



Report Identification Number: SY-20-008

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

Issue Date: Jul 20, 2020

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 16 year(s)

Jurisdiction: Oswego
Gender: Female

Date of Death: 02/16/2020
Initial Date OCFS Notified: 02/24/2020

Presenting Information

On 2/21/20, the death of the 16-year-old teenager was reported to OCFS by Oswego County Department of Social Services (OCDSS) through the required Agency Reporting Form 7065. The teenager died on 2/16/20, from natural causes as a result of cancer.

Executive Summary

On 2/20/20, OCDSS learned of the passing of the 16-year-old subject child following routine contact with the grandmother, who was the caretaker for the child at the time of her death. OCDSS had an open investigation at that time, which was received on 9/10/19. The open SCR report was unrelated to the death, and regarded supervision concerns of a 15-year-old cousin residing in the home.

It was learned the subject child had been diagnosed with Stage IV liver cancer several years prior to the death. The child was receiving appropriate medical intervention for her illness. On 2/14/20, the subject child was admitted to the hospital for uncontrollable pain secondary to hepatocellular carcinoma. The child received palliative care and on 2/16/2020, the child became cyanotic and regular breaths ceased. She was found to have generalized cyanosis and had no apical pulse. Auscultation revealed no heartbeat or breath sounds. Time of death was pronounced at 7:20AM.

Due to the circumstances surrounding the child's death, an autopsy was not performed, and a law enforcement investigation was not conducted. The death certificate listed the manner of death to be natural causes.

Following the child's death, the safety of the surviving cousin was assessed. There were concerns for the cousin due to her behaviors and truancy. The family was offered a multitude of services and were receptive to services. OCDSS worked with the family in engaging the cousin in an educational setting and assisting the grandmother in meeting her supervision needs before closing their investigation. The family was engaged in counseling through community-based services.

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:**

As there was no SCR report surrounding the fatality, OCDSS inquired of relevant collaterals and family members as to whether there was reasonable cause to suspect abuse or maltreatment with respect to the SC's death. OCDSS found there to be no such reason. Although safety assessments in these instances are not required, OCDSS did assess and document the safety of the cousin as part of this review.

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:

OCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances.

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: 02/16/2020

Time of Death: 07:20 AM

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

Unknown

County where fatality incident occurred:

Oswego

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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	16 Year(s)



Deceased Child's Household	Grandparent	No Role	Female	60 Year(s)
Deceased Child's Household	Other Child - cousin	No Role	Female	15 Year(s)
Other Household 1	Mother	No Role	Female	39 Year(s)
Other Household 2	Father	No Role	Male	42 Year(s)
Other Household 3	Aunt/Uncle	No Role	Female	37 Year(s)
Other Household 4	Aunt/Uncle	No Role	Male	39 Year(s)

LDSS Response

On 2/20/20, OCDSS conducted a routine telephone call to the grandmother to schedule a home visit and was informed of the subject child's passing. OCDSS provided the family with information on bereavement counseling and assessed the 15-year-old cousin, who resided in the home. There were concerns regarding the cousin, which were being explored in an investigation that was open at the time of the death. The family held a benefit, which covered the cost of burial.

OCDSS contacted multiple medical providers about the child's death. Records reflect the child had been diagnosed with Stage IV cancer several years prior to her death. The child was receiving appropriate medical intervention.

Based on the information gathered, OCDSS determined the child's death was the result of natural causes and not due to abuse or maltreatment by a caretaker. The parents, grandmother, and cousin utilized their community supports.

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: Hospital physician

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:



Child Fatality Report

This was not an SCR reported fatality, though a number of collateral sources were contacted and interviewed, there were no first responders, law enforcement, or subjects needed to be interviewed as a result of the death.

Fatality Safety Assessment Activities

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

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:
 As there was no SCR report surrounding the fatality, OCDSS inquired of relevant collaterals and family members as to whether there was reasonable cause to suspect abuse or maltreatment with respect to the SC's death. OCDSS found there to be no such reason. Although safety assessments in these instances are not required, OCDSS did assess and document the safety of the cousin as part of this review. This was done within 24 hours, 7 days, and 30 days of learning of the fatality.

