



**Report Identification Number: BU-18-017**

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

**Issue Date: Dec 12, 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:** 17 year(s)

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

**Date of Death:** 06/18/2018  
**Initial Date OCFS Notified:** 06/21/2018

## Presenting Information

A 7065 Reporting Form was submitted to OCFS by Erie County Department of Social Services that stated on 06/17/18, the SC was shot during a drive-by shooting at approximately 8:45PM. The child succumbed to his injuries on 06/18/18.

## Executive Summary

This fatality report concerns the death of a 17-year-old male child that occurred on 06/18/18. The child died during an open investigation of an SCR report that was received on 05/01/18 by Erie County Department of Social Services (ECDSS) with concerns of the sibling's school truancy. A 7065 Report Form was completed by ECDSS and sent to OCFS on 06/19/18.

The child resided with his mother and siblings, ages 3, 11 and 15 years, at the time of his death. The open CPS report was called into the SCR on 05/01/18, and had allegations regarding the 15-year-old SS's school attendance. While investigating the concerns, a telephone call was made to the mother, and ECDSS was informed of the death which occurred the day prior. The mother offered information that the child was fatally shot, but did not identify the gunman at that time.

Immediately after learning about the death, ECDSS made diligent attempts to assess the safety of the siblings. The mother was not forthcoming with specific information regarding the whereabouts of the siblings, and only provided the information of the siblings being with relatives, potentially in other states.

ECDSS coordinated their investigative efforts with law enforcement. At the time this report was written, an arrest had been made regarding the fatality, and a criminal trial was pending.

The case record showed attempts to contact the biological fathers of the children, and ECDSS was able to contact the father of SS4, but he was unable to provide additional information regarding the fatality. According to the mother, the father did attend the funeral although he remained incarcerated. While incarcerated, contact was made with the facility and ECDSS learned that he had access to mental health and grief counseling.

The mother was offered grief counseling and mental health services which she declined for herself and her children.

## 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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

Casework activity was commensurate with case circumstances.

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:**

The 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

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 06/18/2018

Time of Death: Unknown

Time of fatal incident, if different than time of death: 08:45 PM

County where fatality incident occurred: Erie

Was 911 or local emergency number called? Unknown

Did EMS respond to the scene? Unknown

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: Bike riding

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

### Household Composition at time of Fatality



Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	17 Year(s)
Deceased Child's Household	Mother	No Role	Female	38 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Other Household 1	Father	No Role	Male	39 Year(s)
Other Household 2	Other Adult - BF of SS1 and SS2	No Role	Male	43 Year(s)
Other Household 3	Other Adult - BF of SS3	No Role	Male	30 Year(s)

### LDSS Response

On 06/19/18, ECDSS submitted a completed 7065 Reporting Form to OCFS regarding the death of the SC, which occurred the day prior. At the time of the SC's death, there was an ongoing CPS investigation, which began on 05/01/18, involving concerns of a sibling's school truancy.

On 06/18/18, during routine contact, the mother told CPS the child was shot the night before. The mother believed her son was caught in the crossfire of a drive-by shooting.

The case record did not show if 911 was called; however, media reported the SC was brought to the hospital in critical condition. The SC was reported to have succumbed to his injuries.

ECDSS made contact with LE, who stated the SC suffered a gunshot wound to the head and was intentionally murdered after a dispute with neighbors, and a homicide investigation had begun. The SC was noted by police to have no known current gang affiliation.

ECDSS made multiple attempts to assess the safety of the surviving siblings. Although the mother was not forthcoming with information regarding the specific whereabouts of the siblings, face to face contact was eventually made with each child and they were assessed to be safe with the mother.

ECDSS made contact with the ME and obtained information regarding the SC's death. The Cause of Death was Penetrating Gunshot Wound of Head and the Manner of Death was determined to be Homicide.

