Children's Service of Ithaca to provide the Dispositional Alternatives Program (DAP) to the SC and BM to meet the SC's service needs. There were no identified service needs for the 5 SS and the 18 yo adult SS, so they were not receiving services from TCDSS.

On 8/8/17, around 7:30 PM, the SC was on the rear trunk of a car as the adult SS's boyfriend, 19 yo, was driving the car on a rural road near the family's home. The SS's boyfriend was driving about 30 MPH when the SC either jumped or fell off the trunk, struck his head on the pavement and skidded along the road. The SC was unconscious and airlifted to Upstate Medical University Hospital where he was diagnosed with a traumatic brain injury. Despite surgical efforts, the SC never regained consciousness and he passed away from his injuries on 8/12/17 at 8:10 AM.

The death certificate stated that the SC's death was referred to the ME and an autopsy was performed. The manner of death was listed as accidental and the cause of death was blunt force craniocerebral trauma due to ejection from moving vehicle.

TCDSS assessed the SS to be safe in the BM's care. TCDSS provided the BM with information on counseling and bereavement services for herself and the SS. There were no service needs identified from which the SS could have benefited, and none were accepted by the BM.

The BF of the SC lived in Texas and had not visited the SC since 2016. He came to New York and went to the hospital to see the SC after the accident. The stepfather, BF of the 5 youngest SS, lived in Pennsylvania and the BM and CHN visited him on weekends. Neither BF nor the stepfather was spoken to regarding the SC's death.

TCDSS spoke to the SC's probation officer and hospital staff and obtained the death certificate and LE records from the incident. TCDSS verified that the SC's death was accidental and not considered suspicious or caused by abuse or maltreatment by the BM. As no service needs were identified for the SS, TCDSS closed the Preventive Services case on 10/11/17.



PIP Requirement

A review of history revealed citations related to FAR casework practice. TCDSS will submit a PIP to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) the TCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, TCDSS will review the plan(s) and revise as needed to further address ongoing concerns.

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:

The death of the SC was not reported to the SCR.

- 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:

There was supervisory consultation documented regarding the investigation of the fatality. TCDSS appropriately closed the Preventive Services case following the death of the SC, as no service needs were identified for the BM and SS.

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: 08/12/2017

Time of Death: 08:10 AM

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

08/08/2017

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

07:38 PM



County where fatality incident occurred: Tompkins
 Was 911 or local emergency number called? Yes
 Time of Call: Unknown
 Did EMS respond to the scene? Yes
 At time of incident leading to death, had child used alcohol or drugs? Unknown
 Child's activity at time of incident:
 Sleeping Working Driving / Vehicle occupant
 Playing Eating Unknown
 Other

Did child have supervision at time of incident leading to death? Yes
 Is the caretaker listed in the Household Composition? Yes - Caregiver 1
 At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1
 Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	No Role	Female	18 Year(s)
Deceased Child's Household	Deceased Child	No Role	Male	15 Year(s)
Deceased Child's Household	Mother	No Role	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Other Household 1	Father	No Role	Male	40 Year(s)
Other Household 2	Stepfather	No Role	Male	47 Year(s)

LDSS Response

On 8/9/17, TCDSS was informed by the SC's probation officer that the SC had been in an accident on 8/8/17, was critically injured, and was having surgery for a head injury. Immediately upon finding out this information, TCDSS called the BM. It was learned that the SC had fallen off the back of a vehicle the night prior, had concluded surgery, was on life support and was still unresponsive. The SS were with the BM at the hospital and the BF was on his way from Texas. On 8/10/17, TCDSS spoke to the SC's probation officer, who stated that the SC passed away from his injuries that morning. TCDSS attempted to do a home visit at the BM's home to assess the safety of the SS on 8/11/17, although no one was home.

