



**Report Identification Number: SY-16-011**

**Prepared by: Syracuse Regional Office**

**Issue Date: 10/31/2016**

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	

### 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
CPR-Cardio-pulmonary Resuscitation		

### 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-Others	

### 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	



## Case Information

**Report Type:** Child Deceased  
**Age:** 8 year(s)

**Jurisdiction:** Oneida  
**Gender:** Female

**Date of Death:** 04/03/2016  
**Initial Date OCFS Notified:** 04/04/2016

## Presenting Information

The death of the SC was reported through the use of the OCFS-7065 form. At the time of the child's death, there was an open child protective report that was in the process of being investigated and was pending a determination. On 4/3/16, a fire started inside the home. It was believed that the fire started when one of the children knocked a lit candle off of an old television set. The BM and SC's siblings were able to evacuate the home. The SC had run upstairs and efforts to rescue her were unsuccessful. The child's body was found in an upstairs bedroom.

## Executive Summary

This fatality involves the death of an eight year old child which occurred during an open protective case. On 4/3/16, the SC died after a house fire occurred in her home and she was unable to be rescued from the burning building. At the time of the fire the SC was at home with five of her siblings and her BM. According to interviews with the BM and the SC's siblings, the BM lit 2 candles and placed them on the top of an old style wooden frame television set in the living room where the children were playing. The BM then left the living room and went in to another room in the house, leaving the children ages six to twelve years in the room with the candles. The BM reported that she smelled smoke and upon entering the living room where the children were playing, she observed a fire behind the television set. She proceeded to throw water on to the fire, causing the flames to go higher. The BM evacuated the children and upon realizing that the SC was not outside with them, yelled to an older sibling to try to get her out. The older sibling was unable to get to the SC, who had gone upstairs to her bedroom. Law Enforcement interviewed the BM and the surviving siblings at the hospital following the fire and they gave similar details as to how the fire occurred. Law Enforcement is handling the fire as an accident which was started by a burning candle. The preliminary autopsy summary from the ME's office listed the cause of death as pending and the manner of death as pending. The exam was completed on 4/4/16 and the comments stated that the SC was discovered deceased in a house fire with extensive soot deposition within her airway mucosa, extensive 4th degree burns to her body and no other trauma. The ME's case was pending the final fire investigative report and toxicology at the writing of this fatality report.

Oneida County DSS reported the death of the SC to OCFS within 24 hours and submitted the required OCFS-7065 form. The caseworker coordinated with LE and spoke with the investigator who had interviewed the family at the hospital. No fatality report was made to the SCR as the fire was being investigated as accidental and there was nothing to raise suspicion otherwise. Information was gathered within the first 24 hours of the fatality to determine the safety of the surviving children and the caseworker followed up with the family and saw all of them within 7 days. On 7/6/16 Oneida County DSS completed their investigation of the SCR report that was open at the time of the SC's death. The report was unfounded as there was insufficient evidence to support the allegations.

## 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

Explain:

Although an SCR report was not required at the time of the fatality, safety was appropriately assessed in regard to the surviving siblings. Safety was also appropriately assessed throughout the open SCR report that was being investigated at the time of the fire and the death of the SC.

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:

N/A

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: 04/03/2016

Time of Death: 03:00 PM

County where fatality incident occurred: ONEIDA

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Playing
- Other
- Working
- Eating
- Driving / Vehicle occupant
- Unknown

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? Yes - Caregiver



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**At time of incident supervisor was:** Unknown if they were impaired.

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

**Children ages 0-18:** 1

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	8 Year(s)
Deceased Child's Household	Father	No Role	Male	43 Year(s)
Deceased Child's Household	Mother	No Role	Female	36 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	17 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)

## LDSS Response

Oneida County DSS reported the death of the SC to OCFS within 24 hours and submitted the required OCFS-7065 form. The caseworker coordinated with LE and spoke with the investigator who had interviewed the family at the hospital. No fatality report was made to the SCR as the fire was being investigated as accidental and there was nothing to raise suspicion otherwise. Information was gathered within the first 24 hours of the fatality to determine the safety of the surviving children and the caseworker followed up with the family and saw all of them within 7 days. The surviving children and the parents were interviewed about the fire and services were offered to the family but they declined.