Fatality Risk Assessment / Risk Assessment Profile

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

**Explain:**

Though this was not an SCR reported fatality, OCDSS was appropriate in offering services related to bereavement to the family members. OCDSS offered additional support to the teenage cousin, who was struggling as a result of the death.

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"/>

Explain as necessary:

There was no removal of the surviving cousin as a result of the fatality.

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"/>	<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:

OCDSS offered the family a multitude of services related to bereavement counseling. The family was engaged in counseling already, but was receptive to OCDSS' referrals. OCDSS offered to assist with burial costs, but the family declined, stating they held a benefit to assist with funeral services.

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 multitude of services were offered to the surviving cousin following the death. The cousin was receptive to counseling.

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

Explain:

Bereavement services were offered to the mother, grandmother, and father as a result of the death. It was unknown whether services were being utilized at the time of this writing.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was the child ever placed outside of the home prior to the death?	No
Were there any siblings ever placed outside of the home prior to this child's death?	No
Was the child acutely ill during the two weeks before death?	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)
09/10/2019	Other Child - cousin, Female, 15 Years	Grandparent, Female, 59 Years	Inadequate Guardianship	Substantiated	No
	Other Child - cousin, Female, 15 Years	Aunt/Uncle, Male, 39 Years	Inadequate Guardianship	Substantiated	
	Other Child - cousin, Female, 15 Years	Grandparent, Female, 59 Years	Educational Neglect	Substantiated	

Report Summary:

OCDSS received a report from the SCR alleging the grandmother was unable to control the 15-year-old cousin. The cousin had excessive absences and had not attended school for the 2019/2020 school year. The cousin was staying out all night long and the grandmother was unaware of her whereabouts. The role of the 16-year-old subject child was unknown.

Report Determination: Indicated

Date of Determination: 04/06/2020

**Basis for Determination:**

OCDSS found credible evidence to substantiate the allegations of inadequate guardianship and educational neglect against the grandmother and uncle regarding the cousin. The cousin was going between NY and FL and was not properly enrolled in school for several months. The grandmother was the custodian and was not planning for the child's safety or educational needs. The child's father did not make an appropriate plan for the cousin despite knowledge that she had not been enrolled in school and was residing with a boyfriend.

OCFS Review Results:

OCDSS completed all casework in a timely and appropriate manner. OCDSS enlisted numerous resources including, law enforcement, school, Florida Department of Social Services, and family when trying to locate and enroll the cousin in school in a different state. OCDSS appropriately investigated the circumstances surrounding the subject child's death and determined it was not a result of abuse or maltreatment. Once all case objectives were completed, OCDSS appropriately determined and closed the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/15/2018	Deceased Child, Female, 14 Years	Father, Male, 40 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Female, 14 Years	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	

Report Summary:

OCDSS received a report from the SCR on 5/15/18 alleging the mother was unable to control the subject child. On multiple occasions, the subject child ran away or left the home for extended periods of time. There were times when the mother did not know what the subject child was doing or how to locate her. The subject child was arrested for possession and distribution of prescription drugs and was placed on probation. The mother had a history of having physical altercations with the subject child. On 5/14/18, the mother punched the child in the face, as well as, called her names. It was not known if the child sustained injuries.

Report Determination: Indicated

Date of Determination: 12/11/2018

Basis for Determination:

OCDSS determined there was credible evidence to substantiate the allegations. The mother was not contacting law enforcement to report the subject child a runaway and was not complying with recommendations from OCDSS to ensure her daughter's safety. Additionally, the father of the subject child was not taking steps to keep the child safe and was placing the blame on the mother.

OCFS Review Results:

OCDSS did not complete the 7-day safety assessment until months after receipt of the report. The case record reflects the caseworker assigned the case left the agency unexpectedly during the investigation. The child's safety was assessed by workers in an ongoing Preventive Services case. The progress notes were copied into the investigation two months after receipt of the report. OCDSS documented that handwritten notes were found from the caseworker that was no longer with the agency and added to the case record on 7/31/18. NOEs were not sent out until 3 months after receipt of the report. A review of CPS history was not documented as completed until 7 months after receipt of the report.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-day safety assessment was completed three months after receipt of the report.

