



Report Identification Number: BU-15-022

Prepared by: Buffalo Regional Office

Issue Date: 3/25/2016

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
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		

Case Information



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

Jurisdiction: Niagara
Gender: Female

Date of Death: 06/11/2015
Initial Date OCFS Notified: 06/16/2015

Presenting Information

On 6/11/15, the 16 year old, SC was a passenger on a motorboat early in the morning with her boyfriend, age 17, and a friend, age 51, when she stood up in the boat and hit her head on a bridge. The SC died of her injuries. The Regional Office was notified on 6/16/15 of the SC death by phone and the OCFS-7065 form. The boyfriend and the friend were later charged with vehicular manslaughter, driving a vessel while under the influence and possession of alcohol and marijuana. It is unknown if the SC was impaired at the time of the accident

Executive Summary

The SCR report was received on 6/6/15 just 5 days before the fatal accident. The allegations were against the BM for allowing an unnamed adult to hit the 7 year old sibling. Both the BM and the sibling denied that the sibling was hit. There were no marks observed on the sibling. There were no safety concerns regarding the sibling. Several home visits were made but the BM was uncooperative. The CW saw the sibling in school and spoke to all the persons named in the report. All appropriate collaterals were contacted. The report was unfounded on 11/25/15.

On 6/11/15, during the investigation SC was in a boating accident with her boyfriend, age 17 and another individual, age 51 just after sunrise. The SC stood up in the motor boat as it passed under a bridge. Her head hit the bridge causing a large laceration to her head which caused her death. The SC's boyfriend was under the influence of drugs and alcohol and was speeding at the time of the accident. The other adult in the boat was also under the influence of alcohol and drugs. Both were charged with Criminally Negligent Homicide and related offenses in the death of the SC.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes



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Explain:

The CW saw all individuals listed on the report. The BM was uncooperative during the investigation and would only let the CW see the sibling through the doorway. The CW saw the sibling at school who denied that anyone hit her. There were no marks seen on the sibling or the nephew.

Was the decision to close the case appropriate? Yes

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

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

Explain:

The report was unfounded and closed as both the BM and the sibling denied the allegations in the report.

Required Actions Related to the Fatality

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

Issue:	Timeliness of Determination
Summary:	The SCR report was determined more than three months after the 60 day requirement.
Legal Reference:	SSL 424(7);18 NYCRR 432.2(b)(3)(iv)
Action:	The district must ensure that all reports are determined within 60 days of receipt of a report from the SCR.

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	No assessment of the surviving sibling was made within 24 hours
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	The district must develop a plan that will ensure that all children in the household are assessed for safety after the death of a child.

Issue:	Overall Completeness and Adequacy of Investigation
Summary:	The LDSS did not explore with the family why the SC was on the motorboat that early in the morning. There were no conversations with the EMS, LE or Medical Examiner's office of description of the scene nor the cause of death or any toxicology.
Legal Reference:	SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2
Action:	The district must develop a plan that will ensure that all child deaths are fully investigated.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 06/11/2015

Time of Death: 05:00 AM



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County where fatality incident occurred:

ERIE

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? Unknown

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: passenger in a motor boat

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

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

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	16 Year(s)
Deceased Child's Household	Mother	No Role	Female	39 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Other Household 1	Other Adult	No Role	Male	51 Year(s)
Other Household 2	Other Child	No Role	Male	17 Year(s)

LDSS Response

The CW went to the home to offer condolences and assess the safety of the other children. The caseworker was able to view the home from the doorway and did not observe any safety issues. The CW did not explore with the family why the SC was on the motorboat that early in the morning. There were no conversations with the EMS, LE or Medical Examiner's office of description of the scene nor the cause of death or any toxicology screens. There were no interviews with boyfriend or friend concerning the accident.

Official Manner and Cause of Death



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Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

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"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input checked="" 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:

The SC died in a boating accident which was unrelated to the allegations contained in the CPS report. The CW tried to offer services but the BM refused to let the CW into the home. The CW was able to interview the sibling at school

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
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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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input 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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Explain as necessary:

The SC was in a boating accident and the other sibling was not in imminent danger in the home with her BM.

Legal Activity Related to the Fatality**Was there legal activity as a result of the fatality investigation?** Family Court Criminal Court Order of Protection**Criminal Charge:** Criminally negligent homicide **Degree:** 2

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
02/29/2016	the supervisor and boyfriend	Pending	pending
Comments:	Both the supervisor, age 51 and the SC's boyfriend were charged criminally. The boyfriend, who was the driver of the boat was under the influence of alcohol and marijuana. He was charged with Criminally Negligent Homicide, three counts of 2nd degree Vehicular Manslaughter and 2 counts of operating a vessel under the influence. The supervisor was charged with Criminally Negligent Homicide, 2 counts of operating a vessel under the influence, endangering and unlawful possession of a controlled substance.		