ECDSS interviewed the SC's girlfriend, in the presence of her mother. She explained she and the SC were at a relative's home while the downstairs neighbors were having a party and were intoxicated. An argument developed between the girlfriend and the partygoers. The SC and his girlfriend went to the store, and when they returned, the argument continued and escalated. The SC did not engage in any verbal altercation the night of the fatal incident. ECDSS gathered information that a relative of the girlfriend arrived during the argument and pulled out a knife. The girlfriend was told to go inside, and the SC was leaving to return home on his bicycle. After entering the home, the girlfriend heard several gunshots, and the SC had been shot in the head.

Before the investigation concluded, ECDSS obtained information that the gunman had fled to New York City after the shooting, and was captured by the United States Marshalls. The gunman was indicted for the death of the child.

ECDSS did not contact the SC's BF regarding the fatality. At the time this report was written, he was incarcerated.



ECDSS offered services of grief and mental health counseling to the BM, which she declined.

### Official Manner and Cause of Death

**Official Manner:** Homicide

**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:** Erie County does not have an OCFS approved Child Fatality Review Team at this time.

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 ECDSS made diligent attempts to see the children immediately following the fatality, but the mother was not cooperative. Safety was assessed before case closure.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 ECDSS did not document an appropriate explanation for choosing caretaker 2 (BF of SS1 and SS2) does not attend to the needs of his children and prioritized the children's needs above his own needs or desires. The RAP decisions appear to be based on assumptions.  
 There was not documentation of the family being offered burial assistance or financial assistance.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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? No**

**Explain:**

At the time of the death, the specific whereabouts of the siblings were unknown. ECDSS saw all of the siblings before case closure; however, were unable to see the children for weeks, due to the parents not being cooperative. The mother was offered mental health services and grief counseling for the family, which she declined.

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

**Explain:**

ECDSS documented offering services including temporary assistance, grief counseling and mental health counseling in response to the fatality. It was not documented if funeral assistance was offered to the family.

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?**

Yes

**Was there an open CPS case with this child at the time of death?**

Yes



Was the child ever placed outside of the home prior to the death? Yes  
 Were there any siblings ever placed outside of the home prior to this child's death? Yes  
 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)
05/01/2018	Sibling, Male, 15 Years	Mother, Female, 38 Years	Educational Neglect	Unsubstantiated	No
	Sibling, Male, 15 Years	Mother, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report received on 05/01/2018 alleged SS1 had 68 unexcused absences and 3 excused absences from school during the 2017-2018 school year. It was alleged SS1 had been suspended 49 days due to aggressive behavior and as a result, SS1 was failing academically. BM was aware and unable to adequately address the matter. The roles of the other children were unknown.

**Report Determination:** Unfounded**Date of Determination:** 10/19/2018**Basis for Determination:**

ECDSS conducted home visits, interviewed relevant parties and collateral contacts. There was no credible evidence to support the allegations. The BM attempted to get the child to school since January 2018, and was told the child no longer was enrolled. The mother met with the school principal and it was learned that the mother was not aware of many of the child's absences. The mother enrolled the child in summer school, where he passed the majority of his classes. The child was enrolled in a program to assist in educational needs through the board of education.

**OCFS Review Results:**

ECDSS sent Notice of Existence letters, completed a Safety Assessment and assessed the safety of the SC and SS timely. During the investigation, the SC was fatally shot and killed. ECDSS met OCFS requirements in response to the fatality.

**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)
12/07/2017	Deceased Child, Male, 17 Years	Mother, Female, 39 Years	Inadequate Guardianship	Unsubstantiated	Yes

**Report Summary:**

An SCR report was received on 12/7/17 alleging OA1 failed to make an appropriate plan for SC. As a result, SC did not have a place to live or sleep. SC had been staying in various houses. SC did not have a place to stay on 12/7/17. OA1 was later removed from the case and was "reported in error" when he was discovered to not be associated with the family, nor legally responsible for SC. Allegations were added against BM regarding IG.

**Report Determination:** Unfounded**Date of Determination:** 04/27/2018**Basis for Determination:**

ECDSS found that OA1 was not a person legally responsible for the SC and reported OA1 in error. Investigation revealed BM was providing SC with appropriate housing and SC did not want to return home and have to follow the rules of BM. All persons interviewed denied SC was homeless.

