



## Report Identification Number: SV-17-051

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

Issue Date: Mar 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:** 16 year(s)

**Jurisdiction:** Westchester  
**Gender:** Male

**Date of Death:** 11/28/2015  
**Initial Date OCFS Notified:** 11/14/2017

## Presenting Information

The SC died on 11/28/15 as the result of injuries sustained in a car accident that occurred on 11/23/15. At the time of his death the SC was listed in the household composition of an open CPS investigation. The SCR report that prompted the investigation was received on 10/30/15. The allegations in the report were regarding an injury sustained by the SS as a result of an assault by the BF of both the SC and SS. The circumstances of the open CPS investigation had no bearing on the fatality.

## Executive Summary

This fatality report concerns the death of the 16-year-old male SC. Westchester County Department of Social Services (WCDSS) had an open CPS investigation involving the SC at the time of his death. The PA, whom had guardianship of the SC, notified WCDSS of the accident and the SC's death during their investigation. There was no SCR report made regarding the fatality as there was no suspicion of abuse or maltreatment surrounding the death. The SC died on 11/30/15 and WCDSS notified OCFS of the fatality on 11/14/17, using form 7065.

The SC died as the result of internal injuries suffered in a car accident. It is not clear if the ME was notified, or if an autopsy was performed. LE was aware of the circumstances leading to the car accident and subsequent death of the SC; however WCDSS did not speak with LE during their investigation of the SC's death.

The SC was in an accident with one other vehicle and hospitalized as the result of injuries he sustained. The SC and an unknown friend were in a van they had stolen. The van crossed the line that divided lanes in the roadway while fleeing from LE pursuit. When the SC's van crossed the roadway, the van struck an oncoming vehicle. The SC was taken to the ER and was in a coma. The SC was found to have no brain activity and was placed on life support. Five days after the accident, life support was withdrawn, and the SC died as a result of his injuries.

WCDSS immediately assessed the safety of the SS and the 17-year-old child of the PA (SC's cousin) that resided with him. Neither the SC's cousin nor the SS had any information on the events preceding the fatal incident. The PA was also interviewed and she shared the little information she had with WCDSS. There was no discussion with the PA about the SC's activities and known whereabouts in the time leading up to the accident. There was no documentation in the case record that the PA's actions or inactions contributed to the death of the SC. WCDSS did not document how the decision was made not to report the death of the SC to the SCR.

The SC's BM was seen and interviewed, but the BF was not. WCDSS contacted the hospital for information regarding the SC, however the hospital would not provide information without a signed release from the PA.

WCDSS offered the PA burial assistance for the SC. WCDSS also referred the PA, SS and SC's cousin for bereavement services that the PA agreed to accept.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

**Determination:**

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

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:**

It was appropriate to close the case because all concerns and allegations were appropriately addressed.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Failure to report death of child in open CPS or Preventive/CPS services case in timely manner
<b>Summary:</b>	The SC died during an open CPS Investigation and the death was not reported to OCFS in a timely manner.
<b>Legal Reference:</b>	06-OCFS-LCM-13
<b>Action:</b>	WCDS will report the death of a child in an open CPS investigation within the timeframe prescribed by regulation.

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 11/28/2015 Time of Death: 03:00 PM

Date of fatal incident, if different than date of death: 11/23/2015

County where fatality incident occurred: Westchester

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping  Working  Driving / Vehicle occupant



Playing  
 Other

Eating

Unknown

**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:** Unknown

**Adults:** 1

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	51 Year(s)
Deceased Child's Household	Deceased Child	No Role	Male	16 Year(s)
Deceased Child's Household	Other Child - SC's Cousin	No Role	Male	17 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)

**LDSS Response**

WCDSS had an open CPS Investigation involving the SS at the time of the SC's death. The SC was part of the household, and therefore part of the composition of the open investigation. On 11/25/15, WCDSS was at the SC's home for a follow up home visit and the PA informed WCDSS that the SC was in a car accident and was hospitalized as a result of his injuries. The BM of the SC and SS was also at the home when WCDSS visited. The BM had travelled to New York from Maryland when she was told about the accident and SC's hospitalization. The SS and SC's cousin were interviewed at the home and their safety assessed. The SS and SC's cousin had no further knowledge about the details of the circumstances leading to the SC's accident. Both children reported they were emotionally supported by family members during the crisis.

