



Report Identification Number: SV-19-027

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

Issue Date: Sep 05, 2019

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: 14 year(s)

Jurisdiction: Sullivan
Gender: Male

Date of Death: 06/02/2019
Initial Date OCFS Notified: 06/05/2019

Presenting Information

The 14-year-old male child was on a routine weekend visit to his father's home. While the child was walking on a road with his 16-year-old brother and a friend, the 14-year-old child and the friend were struck by a vehicle driven by an elderly man. 911 was called at 3:18PM for a motor vehicle accident. EMS responded and the two boys struck by the vehicle were dead on scene. The 16-year-old brother was not injured in the accident. EMS notified the parents, and the coroner responded to the scene and pronounced the boys deceased.

Executive Summary

This fatality report concerns the death of the 14-year-old male child that occurred on 6/2/19. This child was in foster care at the time of his death; the child was in care at Parsons. When the father was notified by EMS of the child's death, he called Parsons who then notified Sullivan County Department of Social Services (SCDSS). On 6/3/19, SCDSS appropriately notified the Spring Valley Regional Office by phone and submitted the 7065 Agency Reporting Form. There were two surviving minor siblings, ages 16 and 11.

SCDSS spoke with NY State Police on 6/2/19 and the investigator told SCDSS they would not make an SCR report as they had no reason to suspect the actions or inactions of the father contributed in any way to the child's death. An autopsy was performed and the medical examiner listed the manner of death as accident and the cause of death as "blunt force trauma of body, lacerations and contusions of brain, liver and lungs, aspiration of blood." Law enforcement's investigation into the car accident remained ongoing.

SCDSS gathered information regarding the child's death from the father, law enforcement, and the medical examiner. Collateral contacts such as the school and service providers were spoken to.

Home visits were completed and burial assistance was offered and accepted. Grief services were offered, but the family had their own plan to obtain counseling from someone they had utilized in the past; the mother was already in counseling. SCDSS completed a thorough review of case circumstances and appropriately decided the fatality did not need to be reported to the SCR. There was no reason to suspect the parents' actions or inactions contributed to the death of the child. SCDSS worked with the family and adequately assessed the safety of the surviving siblings and the family's need for services.

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:



| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|---------|--------|------------|
| Deceased Child's Household | Deceased Child | No Role | Male | 14 Year(s) |
| Deceased Child's Household | Father | No Role | Male | 44 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 16 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 11 Year(s) |
| Other Household 1 | Mother | No Role | Female | 44 Year(s) |

LDSS Response

SCDSS had an open preventive services case with the family at the time the child died. The services case was opened in 2017 for a PINS diversion program. The child was having difficulty attending school and had behavioral issues when he did attend school. SCDSS then opened a foster care case in which the child was placed at Parson's. The child was sent to a different school where his attendance improved and the child was getting ready to return home.

The child was on a routine weekend visit at his father's home at the time of his death on 6/2/19. The father, upon learning of his child's death, called Parson's to inform them. Parson's then called SCDSS to inform them of the child's death. SCDSS spoke with NY State Police who responded to the scene and they stated they would not be making a hotline report as the accident was not due to any action or inaction of the father.

On 6/4/19, the father called the CW and the CW offered condolences and asked if he needed any services. The father said he and the mother were making funeral arrangements for the child. The CW offered multiple grief services for him, the mother, and the surviving siblings. The father said the mother was already in counseling and he was thinking of sending the surviving siblings to a therapist they had seen in the past.

On 6/7/19, SCDSS attended the child's funeral and spoke with both parents and surviving siblings. The father said the older sibling was having a hard time with his brother's death. The CW again offered services to both parents.

SCDSS obtained a copy of the death certificate and provided funds to the family for the funeral. SCDSS encouraged them to contact the CW if any needs arose.

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

CPS Fatality Casework/Investigative Activities

| | | | | |
|--|-----|----|-----|----------------------------|
| | Yes | No | N/A | Unable to Determine |
|--|-----|----|-----|----------------------------|



Child Fatality Report

| | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: | | | | |
| Within 24 hours? | <input 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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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



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

Explain:
Multiple kinds of grief services and counseling were offered to the siblings. The family agreed to considered services; however, it was unknown if the family engaged in any of these services.