**OCFS Review Results:**

ECDSS did not provide Notice of Existence letters to the adults listed on the report within the required timeframe. There was no documentation of a CPS or SCR history check for the family or fathers within the required timeframe.

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

**Issue:**

Failure to provide notice of report

**Summary:**

ECDSS did not provide Notice of Existence letters to the adults listed on the report within the required timeframe. The Notice of Existence letters were provided approximately 3 months after the receipt of the report.

**Legal Reference:**

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

**Action:**

ECDSS will provide notification letters to subject(s), parent(s) and other adults named in the report within the first 7 days following the receipt of the report.

**Issue:**

Review of CPS History

**Summary:**

ECDSS did not complete a CPS history check in the required timeframe. The CPS record check was completed 6 days after the receipt of the report.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within 1 business day of a report, ECDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, ECDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/10/2017	Sibling, Male, 13 Years	Other Adult - BF of SS1 and SS2, Male, 42 Years	Lack of Supervision	Unsubstantiated	Yes
	Sibling, Male, 13 Years	Grandparent, Male, 60 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 13 Years	Other Adult - BF of SS1 and SS2, Male, 42 Years	Educational Neglect	Unsubstantiated	

**Report Summary:**

An SCR report received on 2/10/17 alleged that the father of SS1 had knowledge he was struggling academically and required service interventions in school to address his academic needs. The father was failing to follow through with obtaining services and SS1 continued to struggle as a result. Additionally, the father and paternal grandfather were aware that SS1 required close supervision due to the child's history of violent behaviors. The father and grandfather were failing to provide the child with adequate supervision.

**Report Determination:** Unfounded

**Date of Determination:** 08/08/2017

**Basis for Determination:**

ECDSS obtained information that SS1 was missing school due to behavioral concerns and being suspended. After the receipt of the report, SS1 began residing with BM and she and the adult sibling were willing to improve SS1's attendance the following school year.

**OCFS Review Results:**

ECDSS offered services to the family, including a program created to assist children throughout their education to improve their chances of completing high school. ECDSS did not provide Notice of Existence letters to all adults listed on the report in a timely manner. ECDSS did not contact all biological fathers of the children in regard to the report.

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

**Issue:**

Failure to provide notice of report

**Summary:**

ECDSS did not provide Notice of Existence letters to all adults listed on the report in a timely manner. There is no documentation of the adult sibling of SC receiving an Notice of Existence letter during the investigation, and adults listed on the report did not receive Notice of Existence letters for approximately 6 months after the report was received.

**Legal Reference:**

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

**Action:**

ECDSS will provide Notice of Existence letters to all adults listed on the report, as well as all biological parents of children listed on the report within 7 days of the receipt of the report.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

There was no documentation of attempts to contact the biological fathers listed on the report as collateral contacts who may have information regarding the family.

**Legal Reference:**

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

**Action:**

ECDSS will make diligent efforts to contact all appropriate collateral contacts, including biological parents of children listed on the report.

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

An SCR report opened from 03/20/15- 04/20/15 alleged IG and EdN against BM regarding the SC was unfounded.

An SCR report opened from 06/18/14-10/28/14 alleged IG and EXCP against a PGM and PS regarding SS1 was unfounded.

An SCR report opened from 03/26/12- 04/14/12 alleged IG and L/B/W against BM regarding SS2 was unfounded.

An SCR report opened from 12/12/11- 01/18/12 alleged IG and IF/C/S against BM regarding SC, SS1, SS2 and an adult sibling was unfounded.

An SCR report opened from 05/24/09- 07/28/09 alleged IG against PGM and PS regarding an adult sibling, SC, SS1, SS2 and SS3 was unfounded.

An SCR report opened from 03/27/06- 05/11/06 alleged XCP, L/B/W, IG and S/D/S against BM regarding SC was indicated.

**Known CPS History Outside of NYS**



There was no known CPS history outside of NYS.