At the time of the SC's death, there was an open CPS report that was under investigation. The CW had been to the home and had seen the SC and several of the siblings 3 days prior to the house fire. That open investigation continued after the death of the SC and was closed with a determination of unfounded in July 2016. On 5/28/16 another report was made to the SCR with allegations of IG and LMC against the BM in regard to the SC's siblings. During this investigation the home that the family moved to after the fire was seen and assessed as safe for the surviving siblings. Although this investigation remains open at the time of the writing of the fatality report, several of the progress notes were found to have been entered up to 60 days following the occurrence of the event.

## Official Manner and Cause of Death

**Official Manner:** Pending

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



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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? Yes

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

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 No SCR report was made following the fire and the resulting fatality as there was no suspicion of lack of supervision. All surviving siblings were assessed as safe following the fire. There was no contact with the family from 4/13/16 to 5/17/16, when CW heard from BF that the family had moved. An appointment was made for a home visit on 5/19/16 but the home was not actually seen until 5/29/16 in response to a new report registered with the SCR.

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

### 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 siblings/other children in the household removed as a result of this fatality report/investigation?</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	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to
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# NYS Office of Children and Family Services - Child Fatality Report

	Death	Refused	if Used	Offered	Unavailable		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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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 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? N/A

Explain:

Services were offered but declined. Bereavement information was provided.

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

Explain:

Services were offered but declined. Bereavement information was provided.

## 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



# NYS Office of Children and Family Services - Child Fatality Report

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? 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)	Status/Outcome	Compliance Issue(s)
03/31/2016	11243 - Deceased Child, Female, 8 Years	11251 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	Yes
	11243 - Deceased Child, Female, 8 Years	11251 - Mother, Female, 36 Years	Swelling / Dislocations / Sprains	Unfounded	
	11243 - Deceased Child, Female, 8 Years	11251 - Mother, Female, 36 Years	Lacerations / Bruises / Welts	Unfounded	

### Report Summary:

The report alleged that that the BM hit the SC on the face because she was not listening, causing a puffy fat lip and a welt under her eye.

**Determination:** Unfounded

**Date of Determination:** 07/06/2016

### Basis for Determination:

Allegations of IG, LBW and Swelling/Discoloration/Sprains against the BM in regards to the SC were unsubstantiated. There was insufficient credible evidence to support the allegations in the report. A LE referral was made and the SC was seen by the CW and LE. All children in the household were interviewed and deemed to be safe in their parents' care. Services were offered to the family but they declined.

### OCFS Review Results:

Family members were interviewed and collateral contacts were made. During the course of the investigation, the SC died in a house fire. The CW saw the family and all of the surviving children after the fire. There did not appear to be any foul play regarding the fire and it was handled as accidental. Several progress notes in this case were entered up to 60 days after the event. The RAP was inconsistent with case circumstances. The review of prior reports involving the family only included the past 5 years.

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

### Issue:

Timely/Adequate Case Recording/Progress Notes

### Summary:

Several progress notes were entered up to 60 days after the event.

### Legal Reference:

18 NYCRR 428.5(a) and (c)

### Action:

Oneida County DSS must develop a plan to address how progress notes will be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

### Issue:

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The Risk Assessment Profile was not accurately completed prior to the determination of the report. Several of the RAP questions were not consistent with case history and circumstances.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**

Oneida County DSS must develop a plan to address how an accurate assessment of the current safety and the risk of future abuse and maltreatment to the children in the home will be made and documented prior to making a determination of report allegations.

**Issue:**

Review of CPS History

**Summary:**

The review of the CPS history involving the SC and family members only covered the past 5 years.

**Legal Reference:**

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

**Action:**

Oneida County DSS must develop a plan to address how the entire CPS history of family members will be reviewed. This review is not limited to a pre-determined timeframe.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/05/2016	11239 - Sibling, Female, 9 Years	11241 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	Yes
	11239 - Sibling, Female, 9 Years	11242 - Father, Male, 42 Years	Inadequate Guardianship	Unfounded	
	11234 - Deceased Child, Female, 7 Years	11241 - Mother, Female, 36 Years	Excessive Corporal Punishment	Unfounded	
	11234 - Deceased Child, Female, 7 Years	11241 - Mother, Female, 36 Years	Lacerations / Bruises / Welts	Unfounded	

**Report Summary:**

The report alleged that the SC's 9 year old sibling had demonstrated knowledge of sexual acts beyond what was normal for her age. It was suspected that she had been exposed to sexual content. A subsequent report alleged that the SC sustained a bruise to her eye from the BM hitting her.