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



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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"/>

Additional information, if necessary:
 The BM refused any services offered by the caseworker

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? No

Explain:
 Services were offered but the BM refused.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 BM refused all services offered.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/19/2011	8085 - Sibling, Male, 15 Years	8084 - Mother, Female, 37 Years	Inadequate Guardianship	Unfounded	No
	8086 - Sibling, Female, 4 Years	8084 - Mother, Female, 37 Years	Inadequate Guardianship	Unfounded	
	8085 - Sibling, Male, 15	8084 - Mother, Female,	Inadequate	Unfounded	



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Years	37 Years	Guardianship	
8083 - Deceased Child, Female, 12 Years	8084 - Mother, Female, 37 Years	Inadequate Guardianship	Unfounded
8086 - Sibling, Female, 4 Years	8084 - Mother, Female, 37 Years	Inadequate Guardianship	Unfounded
8083 - Deceased Child, Female, 12 Years	8084 - Mother, Female, 37 Years	Inadequate Guardianship	Unfounded

Report Summary:

There were concerns that the SC (age 12) and her siblings (ages 15 and 4), had an ongoing issue with lice. The children were alleged to have been infested with head and body lice for an extended period of time. The lice infestation had become so severe that the children had scar marks from the lice on their heads and all over their bodies. In addition the family's home was in unsanitary condition. The BM failed to take the appropriate action to address these concerns.

Determination: Unfounded**Date of Determination:** 02/28/2012**Basis for Determination:**

There was no indication that any of the children had been infested with head lice. None of the children had scarring due to head lice infestation. The condition of the home was well above minimum standards. No safety concerns at this time.

OCFS Review Results:

All necessary contacts were made and all family members interviewed. The school denied the family had any lice problems and the home was above minimal standards.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/20/2012	8091 - Deceased Child, Female, 13 Years	8088 - Mother, Female, 38 Years	Lack of Supervision	Indicated	No
	8091 - Deceased Child, Female, 13 Years	8088 - Mother, Female, 38 Years	Educational Neglect	Indicated	
	8091 - Deceased Child, Female, 13 Years	8088 - Mother, Female, 38 Years	Childs Drug / Alcohol Use	Indicated	

Report Summary:

The SC (age 13yr) had a history of truancy. In 2012 the SC missed an excessive amount of school. Due to her poor attendance SC was failing academically. BM was aware of this attendance problem and failed to take adequate steps to insure that the SC attended school on a regular and consistent basis. The BM was unable to control the SC. the BM failed to provide adequate supervision for the SC. It appeared that the SC had a substance abuse problem which was not being addressed.

Determination: Indicated**Date of Determination:** 02/11/2013**Basis for Determination:**

The allegations of EDNG and LSUP by the BM in regards to the SC were substantiated. The SC had missed over 37 days of school and had been tardy over 17 times. As a result, she was failing every subject. The BM made very little effort to get the SC to school and said that she worked every day and could not ensure that the SC got to school. When the BM got home from work, the SC was often gone from the home and the BM had no idea where she was. DSS told the BM that a neglect petition would be filed based on educational neglect if the SC did not attend school. The BM decided to home school the SC. The BM had a history of educational neglect with her older children.

OCFS Review Results:



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The BM was unable to get the SC to school. The BM was unwilling to file a PINS on the SC. The BM decided to home school the SC instead. The case was indicated and closed appropriately. The BM filed all the proper paperwork for home schooling.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/26/2014	8097 - Sibling, Female, 7 Years	8093 - Mother, Female, 39 Years	Lack of Medical Care	Unfounded	No
	8097 - Sibling, Female, 7 Years	8093 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	

Report Summary:

Sibling (age 7) needs glasses daily but the child did not have her glasses at all during the academic year. The sibling had difficulty writing letters and turned her head to the side when trying to see. The sibling was far below grade level in her classes, especially math and reading. The mother was made aware of this issue but did not ensure that the sibling had her glasses. This was an ongoing issue since Kindergarten.

Determination: Unfounded

Date of Determination: 12/05/2014

Basis for Determination:

There was no credible evidence to substantiate the allegations of Inadequate Guardianship and Lack of Medical Care against BM in regards to 7 year old sibling. The sibling admitted during her interview that she had glasses but did not bring them to school. The BM made an appointment and the sibling received new glasses.

