



**Report Identification Number: RO-19-013**

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

**Issue Date: Oct 07, 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:** 17 year(s)

**Jurisdiction:** Chemung  
**Gender:** Female

**Date of Death:** 04/11/2019  
**Initial Date OCFS Notified:** 04/12/2019

## Presenting Information

An SCR report was received with concerns that on 4/11/19, the 17-year-old child died due to asphyxiation by hanging herself at a bus station. The child had a significant history of mental health and substance abuse concerns, which included homicidal and suicidal ideations. The child's mother, father, and grandmother were the child's primary caretakers, and had been referred in December 2018 to seek inpatient substance abuse and mental health treatment for the child; all failed to follow through with the referrals. The report further alleged the child ran away from home sometime between January 2019 and April 2019, and the caretakers failed to file a missing persons report with the police or to make an appropriate plan for the child's care and supervision. The caretakers' negligence directly contributed to the child's death by suicide.

## Executive Summary

This fatality report concerns the death of a 17-year-old female subject child (SC) that occurred on 4/11/19. A report was made to the SCR on 4/15/19, with allegations of Inadequate Guardianship, Inadequate Food/Clothing/Shelter, Lack of Supervision, Lack of Medical Care, Child's Drug/Alcohol Misuse, and DOA/Fatality against the child's mother (SM), father (SF) and maternal grandmother (MGM). An autopsy was completed and noted the cause of death as "ligature hanging" and the manner of death as suicide. The toxicology report showed positive findings for 15 substances in the child's system at the time of her death, including benzodiazepines, THC, and methamphetamine.

Chemung County Department of Social Services (CCDSS) had been involved with the family since 12/20/18 after an SCR report was received with concerns the child was homeless, had been engaging in drug use, and had serious untreated mental health concerns. CCDSS learned at the time of the child's death, she resided with her grandmother; however, she typically stayed with her boyfriend at a local motel. The investigation revealed the child and her boyfriend got into an argument the morning of her death, and she left the room as a result. The child's whereabouts were unknown until video surveillance revealed she entered a local bus station at 7:29 AM on 4/11/19, and went into the restroom. The child exited the bathroom at 8:09 AM, and then re-entered it at 8:22 AM. The child did not exit, and the first 911 call was received at 9:34 AM. Law enforcement responded to the bus station and found the child deceased in a bathroom stall. The child had removed her shoelaces and looped them around the hinge of the stall door, then tied the remaining string around her neck. Investigators determined the laces were tied tightly enough to cut off her oxygen supply, ultimately causing the child's death.

From the time the investigation began to the time of its closure, CCDSS met with and interviewed the child's parents and grandmother, as well as many collateral sources. The child had four surviving half-siblings that lived with their biological fathers. CCDSS assessed their safety and documented no concerns. CCDSS gathered evidence that the child's mother, father, and grandmother were aware the child had been missing school, exhibiting serious mental health concerns, and was engaging in illicit drug use and in need of intervention; however, none of the adults in the child's life appropriately intervened. CCDSS indicated the case and referred the family to community based services.

### PIP Requirement

CCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) CCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, CCDSS 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

### Explain:

CCDSS gathered sufficient information to assess the safety of the surviving half-siblings prior to case closure. Safety Assessment decisions and the determination of the case were appropriate.

Was the decision to close the case appropriate? Yes

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

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

### Explain:

The level of casework activity was commensurate with the case circumstances. The surviving half-siblings were deemed safe at the close of the investigation, as they were not in the care or custody of SM or MGM, nor did they have any recent contact. The decision to indicate and close the case was appropriate.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	SC's primary residence was with MGM, and SC's maternal great grandfather also resided in the home. CCDSS did not add the great grandfather to the household composition, nor did they document any attempts to interview him as a collateral source.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	CCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.



## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 04/11/2019

**Time of Death:** Unknown

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

Unknown

**County where fatality incident occurred:**

Chemung

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

Yes

**Time of Call:**

09:34 AM

**Did EMS respond to the scene?**

Yes

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

Yes

**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:** Unknown if they were impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		17 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	60 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	36 Year(s)
Other Household 2	Father	Alleged Perpetrator	Male	39 Year(s)

### LDSS Response

On 4/15/19, CCDSS received an SCR report regarding the death of SC, which occurred on 4/11/19. CCDSS had been involved with the family since December 2018, after receiving an SCR report with concerns SC was homeless, abusing drugs, and involved in the manufacturing of methamphetamines. There were further concerns in this report that SC was exhibiting homicidal and suicidal ideations, which resulted in emergency psychiatric intervention. On 12/21/18, CCDSS interviewed SC at the hospital. She reported numerous concerns surrounding her family life, admitted to using drugs, reported she had not been to school in several months, and was sleeping at friends' houses, but denied feeling suicidal or homicidal at that time. This was the only time during the case CCDSS met with SC. The hospital released SC to SF on 12/26/18. CCDSS did not follow up with the hospital staff regarding any concerns or treatment recommendations prior to



SC's discharge. CCDSS met with SM, SF and MGM during this investigation. All expressed serious concerns surrounding SC's behaviors, mental health, drug use, and the company she kept. There was no casework activity from 2/27/19 until 4/12/19, after SC's death.

When the fatality report was received, CCDSS promptly began their investigation and coordinated their efforts with law enforcement. It was learned SC resided with MGM, and there were no other children in that household; however, SC had 4 half-siblings, two of which resided with SF, and two who resided with their biological father. SM did not have legal custody of any of the half-siblings, but did have joint custody of SC. CCDSS assessed the safety of all the CHN and noted no immediate concerns.

On 4/16/19, CCDSS completed a home visit and interview with the BF of the 2 eldest half-siblings. The home environment was found to be safe. BF reported SC lived in his home 4 years ago. He expressed numerous concerns surrounding SM's mental health and reported SM, SF, and MGM abused drugs. BF stated there was a recent instance where SM had punched SC in the face, and SC had a tumultuous relationship with both of her parents. BF explained he had an OP in place against SM which included the SS due to SM's behaviors. BF explained he tried to help SC; however, he had no legal authority or "power" to do so.

On 4/17/19, CCDSS and LE met with SC's boyfriend. He reported SC "almost always" stayed with him, and not with MGM. He stated they would sleep in motel hallways and under bridges. The boyfriend stated on the date of SC's death, they got into a small argument, and she last texted him the morning she died. He also disclosed to the CW and LE that SC had been raped several months ago and since that time, she had not been herself. He denied any further information.

Throughout the investigation, CCDSS spoke with numerous collateral sources. LE had no record of any recent calls from family members for assistance with SC. Additionally, CCDSS conducted several extensive interviews with SM, SF, and MGM surrounding the allegations. Evidence gathered showed SC had been exhibiting concerning behaviors as far as drug use, drug manufacturing, ongoing familial conflicts, and being left unsupervised in the community. Further, the family recognized SC had a history of serious mental health issues including past suicidal ideations. SM, SF, and MGM all reported they were aware of these concerns, yet despite this knowledge, did nothing to appropriately address them. It was determined no one intervened to ensure SC acquired the help she needed in the months leading up to her suicide, and this failure to act directly contributed to SC's death.

CCDSS offered the family preventive services, but they declined. Referrals for bereavement services were provided. At the time of this writing, there were no criminal charges pressed against SM, SF, or MGM. CCDSS substantiated all allegations and closed the case.