The PA explained she received a telephone call on 11/23/15 at about 5:00PM informing her the SC was in a car accident and he was transported to the ER for treatment. The PA left work and went to the hospital, where she declared herself as the legal guardian for the SC. The doctor told the PA the SC was in a coma and not doing well. The PA stayed at the hospital with the SC overnight on 11/23/15. The PA explained the SC was declared brain dead and was kept alive with a respirator. The PA was hopeful the SC would come out of the coma, and explained the plan was to continue life support. The PA had limited information about the car accident. She told WCDSS that she was told the SC and a friend had stolen a van and were driving it around the city while breaking into parking meters. Local LE was notified and pursued the van in an attempt to pull it over. The SC was in the van fleeing LE when the van crossed the lines dividing the lanes in the roadway, and the van crashed into another car. The van turned upside down and the SC sustained life threatening injuries. The other occupant of the car was also taken to the ER and was in critical condition. The PA was unsure if the SC was the driver or passenger of the vehicle. The 46-year-old driver of the car hit by the van, died instantly at the scene of the accident.

There was no further information provided, regarding the circumstances leading up to the fatal incident. There is no information in the case record concerning the injuries to the SC's friend that was also in the accident. There is no documentation to suggest WCDSS contacted LE in relation to the fatality.

On 11/30/15 the PA reported that life support measures were discontinued and the SC died as the result of his injuries on 11/28/15. There was no documentation that the BF of the SC was spoken to regarding the initial report or the 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:** Unknown

## Multidisciplinary Investigation/Review

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

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

WCDSS did not make contact with the LE, first responders or the SC's school regarding the fatal incident and subsequent death of the SC. WCDSS did make an attempt to contact ER personnel, but no information was given due to a lack of HIPPA release.

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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"/>

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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**Explain:**  
The case was closed before the 30-day time period.

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality



# Child Fatality Report

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"/>				
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

A referral was made for the SS and SC's cousin to receive bereavement counseling.

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

Explain:

A referral was made for the PA to receive bereavement counseling and funeral assistance.

## 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? 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)	Status/Outcome	Compliance Issue(s)
10/30/2015	Sibling, Female, 13 Years	Father, Male, 46 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Female, 13 Years	Father, Male, 46 Years	Lacerations / Bruises / Welts	Indicated	

### Report Summary:

An SCR report was received alleging the SS had a visit with her BF and the BF punched the SS in the face. The SS sustained a bruise to her eye as the result of the assault.

**Determination:** Indicated

**Date of Determination:** 12/14/2015

### Basis for Determination:

The investigation found some credible evidence that after the BF and SS had an argument about school, the BF punched the SS in the face. The SS had a contusion to her eye as a result of the BF's assault. LE was notified and the BF was criminally charged. The PA was made aware of the incident and followed through with medical care for the SS.

### OCFS Review Results:

The SS was seen and medical records reviewed. Everyone present during the incident was interviewed, except the BF. The source of the report was not contacted. The safety and risk assessments were completed timely and accurately and notes documented contemporaneously. In the midst of the investigation, the SC was in a car accident and subsequently died. Funeral and bereavement services were offered to the family.

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

### Issue:

Contact/Information From Reporting/Collateral Source

### Summary:

The source of the report was not contacted.

### Legal Reference:

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

### Action:

WCDSS will contact the source of the SCR report in each CPS Investigation.

### Issue:

Face-to-Face Interview (Subject/Family)

### Summary:

The BF that was the subject of this report was provided notice of existence of the report, but not interviewed face-to-face. There were no attempts to contact him documented in the case record.

### Legal Reference:

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

### Action:

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
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09/29/2014	Deceased Child, Male, 14 Years	Aunt/Uncle, Female, 47 Years	Inadequate Guardianship	Unfounded	No
	Deceased Child, Male, 14 Years	Other Adult - SC's cousin, Male, 19 Years	Lacerations / Bruises / Welts	Unfounded	
	Deceased Child, Male, 14 Years	Other Adult - SC's cousin, Male, 19 Years	Swelling / Dislocations / Sprains	Unfounded	
	Deceased Child, Male, 14 Years	Aunt/Uncle, Female, 47 Years	Lacerations / Bruises / Welts	Unfounded	
	Deceased Child, Male, 14 Years	Aunt/Uncle, Female, 47 Years	Swelling / Dislocations / Sprains	Unfounded	
	Deceased Child, Male, 14 Years	Other Adult - SC's cousin, Male, 19 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

An SCR report was received alleging that the SC was physically assaulted by adult family members. The SC allegedly sustained a black eye, swollen nose and scratches on his face as the result of the attack. The report stated the incident occurred after the SC pushed away his 5yo cousin.