**Determination:** Unfounded

**Date of Determination:** 02/22/2016

**Basis for Determination:**

A forensic interview was conducted with the SC's sibling and no disclosure was made. A LE referral was made in regards to the allegations of bruising to the SC and nothing suspicious was noted. All children were interviewed and denied any physical abuse and did not express any concerns. During the CW visits, the SC and siblings were determined to be safe. Insufficient credible evidence was found to support the allegations of IG, XCP and LBW.

**OCFS Review Results:**

Interviews were conducted with the subjects of the report and with all of the children. LE was also involved in the investigation. Bruising was not found to be suspicious and a feasible explanation was given for the SC's injury. Services were offered to the family but they declined. The children were assessed to be safe with their parents. The RAP was not consistent with case circumstances. The review of prior CPS history only covered the past 5 years.



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

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The Risk Assessment Profile was not accurately completed prior to the determination of the report. Several of the RAP questions were not consistent with case history and circumstances.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**

Oneida County DSS must develop a plan to address how an accurate assessment of the current safety and the risk of future abuse and maltreatment to the children in the home will be made and documented prior to making a determination of report allegations.

**Issue:**

Review of CPS History

**Summary:**

The review of the CPS history involving the SC and family members only covered the past 5 years.

**Legal Reference:**

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

**Action:**

Oneida County DSS must develop a plan to address how the entire CPS history of family members will be reviewed. This review is not limited to a pre-determined timeframe.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/13/2015	11225 - Deceased Child, Female, 7 Years	11233 - Father, Male, 42 Years	Inadequate Guardianship	Unfounded	Yes

**Report Summary:**

The report alleged that the SC sustained scratches above and below her eye as a result of being pushed to the ground by the BF.

**Determination:** Unfounded

**Date of Determination:** 10/29/2015

**Basis for Determination:**

The allegation of IG against the BF in regards to the SC was unfounded due to the lack of credible evidence. The investigation summary stated that the SC was interviewed and, based on her limitations, was inconsistent in her statements. The SC was seen within 24 hours of receipt of the report but the parents, siblings and home were not seen until 3 months after the report had been made.

**OCFS Review Results:**

A review of this case showed that after the initial contact with the SC, nothing further was done with the investigation for 3 months. The BF and BM were not interviewed and the siblings were not seen or assessed for safety until 10/22/15. Progress notes stated that the report was reassigned from a worker who left the agency and that there were contacts that were not in the notes. The RAP was not consistent with case circumstances. The review of prior CPS history was incomplete.

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

**Issue:**

Overall Completeness and Adequacy of Investigation

**Summary:**

The report was registered with the SCR on 7/13/15. The SC was seen on 7/14/15 then nothing further was done with the investigation for 3 months. The BF and BM were not interviewed and the siblings were not seen or assessed for safety until 10/22/15. Progress notes stated that the report was reassigned from a worker who left the agency and that there were contacts that were not in the notes.

**Legal Reference:**

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

**Action:**

Oneida County DSS must develop a plan to address supervision and oversight of cases when there is a transition around assigned caseworkers.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The report was registered on 7/13/15 and there was no documentation that the other children in the household were seen and assessed as safe until 10/22/15. There was no documentation that one of the children in the household was ever seen.

**Legal Reference:**

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

**Action:**

Oneida County DSS must develop a plan to address how 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 will be conducted within seven days of the receipt of the report and documented in the progress notes.

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The Risk Assessment Profile was not accurately completed prior to the determination of the report. Several of the RAP questions were not consistent with case history and circumstances.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**

Oneida County DSS must develop a plan to address how an accurate assessment of the current safety and the risk of future abuse and maltreatment to the children in the home will be made and documented prior to making a determination of report allegations.