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

Explain:
Services were provided to the parents in response to the fatality.

History Prior to the Fatality

Child Information

| | |
|---|-----|
| Did the child have a history of alleged child abuse/maltreatment? | Yes |
| Was the child ever placed outside of the home prior to the death? | Yes |
| Were there any siblings ever placed outside of the home prior to this child's death? | 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) | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------------|------------------------|-------------------------|--------------------|---------------------|
| 05/21/2018 | Deceased Child, Male, 13 Years | Father, Male, 44 Years | Inadequate Guardianship | Substantiated | No |
| | Sibling, Male, 16 Years | Father, Male, 44 Years | Inadequate Guardianship | Substantiated | |
| | Sibling, Male, 11 Years | Father, Male, 44 Years | Inadequate Guardianship | Substantiated | |
| | Deceased Child, Male, 13 Years | Father, Male, 44 Years | Lack of Supervision | Unsubstantiated | |
| | Sibling, Male, 11 Years | Father, Male, 44 Years | Lack of Supervision | Unsubstantiated | |

Report Summary:
An SCR report alleged that in February 2017, the father engaged in a physical altercation with his adult son in the presence of the 16yo SS. The father then went to his bedroom, grabbed and loaded a gun and threatened the adult son in the presence of the 16yo SS. During this, the gun went off and the father shot the ceiling. The 16yo SS was not physically injured. The SC had become physically aggressive with the others and needed a higher level of supervision. The SC would regularly hit and injure the 11yo SS. The 11yo, at the time of this report had minor swelling to his scalp as a result. The father continually failed to adequately supervise the children.

Report Determination: Indicated **Date of Determination:** 10/02/2018



Basis for Determination:

The 11yo said he and the SC were play fighting and he got a small bruise on his head. The 11yo said his father didn't know the gun was loaded when he accidentally shot it off inside the home. The SC denied being home at the time the gun was fired and said he was not sure what happened. This incident was previously reported and indicated as well. The SC and the adult son denied they are left alone with the 11yo or that the SC hit the 11yo.

OCFS Review Results:

SCDSS completed a CPS history check, called the source, completed thorough interviews with the parents, children, and collateral contacts with pertinent information. SCDSS conducted a thorough and complete investigation, provided notifications on time, and made the appropriate determination.

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------------|---|---|-------------------------------|--------------------|---------------------|
| 05/18/2017 | Sibling, Male, 15 Years | Father, Male, 42 Years | Inadequate Guardianship | Unsubstantiated | Yes |
| | Sibling, Male, 15 Years | Father, Male, 42 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Deceased Child, Male, 12 Years | Father, Male, 42 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child, Male, 12 Years | Father, Male, 42 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Male, 10 Years | Father, Male, 42 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 10 Years | Father, Male, 42 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Female, 3 Years | Father, Male, 42 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 3 Years | Father, Male, 42 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Male, 15 Years | Other Adult - Family friend, Female, 30 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 15 Years | Other Adult - Family friend, Female, 30 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Deceased Child, Male, 12 Years | Other Adult - Family friend, Female, 30 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child, Male, 12 Years | Other Adult - Family friend, Female, 30 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Male, 10 Years | Other Adult - Family friend, Female, 30 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 10 Years | Other Adult - Family friend, Female, 30 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Female, 3 Years | Other Adult - Family friend, Female, 30 Years | Inadequate Guardianship | Unsubstantiated | |
| Sibling, Female, 3 Years | Other Adult - Family friend, Female, 30 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | | |



| | | | |
|--------------------------------|---|-------------------------------|-----------------|
| Sibling, Male, 15 Years | Other Adult - Family friend, Male, 30 Years | Inadequate Guardianship | Unsubstantiated |
| Sibling, Male, 15 Years | Other Adult - Family friend, Male, 30 Years | Parents Drug / Alcohol Misuse | Unsubstantiated |
| Deceased Child, Male, 12 Years | Other Adult - Family friend, Male, 30 Years | Inadequate Guardianship | Unsubstantiated |
| Deceased Child, Male, 12 Years | Other Adult - Family friend, Male, 30 Years | Parents Drug / Alcohol Misuse | Unsubstantiated |
| Sibling, Male, 10 Years | Other Adult - Family friend, Male, 30 Years | Inadequate Guardianship | Unsubstantiated |
| Sibling, Male, 10 Years | Other Adult - Family friend, Male, 30 Years | Parents Drug / Alcohol Misuse | Unsubstantiated |
| Sibling, Female, 3 Years | Other Adult - Family friend, Male, 30 Years | Inadequate Guardianship | Unsubstantiated |
| Sibling, Female, 3 Years | Other Adult - Family friend, Male, 30 Years | Parents Drug / Alcohol Misuse | Unsubstantiated |

Report Summary:

An SCR report alleged the father pointed a gun at at his adult son in their home and fired the gun in the home. The father was arrested and spent time in jail and for a while, the children were removed. The father, his adult son, and the children later returned to the residence. Friends of the father who live nearby, visit the home several times a week and had regular and substantial contact with the SC, the 2 minor SS, and the 2yo girl. On 5/18/17, the friends who live nearby had a gun with them while they visited the residence and smoked marijuana with the father. Given the father's recent felony arrest with a gun in the residence, it was believed all the children were in danger.

Report Determination: Unfounded

Date of Determination: 10/12/2017

Basis for Determination:

The friends who were alleged to live nearby could not be located. The father was on probation and had tested negative for drugs and alcohol. All parties denied there was an incident where the father shot a gun in the home. The children denied knowing if there was a gun in the home. The source confirmed with SCDSS that the narrative was not exactly what was stated. The source said when making the report, the source stated there were concerns of the friends being in the home with the children after they had smoked marijuana and that there was a gun in the home.

OCFS Review Results:

Although SCDSS contacted Orange County Department of Social Services and left a message asking that the mother of the SC and SS be seen, the record did not reflect she was contacted or interviewed. The record did not reflect the father's youngest child was located, seen, and assessed.

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

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

The father's youngest child was listed on the report as a maltreated child and the father said she lived with her mother. The record did not reflect the child's demographic information was obtained, nor were attempts made to contact her and her mother. The record did not reflect a face to face interview was completed with the mother of the SC and SS.

Legal Reference:

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

Action:

The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report.



| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|--|--------------------------------------|--------------------------------------|--------------------|---------------------|
| 01/18/2017 | Sibling, Male, 15 Years | Father, Male, 42 Years | Parents Drug / Alcohol Misuse | Substantiated | Yes |
| | Deceased Child, Male, 12 Years | Father, Male, 42 Years | Parents Drug / Alcohol Misuse | Substantiated | |
| | Sibling, Male, 10 Years | Father, Male, 42 Years | Parents Drug / Alcohol Misuse | Substantiated | |
| | Sibling, Male, 10 Years | Mother's Partner, Male, 51 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 10 Years | Mother, Female, 43 Years | Inadequate Guardianship | Substantiated | |
| | Sibling, Male, 15 Years | Mother's Partner, Male, 51 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child, Male, 12 Years | Mother's Partner, Male, 51 Years | Inadequate Guardianship | Unsubstantiated | |
| | Other Child - Partner's child, Male, 4 Years | Mother's Partner, Male, 51 Years | Inadequate Guardianship | Unsubstantiated | |
| | Other Child - Partner's child, Male, 3 Years | Mother's Partner, Male, 51 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 15 Years | Father, Male, 42 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Deceased Child, Male, 12 Years | Father, Male, 42 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Male, 10 Years | Father, Male, 42 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Male, 15 Years | Other Adult - cousin, Male, 18 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Deceased Child, Male, 12 Years | Other Adult - cousin, Male, 18 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Male, 10 Years | Other Adult - cousin, Male, 18 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Male, 15 Years | Father, Male, 42 Years | Inadequate Guardianship | Substantiated | |
| | Deceased Child, Male, 12 Years | Father, Male, 42 Years | Inadequate Guardianship | Substantiated | |
| | Sibling, Male, 10 Years | Father, Male, 42 Years | Inadequate Guardianship | Substantiated | |

Report Summary:

An SCR report alleged that on 1/17/17 at 9:50PM, the father and adults sibling engaged in a physical altercation in the presence of the SC and the two SS. At one point, the father pulled out a loaded 22 caliber rifle. The rifle subsequently discharged one round in the presence of the three children. The children were not injured but placed at risk. The father was arrested.