**Determination:** Unfounded**Date of Determination:** 12/18/2014**Basis for Determination:**

During the investigation it was revealed that the SC had hit his 5yo cousin while visiting the PGM's home. A PA (grandmother of the 5yo) that resided in the PGM's home confronted the SC about his actions. The PA's 19yo and 16yo sons then became involved in the discussion. As a result, there was a disagreement and the SC hit and was hit by the 16yo and 19yo cousins. WCDSS determined the PGM was in another part of the home during the incident and had no knowledge of the events. The SC did not require medical treatment. WCDSS determined the PA and her 19yo son were not caretakers for the SC, and therefore not legally responsible.

**OCFS Review Results:**

During the investigation WCDSS discovered the SC was abusing marijuana and appropriately referred him for an evaluation. At the conclusion of the case, the SC was in substance abuse treatment. All adults listed on the report were notified. The safety and risk assessments were completed timely and everyone listed on the report was seen and interviewed.

**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)
07/18/2014	Sibling, Female, 13 Years	Aunt/Uncle, Female, 49 Years	Inadequate Guardianship	Unfounded	Yes

**Report Summary:**

An SCR report was received alleging the PA hit the SS on multiple occasions with excessive force for unknown reasons. The last incident occurred 1 year previous to the SCR report. When the PA hit the SS, the SS hit the PA in return. It was unknown if the SS had ever sustained any injuries.

**Determination:** Unfounded**Date of Determination:** 09/16/2014**Basis for Determination:**

The PA and the SS denied that the PA ever used corporal punishment to discipline the SS. They also both denied any injuries to the SS. The SS was living with the PGM at the time of the report and remained there at the investigation closing. The SS was on Probation as the result of a PINS Petition throughout the investigation.

**OCFS Review Results:**

The PA, PGM, SS, SC and the SC's cousin were seen and interviewed. All allegations and concerns were addressed



appropriately, and services were offered. The SS declined services from WCDSS, but remained on Probation for high risk behaviors. All safety and risk assessments were completed timely and accurately.

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

**Issue:**

Failure to provide notice of report

**Summary:**

The SC's adult cousin (21yo) was listed on the SCR report and did not receive a notice of existence.

**Legal Reference:**

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

**Action:**

WCDSS will provide a notice of existence letter to all adults listed on the SCR report within 7 days of receiving the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/15/2014	Deceased Child, Male, 14 Years	Aunt/Uncle, Female, 49 Years	Inadequate Guardianship	Unfounded	Yes
	Other Child - SC's cousin, Male, 16 Years	Aunt/Uncle, Female, 49 Years	Childs Drug / Alcohol Use	Unfounded	
	Deceased Child, Male, 14 Years	Aunt/Uncle, Female, 49 Years	Lack of Supervision	Unfounded	
	Other Child - SC's cousin, Male, 16 Years	Aunt/Uncle, Female, 49 Years	Inadequate Guardianship	Unfounded	
	Other Child - SC's cousin, Male, 16 Years	Aunt/Uncle, Female, 49 Years	Lack of Supervision	Unfounded	
	Deceased Child, Male, 14 Years	Aunt/Uncle, Female, 49 Years	Childs Drug / Alcohol Use	Unfounded	

**Report Summary:**

An SCR report was received alleging that the SC and SC's cousin (16yo) were smoking marijuana at their home on a regular basis, and the PA failed to provide an appropriate level of supervision.

**Determination:** Unfounded

**Date of Determination:** 06/12/2014

**Basis for Determination:**

The PA, SC, SS and SC's cousin all denied the smoking marijuana. During the investigation the SS alleged the SC's cousin was inappropriately touching her and LE was notified and investigated. The SS reported she had never told the PA or anyone else about the touching. The SS was actively running away during the investigation and was placed on Probation through a PINS Petition. There was no credible evidence that the PA was aware of the behavior toward the SS. The PA made alternate living arrangements for the SS after her disclosure, in an effort to keep her safe. The SS moved in with the PGM as a result of the allegations against the SC's cousin.

**OCFS Review Results:**

All the allegations and issues that arose during the investigation were adequately addressed. The safety and risk assessments were completed timely and accurately. The family was offered appropriate services.

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

**Issue:**

Review of CPS History

**Summary:**



There was no documentation in the case record that a CPS history search was completed.

**Legal Reference:**

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

**Action:**

Within 1 business day of a report, CCDSS must review all SCR records of prior reports, including legally sealed reports, involving the subject of the report, the allegedly abused or maltreated child, or the child's sibling, and, for indicated reports, must also review prior reports pertaining to other children in the household or other persons named in the report, and document such.

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

There was 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 New York State.

### Casework Contacts

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