### Official Manner and Cause of Death

**Official Manner:** Suicide

**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

**Comments:** This fatality investigation was conducted by the Chemung County MDT.

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

**Comments:** This fatality was reviewed by the Chemung County Child Fatality Review Team.



## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051381 - Deceased Child, , 17 Year(s)	051388 - Father, Male, 39 Year(s)	Childs Drug / Alcohol Use	Substantiated
051381 - Deceased Child, , 17 Year(s)	051386 - Grandparent, Female, 60 Year(s)	DOA / Fatality	Substantiated
051381 - Deceased Child, , 17 Year(s)	051387 - Mother, Female, 36 Year(s)	Lack of Supervision	Substantiated
051381 - Deceased Child, , 17 Year(s)	051387 - Mother, Female, 36 Year(s)	Lack of Medical Care	Substantiated
051381 - Deceased Child, , 17 Year(s)	051387 - Mother, Female, 36 Year(s)	Childs Drug / Alcohol Use	Substantiated
051381 - Deceased Child, , 17 Year(s)	051388 - Father, Male, 39 Year(s)	Lack of Supervision	Substantiated
051381 - Deceased Child, , 17 Year(s)	051388 - Father, Male, 39 Year(s)	Lack of Medical Care	Substantiated
051381 - Deceased Child, , 17 Year(s)	051388 - Father, Male, 39 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
051381 - Deceased Child, , 17 Year(s)	051386 - Grandparent, Female, 60 Year(s)	Childs Drug / Alcohol Use	Substantiated
051381 - Deceased Child, , 17 Year(s)	051387 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
051381 - Deceased Child, , 17 Year(s)	051387 - Mother, Female, 36 Year(s)	DOA / Fatality	Substantiated
051381 - Deceased Child, , 17 Year(s)	051388 - Father, Male, 39 Year(s)	Inadequate Guardianship	Substantiated
051381 - Deceased Child, , 17 Year(s)	051388 - Father, Male, 39 Year(s)	DOA / Fatality	Substantiated
051381 - Deceased Child, , 17 Year(s)	051386 - Grandparent, Female, 60 Year(s)	Lack of Supervision	Substantiated
051381 - Deceased Child, , 17 Year(s)	051386 - Grandparent, Female, 60 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
051381 - Deceased Child, , 17 Year(s)	051387 - Mother, Female, 36 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
051381 - Deceased Child, , 17 Year(s)	051386 - Grandparent, Female, 60 Year(s)	Inadequate Guardianship	Substantiated
051381 - Deceased Child, , 17 Year(s)	051386 - Grandparent, Female, 60 Year(s)	Lack of Medical Care	Substantiated

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

**Additional information:**

CCDSS spoke with many collateral sources and family members throughout the investigation; however, the maternal grandfather who resided in SC's home was never interviewed. Progress notes were entered timely.

### 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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

**Explain:**  
 CCDSS provided the family referrals for bereavement services following SC's death. CCDSS also offered SM preventive services, which she declined.

### 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"/>

**Explain as necessary:**  
 Although SC had 4 surviving half-siblings, they resided with their biological fathers and their significant others. CCDSS assessed the home environments and the safety of the half-siblings on several occasions; no concerns were noted. Interviews with the caretakers were completed and CCDSS determined the half-siblings were safe in the care of their fathers.

### 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
<b>Bereavement counseling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Preventive Services

**Additional information, if necessary:**

A multitude of services were offered to the family, including preventive services. CCDSS provided referrals for bereavement counseling and grief support as well as financial assistance with regard to funeral planning.

**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:**

Grief services referrals were provided to the family in response to SC's death.

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

**Explain:**

CCDSS provided bereavement counseling referrals to the parents and MGM, as well as assistance with covering funeral costs. CCDSS offered SM preventive services; however, she declined.

