



## Report Identification Number: SY-17-036

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

Issue Date: Jan 29, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 7 year(s)

**Jurisdiction:** Onondaga  
**Gender:** Male

**Date of Death:** 08/03/2017  
**Initial Date OCFS Notified:** 08/07/2017

## Presenting Information

On 8/3/17 at 5PM, SC was outside the home, playing alone. It was unknown where the GU (guardian) was at the time. While playing outside, SC ran into the street and was hit by a car. GU had a long history of not properly supervising the children. GU has had children removed from her care in the past. GU had a history of mental health issues. The role of SS (age 9) was unknown at the time. BM had an unknown role.

## Executive Summary

On 8/4/17, the SCR received a report about the child's death. Onondaga County Department of Social Services (OCDSS) began their investigation and consulted with LE upon receipt of this report. GU obtained custody of SC and SS 6 years ago, as a result of BM's drug use.

The investigation revealed that on 8/3/17, SC was playing outside while GU was watching from her porch. A neighborhood child told CW a 10yo neighborhood boy asked SC for money, and when SC told him no, the boy pushed SC into the street; as a result, SC was hit by a vehicle. Life saving measures were performed but SC died as a result of his injuries. During a home visit, CW noted it would be nearly impossible for anyone to see from GU's porch to where the accident occurred. CW spoke to several neighbors who did not witness the incident but claimed no one ever watches their kids on that street. CW spoke with several collateral contacts who expressed concerns of GU's lack of supervision of the CHN in the past.

OCDSS assessed safety of the SS within the first 24 hours and completed the 24-hour safety assessment and 24-hour fatality report. The 30-day fatality report was completed 16 days late. CW provided GU with information regarding grief counseling and inquired about burial assistance for the family. GU had made appointments for herself and SS for bereavement counseling. GU enrolled SS in counseling and programs such as Girl Scouts and the local Big Brothers Big Sisters program for extra support.

The father of SC was notified of the report; however, he was not interviewed as he has had no involvement with the child since he was born.

OCDSS spoke to several collaterals throughout the investigation, made multiple home visits to re-assess safety of the SS and repeatedly reviewed supervision with GU. CW obtained medical, school, and counseling records for SC and SS. An autopsy was performed and the cause of death was blunt force trauma of the head and neck due to pedestrian-SUV (sport utility vehicle) collision and was ruled an accident. A copy of the police report was obtained and no criminal charges were filed. OCDSS unsubstantiated allegations of IG, LS, & PD/AM against GU for SS and indicated allegations of DOA/Fatality, IG, & LS against GU for SC. The case was indicated but had not been submitted for approval at the time of this writing. GU had a history of not providing appropriate supervision of SC, and would not have been able to see SC from her porch on the day of the accident.

### PIP Requirement

OCDSS will submit a Practice Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) OCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, OCDSS will review the plan(s) and revise as needed to further address on-going concerns.



## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

### Explain:

Case remained open at the time of this writing.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The 30-day fatality report was not completed within the first 30-days of the investigation. The report was 16 days late.
<b>Legal Reference:</b>	CPS Program Manual, VIII, B.2, p.4
<b>Action:</b>	30-day fatality reports will be completed within the first 30-days of an investigation.

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 08/03/2017

Time of Death: 05:28 PM

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

Unknown

**County where fatality incident occurred:**

Onondaga

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

04:56 PM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**Did child have supervision at time of incident leading to death?** No - but needed

**At time of incident supervisor was:**

**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	Deceased Child	Alleged Victim	Male	7 Year(s)
Deceased Child's Household	Other Adult - Guardian	Alleged Perpetrator	Female	59 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	9 Year(s)
Other Household 1	Mother	No Role	Female	36 Year(s)
Other Household 2	Father	No Role	Male	53 Year(s)

### LDSS Response

On 8/4/17, OCDSS initiated their investigation and notified ME and DA of SC's death. CW contacted LE who had not yet received a report regarding SC's death. CW received a phone call from collateral contact who had concerns GU was using drugs. GU later took a random drug test and had negative results.

