



## Report Identification Number: SY-18-038

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

Issue Date: Feb 06, 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:** 15 year(s)

**Jurisdiction:** Broome  
**Gender:** Female

**Date of Death:** 07/11/2018  
**Initial Date OCFS Notified:** 08/16/2018

## Presenting Information

The family was known to CPS due to an ongoing investigation of an SCR report made on 5/24/18 regarding concerns about the 10-year-old sibling. The subject child resided in a separate home with her father, and experienced a seizure during the night. On the morning of 7/11/18, her father found her dead, in her bed.

## Executive Summary

At the time of the child's death, there was an open CPS investigation which began on 05/24/18 with concerns regarding the mother and step-father's ongoing mental health concerns, which were not being addressed, and their difficulties disciplining the 10-year-old sibling's problematic behaviors. Additionally, they were using corporal punishment on the child, causing him to be fearful. BCDSS worked with the family to create a Safety Plan as a form of respite for the family. The child was to stay with a family friend, who was deemed appropriate by BCDSS. During the investigation, the subject child was assessed to be safe in the care of her father and met all requirements for the investigation.

While investigating the concerns, BCDSS learned of the death during a routine home visit the day of the fatality on 07/11/18. BCDSS observed the siblings and noted no concerns for their safety. Syracuse Regional Office was notified through a 7065-Agency Reporting Form on 07/13/18. BCDSS coordinated investigative efforts into the child's death with law enforcement and Onondaga County Department of Social Services (OCDSS) as the child lived in Onondaga County with her father. The record showed there was no reasonable cause to suspect maltreatment regarding the child, therefore, an SCR report was not made in relation to the death.

It was learned the child was diagnosed with a seizure disorder in 2017, was compliant with treatment recommendations, and died during an epileptic episode. An autopsy was performed and the ME listed the cause of death as "sudden unexpected death in epilepsy" and the manner of death was natural. The case record did not show if there were any criminal charges regarding the fatality.

Several home visits were made and collaterals were contacted. An assessment of service needs was made for the family, and they were offered a multitude of services including continued Preventive Services, grief counseling, bereavement services, and mental health counseling.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?**



- Was the determination made by the district to unfound or indicate appropriate? N/A

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

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

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

**Explain:**  
The family received Preventive Services since 11/05/14, and the Preventive case remained open at the time this report was written.

### 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: 07/11/2018

Time of Death: Unknown

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

County where fatality incident occurred: Onondaga

Was 911 or local emergency number called? Yes

Time of Call: 08:52 AM

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

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

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

At time of incident supervisor was: Not 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	No Role	Female	15 Year(s)



Deceased Child's Household	Father	No Role	Male	38 Year(s)
Other Household 1	Mother	No Role	Female	36 Year(s)
Other Household 1	Mother's Partner	No Role	Male	36 Year(s)
Other Household 1	Other Child - Step-sibling	No Role	Male	11 Year(s)
Other Household 1	Sibling	No Role	Female	5 Year(s)
Other Household 1	Sibling	No Role	Male	12 Year(s)
Other Household 1	Sibling	No Role	Male	10 Year(s)

### LDSS Response

At the time of the child’s death on 07/11/18, there was an ongoing CPS investigation regarding her mother’s household, in Broome County. This investigation was surrounding concerns of the mother and the subject child’s step-father’s mental health concerns and their struggles to manage the 10-year-old sibling’s behaviors appropriately. Upon learning of the death, BCDSS notified the Syracuse Regional Office by completing a 7065-Agency Reporting Form on 07/13/18.

During a routine home visit to the mother’s house, BCDSS learned of the child’s death earlier that day. The mother reported the child had passed away from a seizure the morning of 07/11/18 at her father’s home. The children residing in the mother’s house included three siblings and a step-sibling (ages 5, 10, 11 and 12 years). They were observed and their safety was assessed throughout the investigation through interviews and information from collateral contacts.

