



**Report Identification Number: SV-18-056**

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

**Issue Date: Mar 12, 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:** 17 year(s)

**Jurisdiction:** Orange  
**Gender:** Male

**Date of Death:** 08/31/2018  
**Initial Date OCFS Notified:** 09/14/2018

## Presenting Information

On 8/31/18, Orange County Department of Social Services (OCDSS) informed OCFS of the death of a child in foster care. The 17-year-old subject child died as a result of an apparent overdose of methadone. At the time of his death, the subject child was on trial discharge to his father. The child died at the home of his nephew's mother.

## Executive Summary

On 8/31/18, the subject child's father informed the agency providing services to their family that his 17yo son had passed away from a drug overdose. OCDSS was notified, as the child had been in their custody and was on trial discharge with his father at the time under an Article 3 (Juvenile Delinquency) placement. The agencies spoke with familial and collateral contacts to obtain information about the fatality, and determined there was no reasonable cause to suspect the death was a result of abuse or maltreatment; thus, the fatality was not reported to the SCR.

The night before the child passed away, he spent the night at the home of his nephew's mother. The child occasionally stayed at her house, and she noted she was aware the child had overdosed twice in the past on heroin. She reported he asked her to get him heroin the night prior to his passing. She was prescribed methadone, and kept it in a locked box. The woman said she saw the child alive in her room at approximately 1:45AM on 8/31/18, prior to going to sleep, and said he was sleeping when she left for work that morning. Around 12:45PM, her 14yo son went into the room and found the child unresponsive; he notified his aunt, who called 911. The child was pronounced dead at the scene upon police arrival.

OCDSS obtained a copy of the autopsy report from the medical examiner. The cause of death was listed as "Acute Methadone Intoxication," and the manner was noted as "Accident (substance abuse)." Police records were obtained, and it was not apparent there were any concerns for criminality regarding the death.

The child suffered for several years with substance abuse and mental health issues. Over the years of OCDSS and service provider involvement, extensive efforts were made by numerous providers to help the child overcome his substance abuse and safely maintain his mental health. The child had been in OCDSS' custody since 2013. Though he was initially removed from his parents as a result of neglect, the child's legal custody authority changed in 2015 to placement under an Article 3 Juvenile Delinquency adjudication.

The agency providing direct services at the time of the fatality was the Community Alternatives (CA) Program with Access: Supports for Living. OCDSS initiated the process of terminating their custody of the child days prior to the fatality, as the most recent FASP documented the child had made progress with many of his goals and there were no immediate safety concerns for the care being provided by his father. OCDSS shared they intended to keep the case open for preventive services if termination was granted, and the child told CA he was interested in continuing services until his 18th birthday.

The child had 3 minor surviving siblings, ages 14, 7, and 1. He was predeceased by an older sibling, who died the year prior from a drug overdose. The siblings resided with their father (who was also the SC's father) and CA workers met with the whole family to provide support and deliver the news to the children. On 9/5/18, OCDSS met with a Special Assistance Trauma Unit (SATU) therapist regarding their referral for the family made the previous day. It was noted there was concern for the 14-year-old sibling, given the recent loss of her 2 older brothers. CA made follow up visits to the father, to assess his and his family's wellbeing. They discussed how the 14-year-old was coping, and CA later checked in



with her as well; however, the SATU therapist never made successful contact with the children. Two sessions were provided to the mother.

In addition to the SATU referral for grief-related purposes, OCDSS offered mental health services and financial assistance to the child’s family in response to the fatality. OCDSS offered similar services to the child’s nephew’s mother and her family, as the fatality occurred in their home. The services case closed when the agencies completed gathering information about the fatality and concluded casework contacts.

### PIP Requirement

For the issues identified, OCDSS will submit a PIP to the Spring Valley Regional Office within 30 days of receipt of this report. The PIP will identify action(s) OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS will review the plan and revise as needed to address ongoing concerns.

## 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:

The above questions are not applicable as the fatality was not reported to the SCR. There was no report alleging the fatality was suspected to be a result of abuse or maltreatment by a caretaker.

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 services case closed. The CPS investigations naming the SC as an alleged maltreated child remained open at the time of this writing.

## 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:** 08/31/2018

**Time of Death:** Unknown

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

Unknown

**County where fatality incident occurred:**

Orange

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

12:44 PM

**Did EMS respond to the scene?**

Yes

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

Yes

**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?** No - Not needed given developmental age or circumstances

**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	Male	17 Year(s)
Deceased Child's Household	Father	No Role	Male	59 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Stepmother	No Role	Female	34 Year(s)
Other Household 1	Mother	No Role	Female	57 Year(s)

### LDSS Response

OCDSS had a lengthy history with the SC and his family, and the SC was in OCDSS' custody at the time of his death. The SC was in OCDSS' custody for nearly 6 years. Though initially placed due parental neglect, placement was extended as a result of Juvenile Delinquency charges in February 2015. For several years, the SC tried to overcome drug addiction. He had a 3-day relapse on heroin in February of 2018 then participated in residential services until March, but there was no indication he was using drugs in the months leading up to his death. At a court proceeding in March, he was ordered to return to his BF's home on trial discharge with services remaining in place. The SC was last drug tested in April 2018 with negative results; however, in July it was learned he had not been attending his MH/substance abuse therapy for several weeks and it was later noted he had been off his mental health medications, resulting in an escalation in behaviors.