## 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? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

## CPS - Investigative History Three Years Prior to the Fatality



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/20/2018	Deceased Child, Female, 17 Years	Grandparent, Female, 60 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Female, 17 Years	Grandparent, Female, 60 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Female, 17 Years	Grandparent, Female, 60 Years	Lack of Supervision	Substantiated	
	Deceased Child, Female, 17 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 17 Years	Mother, Female, 35 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Female, 17 Years	Mother, Female, 35 Years	Lack of Supervision	Substantiated	
	Deceased Child, Female, 17 Years	Father, Male, 39 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 17 Years	Father, Male, 39 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Female, 17 Years	Father, Male, 39 Years	Lack of Supervision	Substantiated	

**Report Summary:**

This report was received with concerns SC was living on the streets with no adult supervision. The report alleged the child was involved in manufacturing and using methamphetamine. There were further concerns the child was molested and was in need of mental health treatment. The child was admitted to an inpatient psychiatric hospital on 12/29/18 due to exhibiting suicidal and homicidal ideations.

**Report Determination:** Indicated

**Date of Determination:** 06/14/2019

**Basis for Determination:**

CCDSS completed interviews and spoke with collateral sources. Evidence was found that SF, SF, and MGM were aware of the serious and extensive concerns surrounding SC, yet did not make any efforts to intervene. CCDSS indicated all of the allegations and closed their report.

**OCFS Review Results:**

CCDSS failed to appropriately and continuously assess the child's safety given the numerous concerns learned early on in the investigation. There was no casework activity from 2/27/19 until 4/12/19, the day after SC's death. There was no follow up as to if SC was receiving and compliant with needed mental health and substance abuse services. A 7 Day Safety Assessment was not completed until 4/16/19. CCDSS did not contact relevant collateral sources until after SC died. Notes indicated as of 2/27/19, CCDSS was not aware of where SC was living. CCDSS failed to provide the appropriate services and monitoring that was necessary while SC was still alive.

**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 due 12/27/18, but was not completed and approved until 4/16/19. The 7 Day Safety Assessment, if completed timely, would have resulted in the need for CCDSS to implement a safety plan in response to the serious concerns learned early on in the investigation.

**Legal Reference:**

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

**Action:**

Within seven days of receiving a report, LDSS will 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.

**Issue:**

Failure to offer services

**Summary:**

SC presented with track marks on her arms, legs and neck, tested positive for drugs and was held in a psychiatric center due to homicidal and suicidal ideations; however, CCDSS failed to offer services to SC or assist the family with obtaining such in the months leading up to SC's death.

**Legal Reference:**

SSL §424(10);18 NYCRR 432.3(p)

**Action:**

CCDSS will offer families available services that are appropriate for the child(ren), the family, or both.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

CCDSS failed to contact integral collateral sources while SC was still alive, including: LE regarding SC's alleged criminal activity, the psychiatric hospital regarding SC's discharge, SC's school regarding her absence, SC's pediatrician, SC's past mental health provider, and SC's great grandfather who lived in MGM's home.

**Legal Reference:**

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

**Action:**

CCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

There was no casework activity from 2/27/19 until 4/12/19, the day after SC took her own life. SC was only seen once, on 12/21/19, in a hospital setting, and CCDSS did not document any further attempts to meet with her. On 2/27/19, a supervisory review note was entered and outlined numerous next steps in this investigation; none of which were followed up on or completed prior to SC's death.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

CCDSS will review and adhere to regulations regarding casework practice. CCDSS will complete collateral and familial contacts, address all potential areas of concern with all relevant parties, and adequately monitor any on-going concerns when it is necessary to remain involved.

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

From 2009 to 2016, there were 6 CPS investigations involving SM, SF and SC, with common allegations of PD/AM, IG, and L/B/W. Of these investigations, one was indicated. MGM had no CPS history more than three years prior to the fatality.

### Known CPS History Outside of NYS



There was no known CPS history outside of NYS.

### Preventive Services History

In June 2009, a preventive services case was opened involving SM and SC due to SM's untreated mental health concerns and substance abuse. As a result of these concerns, SM and SC were living in a home without heat or hot water. A Neglect Petition was filed but ultimately dismissed. SM was compliant with counseling while receiving services. The case was closed in February 2010 after it was determined there were no ongoing safety concerns regarding SC.

### 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