BCDSS notified Onondaga County Department of Social Services (OCDSS) of the death, and OCDSS made a home visit to the father’s home to gather more information. The father provided information that the child was diagnosed with a seizure disorder and had been receiving treatment since 2017. Approximately a week prior to the death, the child and her father went to a movie with a “seizure warning” and the child wore protective polarized sunglasses to reduce her sensitivity to the lights, which were known to trigger seizures. After the movie, the child reported a minor headache, but did not show any other signs of an oncoming seizure. The evening prior to the child’s death, she attended a show which had flashing lights; however, the child reported the flashing did not bother her. The family had no knowledge the show would contain flashing lights. After the show, the child came home around 11:00PM excited and happy, she went to bed soon thereafter.

On the morning of 07/11/18, the father heard the child’s alarm clock going off around 7:30AM. He quietly entered her room, without turning on the light and turned off the alarm, and observed her to be asleep on her stomach. Around 8:30AM, the father turned on the child’s bedroom light and noticed she was purple in color. He touched her body and it was semi-warm, stiff and there was no pulse. 911 was called and as directed, the father attempted to roll the child over. He did not attempt resuscitation efforts and believed the child to have been deceased for some time. EMS responded quickly and noted the child to be deceased and life saving measures were not administered.

The father reported the child typically woke him during a seizure. He would either hear her gasps or an alarm that would jingle, but he was not awakened this time.

BCDSS obtained all medical records regarding the child. The child was receiving medical treatment for her disorder, and was taking medication as prescribed. In the weeks prior to her death, the child’s medication was being adjusted, as she was not responding to the regimen. There were no concerns noted for the child’s medical compliance.

The family accepted services that were offered to them, including grief counseling, bereavement services, and mental health counseling. The family continued to engage in Preventive Services to assist in monitoring and addressing the family’s mental health concerns, and the sibling’s behavioral concerns.



## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

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

## Multidisciplinary Investigation/Review

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

**Comments:** The fatality was reviewed by an OCFS-approved Child Fatality Review Team.

## CPS Fatality Casework/Investigative Activities

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

**Additional information:**

Although the record did not reflect that attempts were made to contact the first responders directly, there was information regarding the child was "obviously" deceased when EMS responded.

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

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

### Placement Activities in Response to the Fatality Investigation

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

### Legal Activity Related to the Fatality

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

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Other, specify: Preventive Services

**Additional information, if necessary:**

All appropriate services were offered to the family including the continuation of a Preventive Services case.

**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:**

The children were referred to mental health and grief counseling.

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

**Explain:**

The family was offered grief counseling, mental health counseling and bereavement services.

## 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? Yes



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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/24/2018	Sibling, Male, 10 Years	Mother, Female, 36 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 10 Years	Mother, Female, 36 Years	Emotional Neglect	Unsubstantiated	
	Sibling, Male, 10 Years	Mother's Partner, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

Two SCR reports were registered on 5/24/18 and 5/25/18, that were consolidated. The reports alleged BM and PS had MH diagnoses and were cognitively limited, and often became overwhelmed with the 10yo SS' behaviors. The 10yo SS' behaviors progressively grew worse, and he became violent and was suspended from school. The BM hit the child with a belt because of his behaviors, and it was unknown if injuries resulted. The PS grabbed the 10yo SS by the collar. The 10yo SS made homicidal threats in an effort to be removed from his home. The BM and PS were unable to provide a higher level of supervision to the 10yo SS. The roles of the SC and SS were unknown.

**Report Determination:** Indicated

**Date of Determination:** 11/06/2018

**Basis for Determination:**

BCDSS obtained information that the SS was hit with a belt by his mother and he stated it was better for him to leave the home. The parents agreed with this information and a Safety Plan was created to utilize a family friend as respite. After the investigation, a Services case remained open for the family.