Report Determination: Indicated**Date of Determination:** 03/31/2017

**Basis for Determination:**

The father engaged in a verbal altercation with his adult son which escalated into a physical altercation in the presence of the SC & SS. The father pointed a loaded gun at his adult son; one of the children pushed the rifle away and the rifle fired. The bullet struck the bedroom door where the altercation occurred and ricocheted, striking a second bedroom door. The children witnessed the incident and were unharmed. The father was arrested for reckless endangerment and endangering the welfare of a child and a full stay away OP was issued. The father was intoxicated at the time of the incident.

OCFS Review Results:

All family members were interviewed and gave the same account of what happened. Notice of existence letters were provided and collateral contacts were interviewed. The 7-day safety assessment was not completed accurately as number 17 was not selected; this is in regard to a weapon noted in the CPS report. The case was appropriately determined and closed.

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

Issue:

Adequacy of Documentation of Safety Assessments

Summary:

The SCR report and investigation stated that during an altercation with the adult son, the father shot a rifle in the home while the children were present. Safety Factor #17 should have been selected as it relates to a weapon noted in a CPS report.

Legal Reference:

18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

Action:

The results of each safety assessment must be accurately documented in the case record to reflect case circumstances with regard to safety.

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

From 2012-2016, the mother had three unfounded cases with common allegations of IG, LBW, EXP and PD/AM, and two indicated cases with allegations of IG, LS, EdN & LMC.

From 2011-2015, the father had four unfounded cases with common allegations of IG, II & LBW.

All cases were regarding the SC and the SS.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes
Date the preventive services case was opened: 11/27/2017

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

| | | | | |
|--|-----|----|-----|---------------------|
| | Yes | No | N/A | Unable to Determine |
|--|-----|----|-----|---------------------|



Child Fatality Report

| | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the service provider(s) comply with the timeliness and content requirements for progress notes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the services provided meet the service needs as outlined in the case record? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did all service providers comply with mandated reporter requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Casework Contacts

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

Services Provided

| | Yes | No | N/A | Unable to Determine |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were services provided to parents as necessary to achieve safety, permanency, and well-being? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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? If not, how many days was it overdue? due 12/19/18 and approved 2/5/19. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Provider

| | Yes | No | N/A | Unable to Determine |
|--|-----|----|-----|---------------------|
|--|-----|----|-----|---------------------|



| | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were Services provided by a provider other than the Local Department of Social Services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|

Additional information, if necessary:
N/A

Preventive Services History

On 11/27/17, a preventive case was opened for the subject child on a PINS diversion program. The SC had been placed at Parsons to get him to attend school without issue. The SC had been attending regularly and doing well and had written a letter to the Family Court Judge asking to be discharged home. Justin was on a routine home visit with his father when he died.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care:

Date of placement with most recent caregiver?

11/06/2018

How did the child(ren) enter placement?

Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the placement comply with the appropriateness of placement standards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the most recent placement stable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the agency comply with sibling placement standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was the child AWOL at the time of death? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Visitation

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the visitation plan appropriate for the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was visitation facilitated in accordance with the regulations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there supervision of visits as required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Casework Contacts

| | Yes | No | N/A | Unable to Determine |
|--|-----|----|-----|---------------------|
|--|-----|----|-----|---------------------|



Child Fatality Report

| | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
| Were face-to-face contacts with the parent/relative/discharge resource made with required frequency? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Provider Oversight/Training

| | Yes | No | N/A | Unable to Determine |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did the provider comply with discipline standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Were the foster parents receiving enhanced levels of foster care payments because of child need? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was the certification/approval for the placement current? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Was a Criminal History check conducted? Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Was a check completed through the State Central Register? Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was a check completed through the Staff Exclusion List? Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Additional information, if necessary:

No information was entered on the health tab. Plan amendments were not completed.

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