CW attempted a home visit on 8/4/17 around 1PM, and GU and SS were not home. CW was approached by several neighbors with information about the family. One witness said a 10-year-old boy asked SC for money and when SC said no, the older child pushed SC into the street, where he was hit by the vehicle. One neighbor said the GU was usually on the porch supervising the children, but two others said the kids were always running the street unsupervised.

CW made contact with BM who said she has always had concerns about the CHN being in GU's care and GU not providing appropriate supervision of the CHN.

CW then went back to GU's home and was invited in. GU's home appeared clean and fully furnished. SS was present and appropriately dressed with no signs of marks/injuries, and appeared attached to GU. CW provided GU with pamphlets regarding grief and how to talk to a child about death. CW also informed her of various resources available. GU said the



day of the accident, she walked SC down the street to play with other neighborhood kids, and then went back to her porch to watch from there. CW went over supervision of SS with GU and told her to never leave SS unsupervised while playing outside which GU agreed to. GU said she always supervises the kids and often supervised other neighborhood kids because their parents do not watch them. GU denied any alcohol/drug use in the home or weapons in the home. GU signed several releases. SS was interviewed during this visit and reported she was inside watching TV while SC was playing outside on 8/3/17 and GU was on the porch watching him. SS attended grief counseling sessions at her school.

On 8/9/17, CW received records from the hospital's emergency room. SC was non-responsive when he arrived to the hospital and had severe head and facial trauma. Life saving measures were attempted but were unsuccessful. SC was pronounced dead at 5:28PM.

CW received a copy of the autopsy report and medical records for SC and SS from their pediatrician. Both CHN were up to date on immunizations and physicals. There were no medical concerns for the CHN. CW also received records from counseling centers which SS attended. EMS did not respond to requests for records.

CW made multiple home visits during the investigation to re-assess safety of SS. The family was involved in individual counseling and bereavement family counseling. CW spoke with multiple collateral contacts such as school officials and community agencies; all had concerns about supervision prior to SC's death.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
043221 - Deceased Child, Male, 7 Yrs	043223 - Other Adult - Guardian, Female, 59 Year(s)	Lack of Supervision	Substantiated
043221 - Deceased Child, Male, 7 Yrs	043223 - Other Adult - Guardian, Female, 59 Year(s)	DOA / Fatality	Substantiated
043221 - Deceased Child, Male, 7 Yrs	043223 - Other Adult - Guardian, Female, 59 Year(s)	Inadequate Guardianship	Substantiated
043222 - Sibling, Female, 9 Year(s)	043223 - Other Adult - Guardian, Female, 59 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
043222 - Sibling, Female, 9 Year(s)	043223 - Other Adult - Guardian, Female, 59 Year(s)	Lack of Supervision	Unsubstantiated
043222 - Sibling, Female, 9 Year(s)	043223 - Other Adult - Guardian, Female, 59 Year(s)	Inadequate Guardianship	Unsubstantiated



# Child Fatality Report

## 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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<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:**

SS was already involved in counseling and GU had applied for additional services for SS.

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

**Explain:**

GU was already involved in services for herself.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was there an open CPS case with this child at the time of death?</b>	Yes
<b>Was the child ever placed outside of the home prior to the death?</b>	Yes
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	Yes
<b>Was the child acutely ill during the two weeks before death?</b>	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)
07/20/2017	Other Child - OC, Female, 16 Years	Other Adult - OA, Female, 40 Years	Inadequate Guardianship	Unfounded	Yes
	Other Child - OC, Female, 16 Years	Other Adult - OA, Female, 40 Years	Lack of Medical Care	Unfounded	
	Sibling, Female, 9 Years	Other Adult - OA, Female, 40 Years	Inadequate Guardianship	Unfounded	
	Other Child - OC, Female, 16 Years	Other Adult - OA, Female, 40 Years	Lacerations / Bruises / Welts	Unfounded	
	Deceased Child, Male, 7 Years	Other Adult - OA, Female, 40 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