A home visit was conducted on 8/14/17 and TCDSS spoke to the BM and observed the SS. There were no concerns regarding the health and safety of SS and they were assessed to be safe in the BM's care. The BM stated that the BF was at



the hospital and there was arguing and tension so he was asked to leave by LE. The stepfather was hospitalized in Africa so he was unavailable and not spoken to. TCDSS provided the BM with information on counseling and bereavement services for herself and the CHN. BM shared that she had a lot of family support and a strong religious faith to assist the family. Regarding the incident, BM stated that the SC was outside hanging out with friends down the road from the family's home. The SC was sitting on the back of the car being driven by the adult SS's boyfriend and he must have stopped fast or the SC slipped somehow, causing the SC to hit the ground head first. The BM stated that LE investigated the incident.

On 8/18/17, TCDSS spoke to the BM who had spoken to LE and clarified that the SC jumped off the back of the moving car, fell, and hit his head on the road, causing the fatal injury. BM observed the SC's footprints on the back of the car. She felt it was purely an accident. The CHN were doing well and BM stated her family didn't need any services at that time. TCDSS spoke to BM on 9/12/17 and again offered assistance. BM declined that she or the CHN needed any services.

TCDSS obtained the SC's death certificate, LE records from the incident and contacted Upstate Medical University Hospital to verify the cause of death and details of the incident. It was learned that the SC passed away on 8/12/17, not 8/10/17, as TCDSS was originally told. There were no tickets issued or charges filed by LE. There was no information gathered on whether the SC or the driver were under the influence of drugs or alcohol at the time of the incident. It was determined that the SC's death was the result of an accident and not due to abuse or maltreatment of the BM, therefore the incident did not require a hotline report being made to the State Central Register. The Preventive Services case was closed on 10/11/17 as there were no service needs identified for the BM and SS.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: Tompkins County does not have an OCFS approved Child Fatality Review Team.

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 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"/>
Pediatrician	<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 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"/>



Child Fatality Report

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

The SS, pediatrician, and ME were not spoken to by TCDSS.

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"/>
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
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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?

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?

Explain as necessary:
 Risk was adequately assessed and there were no service needs identified for the family. The SS were not removed as a result of the fatality.

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 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 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"/>

Additional information, if necessary:
 TCDSS provided the BM with information on counseling and bereavement services for herself and the SS. BM declined these services.



Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:
TCDSS provided the BM with information on counseling and bereavement services for the SS, although BM declined stating the CHN had support from their family and storing religious faith.

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

Explain:
TCDSS provided the BM with information on counseling and bereavement services, although BM declined stating she had support from her family and storing religious faith.

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?	Yes
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)
02/20/2017	Sibling, Female, 17 Years	Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	Yes
	Sibling, Female, 10 Months	Mother, Female, 32 Years	Lack of Supervision	Far-Closed	
	Sibling, Female, 10 Months	Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 17 Years	Mother, Female, 32 Years	Lack of Supervision	Far-Closed	
	Deceased Child, Male, 14 Years	Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	
	Deceased Child, Male, 14 Years	Mother, Female, 32 Years	Lack of Supervision	Far-Closed	
	Deceased Child, Male, 14 Years	Mother, Female, 32 Years	Childs Drug / Alcohol Use	Far-Closed	

Report Summary:
SCR report alleged the SC had a history of drinking to the point of intoxication. On 2/19/17 SM allowed SC to be unsupervised with other children whom had histories of drinking alcohol to the point of intoxication, and as a result, the



SC became extremely intoxicated to the point he blacked out. At about 6:45 PM, SM left the SS, ranging from ages 13 through less than 1, home alone unsupervised for about 2 hours. SM was aware that the 13-year-old SS was not capable of caring for the other 5 SS alone.

OCFS Review Results:

There was an adequate assessment of the family's service needs, the 7-day safety assessment was completed accurately and on time and supervisory consultation was documented throughout the case. The case closed within regulatory timeframes, when it was determined the family's needs were being met through the open Preventive Services case. Multiple progress notes were entered non-contemporaneously, up to 2 months after the event date. SC's BF was not spoken to or provided with written notification of the report.