### Preventive Services History

7/09/14-10/28/14 A Preventive case was opened due to BM feeling overwhelmed with SC's behaviors. BM wanted to develop a behavioral modification plan for SC's behaviors; however, BM chose to withdraw from Preventive Services stating her desire to pursue a PINS petition. BM's petition was denied due to an ongoing investigation. Erie County Children's Services subsequently filed a PINS petition.

01/26/15-10/22/15 SC was deemed a PINS by the Family Court and a service case was opened. BM consented for SC's placement on 01/20/15. He received MH and casework counseling. The SC was discharged from FC on 06/29/15 due to his Order of Placement expiring and returned home to BM. ECDSS monitored the SC while he was in care; however, the siblings were not involved in casework contacts. The reason for case closure was not documented.

02/03/16-08/11/16 A Preventive case was opened regarding the SC's truancy and alleged gang relations. SC was placed in a residential facility on 10/27/15 on a PINS adjudication. SC was discharged from FC on 06/27/16 and returned to the custody of BM. The Preventive case was closed due to BM refusing Services, including casework counseling.

Documentation in the Preventive Services cases did not include any outreach to the fathers of the children, and FASPs were consistently completed late.

### Foster Care Placement History

Between 10/27/15 and 06/27/16, SC was in and out of foster care due to his continued uncontrollable behaviors both at home and in the community. SC had a history of truancy, academic issues, insubordination of authority figures, as well as drug abuse. BM admitted to being unable to care for SC and filed a PINS petition, which she later withdrew and declined further services. ECDSS opened a services case for the family on 7/9/14 due to BM being unable to control SC. The case was closed on 10/28/14 when BM no longer wished to continue services, stating that she filed a PINS petition against her son. The petition was filed on 10/16/14; however, was withdrawn on a later date. On 1/26/15, ECDSS opened another services case due to SC's ongoing behavioral concerns. SC was placed in a residential placement facility due to his behaviors. The case was closed on 10/22/15 as BM was declining additional services. On 12/3/16, the family began receiving services through ECDSS as SC returned to residential placement with behavioral concerns, academic struggles and drug abuse. After SC was discharged from foster care, BM no longer wanted to participate in services and the case was closed on 8/11/16.

### Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

#### Family Court Petition Type: FCA Article - 7 PINS

Date Filed:	Fact Finding Description:	Disposition Description:
10/27/2015	Adjudicated PINS	Care/Custody to Local Social Services District
<b>Respondent:</b>	None	
<b>Comments:</b>	The SC was placed in the care and custody of ECDSS on 10/27/15. The SC was returned to BM's custody on 06/27/16.	



### Additional Local District Comments

ECDSS is pleased OCFS found no required actions related to the fatality. However, we must concur with three compliance issues noted by the reviewer with respect to two investigations conducted within the three years preceding the fatality. Specifically, we acknowledge that we did not provide Notice of Existence (NOE) letters to the adults on the reports dated 12/7/17 and 2/10/17 in the required regulatory timeframe. We note that corrective actions have already been implemented in 2018 with respect to this issue, in response to a prior citation of the same nature. Secondly, with respect to the report dated 12/7/17, we acknowledge that we did not complete a CPS history check within the required time frame. In response, an agenda item will be added to a Team Leader (TL) meeting scheduled for 12/18/18 to remind supervisors of the statutory requirement that (a) all SCR records of prior reports must be reviewed within one business day of receipt of a report, and (b) all ECDSS CPS records that apply to prior reports must be reviewed within five business days of receipt of a report. The TLs will be instructed to review this requirement with their CPS workers, and our internal case determination checklist will be augmented to reflect the timeframe in which records must be checked. Finally, with respect to the report dated 2/10/17, we acknowledge that we failed to document any attempts to contact the biological fathers listed on the report. We do note that two biological fathers were identified, added to the person list, and sent NOE letters, but were not interviewed. In response, an OCFS practice guidance memo issued on 2/21/18 will be addressed during our 12/18/18 TL meeting. This memo, which outlines and provides direction related to the expectations of non-custodial parents being identified, engaged or interviewed during the course of an investigation, will be circulated amongst the TLs with an expectation that the memo will then be reviewed with their respective teams.

### 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