On 7/20/17, OA assaulted her 16yo daughter (OC) for unknown reasons in the presence of SS and SC. As a result, OC sustained marks and bruises about her body and was afraid of her mother (OA). OC had unknown MH issues. OA was aware of the MH issues but failed to adequately address them. As a result, OC was depressed and felt abandoned and hurt. It was unknown if OC, SS, or SC were injured. GU had an unknown role.

**Determination:** Unfounded

**Date of Determination:** 09/13/2017

**Basis for Determination:**

OA and OC both denied engaging in physical altercations with one another. OA and OC reported they did engage in verbal arguments. OC did not have any marks or injuries from OA. OC denied having current MH issues. OC went to counseling in the past but said she no longer had a need to go. SC was interviewed and denied there were physical altercations between OA and OC.

**OCFS Review Results:**

CW spoke with all parties named on the report as well as collateral contacts and CW did not obtain credible evidence to substantiate the allegations. OC went to live with her Godmother during the investigation, which created a safer environment for the other CHN in the home. The 7-day safety assessment was completed 25 days late. The report was appropriately unfounded and closed.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-day safety assessment was 25 days late.

**Legal Reference:**

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

**Action:**

Within 7 days of receipt of the report, OCDSS must conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/25/2016	Sibling, Female, 8 Years	Other Adult - Guardian, Female, 58 Years	Inadequate Guardianship	Unfounded	No
	Deceased Child, Male, 6 Years	Other Adult - Guardian, Female, 58 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

GU was operating a prostitution ring out of her house while SS and SC were present, as well as two other CHN that stayed at her residence on a regular basis, making GU a person legally responsible. As a result, SS exhibited a lot of sexual behaviors and SS needed 1-on-1 supervision. The roles of the mothers are unknown.

**Determination:** Unfounded

**Date of Determination:** 05/06/2016

**Basis for Determination:**

SS was forensically interviewed at school and made no disclosures of being sexually abused, or having any knowledge of a prostitution ring. SC was also interviewed at school and made no disclosures of being sexually abused or anything concerning going on in his home.

**OCFS Review Results:**

There was a case review done at the CAC with LE, an assistant DA, several caseworkers, and a worker from a sex trafficking program. There was no credible evidence to indicate this case and LE did not have enough information to



pursue criminal charges. CW spoke with several collateral contacts, such as multiple counselors and school officials, and was unable to gain some credible evidence. Both CHN continue to receive counseling 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)
10/15/2015	Sibling, Female, 8 Years	Other Adult - Guardian, Female, 57 Years	Inadequate Guardianship	Unfounded	No
	Deceased Child, Male, 5 Years	Other Adult - Guardian, Female, 57 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

SS had a history of sexually acting out and there was a safety plan in place for GU to supervise SS around other CHN at all times. In early October 2015, GU allowed SS, SC, and a neighbor's child to be alone in a room. SS put her hands down her pants and touched her vagina and then put her hand on her brother's face.

**Determination:** Unfounded

**Date of Determination:** 01/11/2016

**Basis for Determination:**

SS had no other incidences of sexually acting out. Case management reported home life had stabilized with the CHN. Both CHN were doing well in school and supportive services remained in the home to continue to work with GU and CHN. Neither child disclosed of any sexual abuse or anything inappropriate going on at the home.

**OCFS Review Results:**

CW interviewed both CHN at school and neither disclosed anything of concern in the home. GU told CW she observed the incident in the report. GU said she told SS to not do that because it was inappropriate. CW consulted with legal, LE, and a sexually exploited youth specialist and did not have credible evidence to support the allegations. CW made contact with relatives, LE, preventive workers, and school officials throughout the investigation. The family was actively involved with PPRS.