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

Issue:

FAR-Timely/Adequate Documentation

Summary:

Multiple progress notes were entered non-contemporaneously, up to 2 months after the event date.

Legal Reference:

18 NYCRR 432.13 (e)(5)

Action:

TCDSS will enter all progress notes contemporaneously.

Issue:

FAR-Failure to Provide Notice of Report

Summary:

SC's BF was not spoken to regarding the FAR case or provided with written notification of the report.

Legal Reference:

18 NYCRR 432.13 (e)(2)(i)(a)-(d)

Action:

TCDSS will provide written notification to every parent, guardian or other persons legally responsible for the child or children named in the report, no later than 7 days after receipt of a report that has been assigned to FAR.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/23/2016	Sibling, Female, 12 Years	Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	Yes
	Sibling, Male, 6 Years	Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 3 Years	Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	
	Deceased Child, Male, 13 Years	Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 17 Years	Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 8 Months	Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 10 Years	Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	

**Report Summary:**

SCR report alleged SC was out of control. He had attacked the SS, BM and other family members and had sexually abused another family member in Texas. It was alleged he may have been sexually abusing some of the SS in the house, although there was no information as to which SS or what he did. The BM was overwhelmed and unable to protect the SS and keep them safe.

OCFS Review Results:

The report was appropriately deemed FAR eligible. An assessment of the family's service needs was conducted and it was determined that all necessary services were already being provided through the Preventive Services case opened 9/21/16. On 2/1/17, it was documented that the case was ready to close at that time and FAR closing letters were mailed out on 3/31/17. The case remained open until 7/3/17 and the extraordinary circumstance causing the case to remain open longer than 90 days was not documented. Case activities were not documented in a timely manner. Multiple progress notes were entered non-contemporaneously, over 4 months after the event date.

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

Issue:

FAR-Timely/Adequate Documentation

Summary:

TCDSS did not document case activities in a timely manner. Some progress notes were entered over 4 months past the event date.

Legal Reference:

18 NYCRR 432.13 (e)(5)

Action:

TCDSS will document case activities in a timely manner and enter progress notes as contemporaneously as possible.

Issue:

FAR-Improper Case Closure

Summary:

There was no documentation as to what extraordinary circumstance caused the FAR case to remain open longer than 90 days. This case remained open for over 6 months and a Preventive Services case already existed that was addressing the family's needs.

Legal Reference:

18 NYCRR 432.13 (e)(3)

Action:

If a family requires more assistance than can be provided within 90 days, TCDSS will assess the family's eligibility for Preventive Services and if the family consents, open a Preventive Services case. The FAR caseworker and supervisor must document in progress notes if there is a reason for keeping a FAR case open longer than 90 days, including specific goals and steps to achieve those goals.

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

There is no CPS history more than 3 years prior to the fatality.

Known CPS History Outside of NYS

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

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: 09/21/2016



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 checked="" type="checkbox"/>	<input 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 reassessment FASP due 4/19/17, was approved 15 days late on 5/4/17. Plan amendments were completed appropriately on 6/6/17 and 7/28/17, when there were changes in case circumstances.				
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: TCDSS provided Preventive services to the SC and BM and contracted with Family and Children's Service of Ithaca to provide their DAP program to the SC and BM.				

Preventive Services History

TCDSS opened a Preventive Services case with the BM and SC on 9/21/16, following a referral made by the SC's probation officer. The SC returned to BM's home in April 2016 after staying with BF in Florida for a year. SC was acting out at home, displaying threatening behaviors towards BM and SS, had police involvement and was fighting with peers. SC was charged with 5 felonies after a gang related crime on 5/21/17 and he spent a few nights at a secure detention center. TCDSS made referrals to several intensive in-home programs that attempted to engage the SC around counseling and substance abuse treatment. The SC passed away on 8/12/17 due to injuries suffered during an accident. TCDSS offered the BM bereavement services and closed the Preventive Services case on 10/11/17 as no service needs were identified for the family.

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