**OCFS Review Results:**

BCDSS identified Safety Factors that placed the SS in immediate or impending danger and implemented a Safety Plan. Although the 7-day Safety Assessment included some identified Safety Factors, the record did not reflect the parents spoke of the SS in predominately negative terms or that they were unable to control his behavior, and it was not completed timely. The record did not reflect attempts were made to engage the fathers of each child, and SCR and CPS history checks were not completed until approximately 5 months into the investigation. BCDSS offered appropriate services to the family, and continued to engage them through the Family Services Stage.

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

**Issue:**

Adequacy of Documentation of Safety Assessments

**Summary:**

Although a 7-day Safety Assessment identified some Safety Factors that were present and a Safety Plan was appropriately implemented, the Safety Assessment did not include concerns regarding the parents speaking of SS2 in predominately negative terms, or that they were unable/unwilling to control his behavior. The Safety Assessment was approved 6 days after the due date.

**Legal Reference:**

18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

**Action:**

BCDSS will complete all assessments timely and accurately reflect the Safety Factors that are present, along with any Safety Plan that has been devised.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**



Although several home visits were made, the case record did not show that all biological parents were contacted or attempted to be contacted, and there were missed opportunities to gain collateral contact information regarding the safety of the children.

**Legal Reference:**

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

**Action:**

BCDSS will contact or make diligent efforts to contact relevant collateral sources who may have information relevant to the investigation, including absent parents. BCDSS will make diligent efforts to contact absent parents to obtain information regarding possible safety concerns.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/27/2017	Deceased Child, Female, 15 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Female, 15 Years	Father, Male, 36 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Female, 15 Years	Father, Male, 36 Years	Sexual Abuse	Unsubstantiated	

**Report Summary:**

Sometime over summer 2017, the subject child was sleepwalking and walked into her father's bedroom. At this time, the father was engaging in sexual activity. Subsequently, the father exposed the child to semen. The father then gave the child medication to prevent pregnancy. The role of the mother was unknown.

**Report Determination:** Unfounded

**Date of Determination:** 02/05/2017

**Basis for Determination:**

OCDSS worked with local law enforcement during the investigation. All family members denied allegations that father inappropriately touched subject child. There was no credible evidence revealed during the investigation to support the allegations within the report.

**OCFS Review Results:**

The case record did not reflect conversations involving key safety and risk-related information with the mother or the subject child. OCDSS violated the family's confidentiality by disclosing a child protective report was made to a person not listed on the report, who was not a biological parent nor had a Release of Information. The person was given details of the report. A CPS history check was not completed timely. Notice of Existence letters were not provided timely. There was no supervisory consult documented before closing the case.

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

**Issue:**

Confidentiality of CPS Information

**Summary:**

OCDSS provided information regarding a child protective investigation to the paternal grandmother, who was not on the report, not a parent of an alleged abused or maltreated child on the report, and lacked a signed Release of Information. The grandmother was told of an existence of a SCR report and there were concerns for the child's safety.

**Legal Reference:**

SSL 422(4) and (5)

**Action:**

OCDSS will not provide confidential information to any person, group or agency who is not authorized such information.

**Issue:**



## Review of CPS History

### Summary:

OCDSS did not document an SCR history check and did not document a CPS history check until 3 days past the due date.

### Legal Reference:

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

### Action:

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

### Issue:

Failure to provide notice of report

### Summary:

OCDSS did not provide a Notice of Existence letter to the BM until 15 days after the receipt of the report.

### Legal Reference:

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

### Action:

OCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

### Issue:

Pre-Determination/Assessment of Current Safety/Risk

### Summary:

The case was determined prior to an adequate assessment of safety and risk. BCDSS did not document eliciting information from the step-parent or his child surrounding key safety- and risk-related topics. For example, the child was not asked about family dynamics and functioning, and the family was not asked about discipline or supervision.