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)
07/27/2015	Other Child - unrelated child, Female, 2 Years	Other Adult - GU, Female, 57 Years	Inadequate Guardianship	Unfounded	No

**Report Summary:**

On 7/27/15, GU gave the 2yo child to a stranger while she went to the store. As a result, an unknown female came to the door requesting the child. The sitter turned the child over to the unknown female.

**Determination:** Unfounded

**Date of Determination:** 09/09/2015

**Basis for Determination:**

GU admitted making a false report about CH being kidnapped. GU made plans for the CH to attend a sleepover. GU admitted she no longer wanted to care for the CH and that was why she made the false report. There was no credible evidence that the child had been maltreated or placed at risk of harm. The 2yo was removed and placed in foster care.

**OCFS Review Results:**

CW interviewed all parties minus the 2yo, spoke to several collaterals including school sources, LE, a community case planner, and MH counselors. CW obtained counseling and medical records. CW appropriately unfounded the case as there was no credible evidence of harm to the child.

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)
07/22/2015	Sibling, Female, 7 Years	Other Adult - GU, Female, 57 Years	Inadequate Guardianship	Indicated	Yes
	Deceased Child, Male, 5 Years	Other Adult - GU, Female, 57 Years	Childs Drug / Alcohol Use	Indicated	
	Deceased Child, Male, 5 Years	Other Adult - GU, Female, 57 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 5 Years	Unrelated Home Member, Male, 57 Years	Inadequate Guardianship	Indicated	
	Other Child - Unknown child, Female, 5 Years	Other Adult - GU, Female, 57 Years	Inadequate Guardianship	Indicated	
	Other Child - Unknown child, Female, 5 Years	Unrelated Home Member, Male, 57 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 7 Years	Unrelated Home Member, Male, 57 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 7 Years	Unrelated Home Member, Male, 57 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 5 Years	Unrelated Home Member, Male, 57 Years	Inadequate Guardianship	Indicated	
	Other Child - Unknown child, Female, 5 Years	Unrelated Home Member, Male, 57 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

An adult male (UHM2) was a registered sex offender and was residing in the home of SC, SS, and an unknown female child (approximate age, 5). GU and UHM were aware and therefore were the alleged subjects. GU was also drugging SC with medication to calm him down. SC did not have a prescription for that medication. BM had an unknown role.

**Determination:** Indicated

**Date of Determination:** 09/03/2015

**Basis for Determination:**

GU was evasive in giving CW information about UHM2. GU lied and said he never stayed at the home. SS was interviewed and confirmed that he did in fact sleep at the home from time to time. SS denied that GU had ever given her or SC medication to calm down.

**OCFS Review Results:**

CW did not interview SC, UHM, or UHM2. The record did not reflect an attempt to gain contact information for UHM nor did it reflect contact with LE to see if they had any information on UHM2, who was alleged to be a registered sex offender. OCDSS appropriately indicated the report as SS disclosed UHM2 had spent the night at her home multiple times, and CW could not show that UHM2 was not a child sex offender.

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

**Issue:**

Overall Completeness and Adequacy of Investigation

**Summary:**

The report alleged GU drugged SC to calm him down and SC was never interviewed. Two of the alleged subjects were not interviewed and the record did not reflect diligent efforts in obtaining their contact information.

**Legal Reference:**

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

**Action:**



All children named in reports will be interviewed and allegations will be addressed with them. Diligent efforts will be made to obtain contact information to be able to speak with alleged subjects.

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Some progress notes were not entered contemporaneously and were entered 32 days after the event date.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/15/2015	Deceased Child, Male, 5 Years	Other Adult - Guardian, Female, 57 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 7 Years	Other Adult - Guardian, Female, 57 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

GU frequently hit and slapped SC and SS using excessive force. It was unknown if the children were ever injured as a result. GU placed the children at risk of harm.