**Issue:**

Review of CPS History

**Summary:**

The review of the CPS history involving the SC and family members was incomplete.

**Legal Reference:**

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

**Action:**

Oneida County DSS must develop a plan to address how the entire CPS history of family members will be reviewed. This review is not limited to a pre-determined timeframe.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
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# NYS Office of Children and Family Services - Child Fatality Report

05/11/2015	11214 - Deceased Child, Female, 6 Years	11222 - Mother, Female, 35 Years	Lacerations / Bruises / Welts	Unfounded	Yes
	11214 - Deceased Child, Female, 6 Years	11222 - Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**  
 The report alleged that the BM hit the SC in to a wall or window. The SC sustained a bruise around her eye as a result of this.

**Determination:** Unfounded **Date of Determination:** 06/12/2015

**Basis for Determination:**  
 There was no credible evidence found to support the allegations of IG and L/B/W against the BM in regards to the SC. Children and parents were interviewed and they gave consistent explanations for how the mark on the SC's face occurred.

**OCFS Review Results:**  
 The children were all assessed to be safe with their parents. Children and parents were interviewed and allegations were addressed with all parties. The RAP was not consistent with case circumstances. The review of prior CPS history was incomplete.

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

**Issue:**  
 Pre-Determination/Assessment of Current Safety/Risk

**Summary:**  
 The Risk Assessment Profile was not accurately completed prior to the determination of the report. Several of the RAP questions were not consistent with case history and circumstances.

**Legal Reference:**  
 18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**  
 Oneida County DSS must develop a plan to address how an accurate assessment of the current safety and the risk of future abuse and maltreatment to the children in the home will be made and documented prior to making a determination of report allegations.

**Issue:**  
 Review of CPS History

**Summary:**  
 The review of the CPS history involving the SC and family members was incomplete.

**Legal Reference:**  
 18 NYCRR 432.2(b)(3)(i)

**Action:**  
 Oneida County DSS must develop a plan to address how the entire CPS history of family members will be reviewed. This review is not limited to a pre-determined timeframe.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/31/2013	11207 - Deceased Child, Female, 5 Years	11223 - Father, Male, 40 Years	Inadequate Food / Clothing / Shelter	Unfounded	Yes
	11210 - Sibling, Male, 9 Years	11223 - Father, Male, 40 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	11212 - Sibling, Female, 6	11223 - Father, Male,	Inadequate Food /	Unfounded	



# NYS Office of Children and Family Services - Child Fatality Report

Years	40 Years	Clothing / Shelter	
11213 - Sibling, Male, 3 Years	11223 - Father, Male, 40 Years	Inadequate Food / Clothing / Shelter	Unfounded
11211 - Sibling, Male, 7 Years	11223 - Father, Male, 40 Years	Inadequate Food / Clothing / Shelter	Unfounded
11209 - Sibling, Female, 11 Years	11224 - Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded
11211 - Sibling, Male, 7 Years	11224 - Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded
11213 - Sibling, Male, 3 Years	11224 - Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded
11209 - Sibling, Female, 11 Years	11223 - Father, Male, 40 Years	Inadequate Food / Clothing / Shelter	Unfounded
11207 - Deceased Child, Female, 5 Years	11224 - Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded
11210 - Sibling, Male, 9 Years	11224 - Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded
11212 - Sibling, Female, 6 Years	11224 - Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded

**Report Summary:**

The report alleged that the home was unsafe for the children. The back door did not close and latch and the front door did not stay closed. The home was very cold and appeared to have insufficient heat. There were gaps between the walls and windows which allowed cold air to enter. There was a hose in use to drain water from the basement.

**Determination:** Unfounded**Date of Determination:** 04/30/2013**Basis for Determination:**

The allegations of Inadequate food/clothing/shelter against the BM and BF in regards to the SC and her siblings were unfounded as the home met minimal standards. The family was sent a report for the items that needed to be fixed and a codes referral was made for the structural issues.

**OCFS Review Results:**

The allegations in the report were not fully explored and addressed during the investigation. The progress notes stated that the home met minimal standards and did have some structural concerns. The allegation of lack of heat was not thoroughly addressed or assessed. The BF, who was a subject of the report, was never seen or interviewed. The RAP was not consistent with case history and circumstances. The review of the prior CPS history of the family was incomplete.