OCFS Review Results:

The caseworker spoke to everyone in the home and appropriate collaterals. No safety issues were found in the home.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/06/2015	8142 - Sibling, Female, 7 Years	8138 - Mother, Female, 39 Years	Lack of Supervision	Unfounded	Yes
	8142 - Sibling, Female, 7 Years	8143 - Adult Sibling, Female, 23 Years	Inadequate Guardianship	Unfounded	
	8142 - Sibling, Female, 7 Years	8143 - Adult Sibling, Female, 23 Years	Lack of Supervision	Unfounded	
	8144 - Other - nephew, Male, 3 Years	8138 - Mother, Female, 39 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	8144 - Other - nephew, Male, 3 Years	8138 - Mother, Female, 39 Years	Lack of Supervision	Unfounded	
	8144 - Other - nephew, Male, 3 Years	8143 - Adult Sibling, Female, 23 Years	Inadequate Guardianship	Unfounded	
	8142 - Sibling, Female, 7 Years	8140 - Father, Male, 39 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	8142 - Sibling, Female, 7 Years	8140 - Father, Male, 39 Years	Lack of Supervision	Unfounded	
	8142 - Sibling, Female, 7 Years	8143 - Adult Sibling, Female, 23 Years	Inadequate Food /	Unfounded	



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7 Years	Female, 23 Years	Clothing / Shelter	
8144 - Other - nephew, Male, 3 Years	8140 - Father, Male, 39 Years	Inadequate Food / Clothing / Shelter	Unfounded
8144 - Other - nephew, Male, 3 Years	8140 - Father, Male, 39 Years	Inadequate Guardianship	Unfounded
8144 - Other - nephew, Male, 3 Years	8140 - Father, Male, 39 Years	Lack of Supervision	Unfounded
8144 - Other - nephew, Male, 3 Years	8143 - Adult Sibling, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unfounded
8142 - Sibling, Female, 7 Years	8138 - Mother, Female, 39 Years	Inadequate Food / Clothing / Shelter	Unfounded
8142 - Sibling, Female, 7 Years	8138 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded
8142 - Sibling, Female, 7 Years	8140 - Father, Male, 39 Years	Inadequate Guardianship	Unfounded
8144 - Other - nephew, Male, 3 Years	8138 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded
8144 - Other - nephew, Male, 3 Years	8143 - Adult Sibling, Female, 23 Years	Lack of Supervision	Unfounded

Report Summary:

On 6/6/15, the unnamed family member took a toy and hit the 7 year old sibling on the back so hard that the child fell to the ground. It was unknown if the child was injured. The roles of the other unnamed adults and children in the home were unknown. The CW went out to the home and was not allowed in but was able to see the sibling. The sibling had no marks and denied that anyone hit her. The CW also went to school to interview the sibling. The sibling denied the anyone ever hit her with a toy or for discipline. She was not fearful of anyone in the home.

Determination: Unfounded**Date of Determination:** 11/15/2015**Basis for Determination:**

Allegations of Inadequate Guardianship, Lack of Supervision, Inadequate Food, Clothing and Shelter on the parents, regarding the children, sibling and the nephew were unsubstantiated. During the investigation, the BM was uncooperative in allowing the CW to interview the children and to see her entire home. During the investigation, the SC was killed in a boating accident, which made the investigation more difficult due to the tragedy. The nephew and his mom moved to a new apartment. The CW was able to see that place and it is safe. The CW did talk to the sibling in school and she was assessed as safe. She stated only BM and her live in the home. BF's home was observed.

OCFS Review Results:

The CW tried to get the BM to cooperate with the investigation. The CW was able to see inside the home from the porch. There was also a day care complaint against the mother of the nephew who lived in the home. The CW contact that investigator who had seen the home and did not see any safety concerns other than lack of fire alarms. The CW did not explore with the family why the SC was on the motorboat that early in the morning. There were no conversations with the EMS, LE or Medical Examiner's office of description of the scene nor the cause of death or any toxicology screens. There were no interviews with the boyfriend or friends. There were no police reports about the accident.

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

Timely/Adequate 24 Hour Assessment

Summary:



The CW did not assess the safety of the other sibling in the household within 24 hours after the death of the SC

Legal Reference:

SSL 424(6);18 NYCRR 432.2(b)(3)(i)

Action:

The district must develop a plan that will ensure that all children remaining in the household after the death of a child be assessed for safety.

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

The CW did not talk to the BM or BF as to why the SC was in a motorboat early in the morning on the day of her death. There was no inquiry to the LE, EMS or ME concerning the scene or if the SC had drugs or alcohol in her system. The CW did not attempt to speak with the boyfriend of the friend to ascertain what happened before the accident.

Legal Reference:

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

Action:

The LDSS must develop a plan that will ensure that the death of a child is fully investigated whether or not it is an SCR report.

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

There were nine SCR reports from 12/1998 to 6/2010. Of these nine reports four were unfounded and in one the BM had no role. The rest of the indicated cases have to do with the educational neglect by the BM of the SC and her older siblings. These reports were indicated and closed as the BM would send in the proper paperwork to home school her children. The SC was being home schooled at the time of her accident.

Known CPS History Outside of NYS

none known

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.



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Casework Contacts

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

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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