Legal Reference:



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

Action:

OCDSS will complete all safety assessments within the required time frame.

Issue:

Failure to provide notice of report

Summary:

OCDSS did not send Notice of Existence letters until 3 months after 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:

Review of CPS History

Summary:

A review of CPS history was not documented as completed until 7 months after receipt of the SCR report.

Legal Reference:

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

Action:

Within one business day, OCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/05/2017	Deceased Child, Female, 14 Years	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 14 Years	Mother's Partner, Male, 57 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 14 Years	Mother, Female, 37 Years	Excessive Corporal Punishment	Unsubstantiated	
	Deceased Child, Female, 14 Years	Mother, Female, 37 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

OCDSS received a report from the SCR alleging that violence was taking place in the home. Mother became physical with the subject child. On 11/28/17, the mother told her to get off of her cell phone when a fight ensued. They were wrestling around and the subject child suffered a black eye as a result. During the same incident, the parent substitute picked up the subject child and threw her. Mother frequently drank to intoxication in the home.

Report Determination: Unfounded

Date of Determination: 01/12/2018

Basis for Determination:

OCDSS determined there was no credible evidence to substantiate the allegations. All reported an incident occurred where the subject child attacked the mother because she took her cell phone away. Numerous collateral contacts and



service providers observed the subject child in the days following the incident and none observed marks or bruises on the child.

OCFS Review Results:

OCDSS completed all casework in a timely and adequate manner. OCDSS reached out to numerous collateral sources to verify information provided in the report. OCDSS exhausted efforts to locate the subject child when she ran away from home. OCDSS accurately completed the sex trafficking module and provided services based on the high risk rating. OCDSS closed the investigation once all case objectives were met and continued to monitor concerns in an FSS that was open at the time of the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/05/2017	Deceased Child, Female, 14 Years	Mother's Partner, Male, 57 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 14 Years	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 14 Years	Mother's Partner, Male, 57 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Deceased Child, Female, 14 Years	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 14 Years	Mother, Female, 37 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Female, 14 Years	Mother, Female, 37 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Female, 14 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

OCDSS received an SCR report alleging 10/4/17, the mother was impaired from drinking alcohol. She grabbed the 14-year-old subject child by the hair and dragged her across the room. The mother then slapped the father across the face repeatedly in the presence of the child. On 10/3/17, the parent substitute choked the child because her room was not clean. Father did not call the police, father left the child in the home with the mother knowing that she was impaired and acting out violently.

Report Determination: Unfounded

Date of Determination: 12/05/2017

Basis for Determination:

OCDSS did not find credible evidence to substantiate the allegations. OCDSS found that, while confrontation had occurred between family members, the confrontations never escalated and all disagreements were surrounding the subject child's defiant and risky behaviors.

OCFS Review Results:

OCDSS completed all case objectives in an adequate and timely manner. OCDSS spoke with all collateral contacts and gathered sufficient information prior to making an appropriate determination and closing the investigation. OCDSS continued involvement in an open Preventive Services case.

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

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

From 2013 to 2015 there was significant CPS history related to the mother and father's substance abuse. A neglect petition



was filed against the mother due to her failure to follow through with recommended treatment. The maternal grandparents were awarded Article 6 custody of the subject child at that time. At the time the grandparents were awarded custody of the child, OCDSS withdrew their neglect petition against the mother.

Known CPS History Outside of NYS

There was no known history outside of NYS.

Preventive Services History

An FSS was opened from 9/14/17 to 1/31/20 after the mother contacted OCDSS for assistance regarding the subject child. The child was reportedly acting out, running away from home, stealing, using drugs, and engaging in otherwise risky behaviors. The family had frequent LE involvement due to her behaviors. During the FSS, the subject child was diagnosed with Stage IV cancer. The FSS was closed as the conditions requiring OCDSS involvement were mitigated due to the child's illness.

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