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

**Issue:**

Determination of Nature, Extent and Cause of Conditions (Report)

**Summary:**

Allegations in the report were not thoroughly addressed or explored during the investigation.

**Legal Reference:**

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

**Action:**

Oneida County DSS must develop a plan to address how all investigations will include a determination of the nature, extent and cause of any condition enumerated in a report and any other condition that may constitute abuse or maltreatment.



**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

The BF, who was listed as a subject of the report, was never seen or interviewed.

**Legal Reference:**

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

**Action:**

Oneida County DSS must develop a plan to address how all investigations will include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report.

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The Risk Assessment Profile was not accurately completed prior to the determination of the report. Several of the RAP questions were not consistent with case history and circumstances.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**

Oneida County DSS must develop a plan to address how an accurate assessment of the current safety and the risk of future abuse and maltreatment to the children in the home will be made and documented prior to making a determination of report allegations.

**Issue:**

Review of CPS History

**Summary:**

The review of the CPS history involving the SC and family members was incomplete.

**Legal Reference:**

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

**Action:**

Oneida County DSS must develop a plan to address how the entire CPS history involving family members will be reviewed. This review is not limited to a pre-determined timeframe.

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

- 11/8/00 - 4/25/01 IND IG against BM in regard to the SC's sibling
- 8/7/03 - 10/7/03 IND IG against BM and SC's siblings' father in regard to the SC's siblings and UNF XCP and S/D/S against SC's siblings' father in regard to SC's siblings
- 2/17/05 - 3/18/05 IND LMC against SC's siblings' father in regard to SC's siblings
- 8/8/05 - 12/22/05 IND IG and L/B/W and UNF XCP against SC's siblings' father in regard to SC's siblings
- 5/6/06 - 8/29/06 IND IG, L/B/W, S/D/S, XCP against SC's siblings' father in regard to SC's siblings - UNF for BM
- 6/8/07 - 11/20/07 UNF M/FTTH against BM in regard to the SC's sibling
- 12/11/07 - 5/7/08 UNF IF/C/S and IG against BM and BF in regard to the SC's siblings
- 4/8/08 - 5/12/08 IND IG and LS against BM and BF in regard to the SC's sibling
- 12/27/08 - 7/6/09 IND XCP, IG and LS against BM in regard to the SC and siblings
- 3/11/09 - 7/6/09 IND L/B/W and IG against PLR in regard to the SC's sibling
- 7/15/10 - 8/3/10 UNF B/S, IG and L/B/W against BM and BF in regard to the SC's sibling



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7/22/11 - 12/9/11 IND IG and other against the BM and IND allegation of IG against BF in regard to the SC's siblings  
 1/17/12 - 4/10/12 UNF IG and L/B/W against the BF in regard to the SC's sibling  
 6/4/12 - 8/30/12 UNF IG, LMC and L/B/W against the BM in regard to the SC's siblings  
 7/24/12 - 9/13/12 UNF IG against BF in regard to the SC and siblings  
 10/8/12 - 12/3/12 UNF IG against BM in regard to SC's sibling

Inaccurate Risk Assessments and incomplete review of CPS history found

<b>Known CPS History Outside of NYS</b>
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N/A

<b>Required Action(s)</b>
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**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

<b>Preventive Services History</b>
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FSS 7/2006 - 8/2009 Services provided to BM, SC and siblings  
 FSS 10/28/11 - 9/22/14 Services provided to BM in regard to SC's sibling  
 FSS 7/18/12 - 8/11/16 Services case for SC's sibling related to PINS.  
 FSS 7/12/16 - present Services case for SC's freed sibling

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

<b>Required Action(s)</b>
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**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes  No



## Foster Care Placement History

10/2011 to 9/2014 The SC's sibling was in a residential placement due to behavioral outbursts and impulsive actions. SC's sibling was returned to the custody of the BM in 9/2014 and entered an OPWDD residential program.

7/2012 - 8/2016 PINS placement of another one of the SC's siblings

7/2016-present SC's sibling in foster care. BF surrendered rights and the sibling's mother had rights terminated.

## 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