**Determination:** Unfounded

**Date of Determination:** 07/06/2015

**Basis for Determination:**

The investigation revealed no concerns regarding the safety of the CHN or the home environment. The CHN were involved in services, and collateral sources had no concerns. SS reported routinely playing outside unsupervised. Supervision was discussed with GU, and agreed CHN needed to be supervised at all times when outside.

**OCFS Review Results:**

CW should have followed up with SS after SS's counselor said the child disclosed she sometimes plays outside for a half hour unsupervised before GU checks on her.

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)
02/12/2015	Deceased Child, Male, 5 Years	Other Adult - GU, Female, 56 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 7 Years	Other Adult - GU, Female, 56 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

SS had a history of displaying sexual behaviors towards other children and towards adult women. SS was in treatment for her behaviors and it was recommended to GU as part of the safety plan, to have the children sleep in separate rooms and beds. GU has continued to allow them to sleep together in the same bed. GU is not following the safety plan.

**Determination:** Unfounded

**Date of Determination:** 03/09/2015

**Basis for Determination:**

CW interviewed both children and GU. The children have their own rooms and beds and each child showed CW where



they sleep. GU said she has followed the safety plan. CW spoke with SC's Head Start program and workers did not have any concern for GU or the child's care. CW spoke with SS's school social worker who said SS does have some behavioral issues but GU is doing the best she can and has both children enrolled in several services. CW spoke with source of the report who claimed the safety plan had not been broken after this report was made. Case was appropriately unfounded and closed.

**OCFS Review Results:**

CW reviewed CPS history, spoke with appropriate collaterals, interviewed GU and children. There was no credible evidence the children were sleeping in the same bed.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-day safety assessment was completed 6 days late.

**Legal Reference:**

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

**Action:**

Within 7 days of receipt of the report, OCDSS must conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

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

- 5/13/10-6/22/10 IND- PD/AM, LS & IG against BM for SC & SS
- 12/22/10-1/24/11 UNF-PD/AM & IG against BM for SC & SS
- 3/10/11-7/13/11 IND-PD/AM & IG against BM for SC & SS, Unsub allegation of IG against GU
- 7/19/11-8/15/11 UNF-PD/AM & IG against BM for SC, Unsub allegation of OTH against MGM for SC
- 9/14/11-10/10/11 IND-PD/AM & IG against BM for SC & SS, Unsub allegation of IF/C/S against BM
- 12/19/11-2/28/12 IND-IG & LS against BM & GU for SC, Unsub allegations of IF/C/S against BM
- 7/2/12-8/22/12 UNF-XCP & IG against GU for SC & SS
- 8/16/12-9/17/12 UNF- IG against GU for SC & SS
- 12/31/12-3/1/13 UNF- IG & PD/AM against GU for SC & SS
- 7/17/13-9/16/13 UNF-IG, LS, L/B/W against GU for SC & SS

**Known CPS History Outside of NYS**

There is no known history outside of NYS.

**Services Open at the Time of the Fatality**

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

**Date the preventive services case was opened: 01/27/2014**

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

	Yes	No	N/A	Unable to Determine
<b>Did the service provider(s) comply with the timeliness and content requirements for progress notes?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<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? 19 days				
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:**

Several community agencies also provided services to the family.

**Preventive Services History**

1/27/14-Present: The case was opened to help obtain housing for the family, counseling for SS, and enrollment in Headstart for SC. CW helped both children enroll in counseling and SC began attending Headstart. The family obtained an apartment in March 2014. The case remained opened at the time of this writing as there were frequent concerns of supervision for the CHN and many changing needs for the family. FASPs were done correctly and approved on time except the most recent one. Throughout this case, SS and SC needed MH services and CW helped both CHN get into multiple counseling agencies. GU also had MH issues and CW assisted in making sure GU sought treatment. CW helped GU find appropriate supervision for the CHN when needed.

**Casework Contacts**

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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