### Legal Reference:

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

### Action:

OCDSS will prioritize making an adequate assessment of safety and risk to all children in the household, and continue ongoing assessment of safety and risk throughout the length of the investigation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/31/2017	Other Child - PS' Child, Male, 11 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - PS' Child, Male, 11 Years	Mother, Female, 35 Years	Lack of Medical Care	Unsubstantiated	
	Other Child - PS' Child, Male, 11 Years	Mother's Partner, Male, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - PS' Child, Male, 11 Years	Mother's Partner, Male, 35 Years	Lack of Medical Care	Unsubstantiated	

### Report Summary:

An SCR report received on 08/31/2017 alleged that 2 weeks prior, the step-sibling (OC1) had mental health issues and was diagnosed with a mood disorder. OC1 attempted to strangle himself with a towel and turned blue. BM and PS did not



seek medical care for him. OC1 threw a knife at BM 2 days prior to the report and was hospitalized for MH concerns. The SS' and BM1's roles were unknown.

**Report Determination:** Unfounded

**Date of Determination:** 10/10/2017

**Basis for Determination:**

The investigation by BCDSS did not reveal credible evidence to support the allegations within the report. BM and PS acted appropriately, intervened and obtained MH services for OC1.

**OCFS Review Results:**

BCDSS made appropriate collateral contacts during the investigation. The case record did not show conversations around key-related safety and risk topics with all family members. Biological parents were not attempted to be contacted in regard to the reported concerns.

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

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The case was determined prior to an adequate assessment of safety and risk. BCDSS did not document eliciting information from the mother and subject child surrounding key safety- and risk-related topics. For example, the family was not asked about discipline or supervision, in addition to other pertinent topics.

**Legal Reference:**

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

**Action:**

BCDSS will prioritize making an adequate assessment of safety and risk to all children in the household, and continue an on-going assessment of safety and risk throughout the length of the investigation. BCDSS will incorporate key safety-related questions as they pertain to case circumstances.

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

In addition to Onondaga County, the family has a history with Child Protective Services in Broome County and Cayuga County.

02/03/09- 03/31/09 The BM was UnSub for allegations of IG and LMED regarding SS.

06/04/06- 08/14/09 The BM was UnSub for allegations of IG, IF/C/S and LMED regarding SS.

11/11/10- 12-30/10 The BM and unrelated home members were UnSub for allegations of IG regarding SS.

09/10/13-12/16/13 The BM and PS were UnSub for IG regarding SS and OC.

10/14/14- 11/13/14 The BM and PS were UnSub for allegations of IG, IFCS, LA/BW and CHTS regarding SS.

01/12/15- 03/18/15 The BM and PS were UnSub for IG and LA/BW regarding SS. BM was UnSub for PD/AM regarding SS.

08/03/15-10/23/15 The BM and PS were Sub for the IG, EMOT and LSUP regarding the SS.

### Known CPS History Outside of NYS

There was no known CPS History outside of New York State.



### Preventive Services History

A Preventive case was opened in Broome County on 11/05/14 involving the mother, siblings, mother’s partner and his child. There were Protective Program Choices selected for the children. The Department offered Services to the family following a CPS investigation concerning the parents' inability to control the behaviors of the children. The parents struggled with their mental health and were overwhelmed with the children’s negative behaviors, which included physical altercations, stealing from the home and school, and disrespect. SS2 had a history of making suicidal and homicidal threats. The family was referred by BCDSS to a multitude of community based services, including behavioral based therapy, parenting assistance, mental health therapy and Early Intervention. The Service providers and the family worked together to establish boundaries within the family, improve family dynamics and address behavioral and mental health concerns. During the open FSS, the parents inquired about PINS services for their sons; however, their behaviors did not meet the criteria in Broome County and a Preventive Case remained appropriate. The case remained open at the time this report was written as the mother’s mental and physical struggles negatively impact her ability to identify the needs of her children and continued to struggle with adopting effective coping mechanisms.

### 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