Over the years while in OCDSS custody, the SC lived in various placement settings when he was not on trial discharge with his BF. The record indicated OCDSS initiated the process of filing to terminate OCDSS' custody, which was noted in most recent FASP dated 8/27/18. The SC told CA he intended on continuing supportive services until his 18th birthday. Despite his obstacles, the SC had recently graduated high school, was working on independent living skills, and had plans for his future.

The caseworker from CA had been in contact with the SC on a regular basis, including the day before the fatality. There had been no documented concerns for the BF's ability to care for the child in the recent time leading up to his death; however, he frequently verbalized to the CA worker his concern that the SC would die of overdose. The BF often sought direct assistance from CA in dealing with issues with the SC as they arose. Additionally, it was documented that throughout the summer the SC was staying between friends' houses and his 27-year-old girlfriend's house. After the fatality, it was learned the SC also frequently stayed with his nephew's mother, the home in which he was found deceased.

On 8/31/18, the BF called the caseworker with CA to inform them of his son's death. The service providers responded to the home and met with the family to support them in response to their loss. OCDSS workers made a referral for trauma services. OCDSS gathered information about the fatality from the family where the fatality occurred, as well as the Medical Examiner, and requested information from LE. OCDSS also offered financial assistance with funeral costs.

OCDSS gathered the SC had been at the home of his nephew's mother on 8/30/18, and spent the night. Unbeknownst to her, the SC obtained her prescription for liquid methadone. She last saw the SC alive in the early morning hours of 8/31/18, before going to sleep. Her son went to wake the SC around 12:45PM and found him unresponsive; his aunt called 911. OCDSS questioned the SC's nephew's mother about the accessibility of her prescription – it had been in a box that had a lock that appeared “flimsy,” and she noted it had been tampered with. OCDSS followed up to see she obtained a sufficiently secure box to protect the children in her home, and observed the prescription. She was not legally responsible for the SC, and was not held responsible for the death.

The SC was named as a child in 2 CPS reports against his adult girlfriend, which were also open at the time of his death, the most recent concerning an incident of violence. Conversations with the girlfriend's family and the SC's nephew's family were well-documented, to assess the overall wellbeing and safety of all children following the fatality.

The 2 CPS investigations remained open at the time this report was written, pending closure. The Services case closed 1/3/19.

### Official Manner and Cause of Death

**Official Manner:** Accident

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

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

### Multidisciplinary Investigation/Review

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

**Comments:** The fatality was reviewed by the Orange County 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input 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"/>

### 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"/>

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"/>



# Child Fatality Report

<b>Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain:</b> All appropriate service referrals were made and/or provided.				

### Placement Activities in Response to the Fatality Investigation

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

### Legal Activity Related to the Fatality

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

**Have any Orders of Protection been issued?** No

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



<b>Parenting Skills</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
Mental health services were offered to the family members, and an appointment was made for the father after he expressed a need for help in this area. OCDSS made a referral for their Special Assistance Trauma Unit, and offered financial assistance for funeral costs. OCDSS also made arrangements for mental health support for workers through the Orange County Department of Mental Health.

**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:**  
Mental health services were offered to assist the children in response to the fatality. A Special Assistance Trauma Unit referral was made for the family as well, though it appeared no services were utilized for the children.

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

**Explain:**  
A mental health appointment was made for the father upon his identified needs. A Special Assistance Trauma Unit referral was made for the family as well, with which the mother participated in two sessions (attempts at additional sessions were made by the therapist).

## 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?** Yes
- 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)	Allegation Outcome	Compliance Issue(s)



# Child Fatality Report

06/30/2018	Deceased Child, Male, 17 Years	Other Adult - SC's Girlfriend, Female, 27 Years	Inadequate Guardianship	Pending	No
	Other Child - SC's Girlfriend's Daughter, Female, 5 Years	Other Adult - SC's Girlfriend, Female, 27 Years	Inadequate Guardianship	Pending	
	Other Child - SC's Girlfriend's Son, Male, 2 Years	Other Adult - SC's Girlfriend, Female, 27 Years	Inadequate Guardianship	Pending	

**Report Summary:**

An SCR report alleged the SC and his girlfriend got into a physical altercation in the presence of her two children on 6/26/18. The mother attacked the SC with a kitchen knife, and he obstructed her breathing. The children were not injured.

**Report Determination:** Undetermined

**OCFS Review Results:**

OCDSS made service referrals for the children and their mother, some of which were accepted. OCDSS engaged the 4-year-old child to elicit information about safety and interviewed all appropriate persons named in the report, including the SC's father. OCDSS gathered relevant information from collateral contacts, and conducted a thorough 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)
04/08/2018	Deceased Child, Male, 17 Years	Other Adult - SC's Girlfriend, Female, 27 Years	Inadequate Guardianship	Pending	No
	Other Child - SC's Girlfriend's Daughter, Female, 4 Years	Other Adult - SC's Girlfriend, Female, 27 Years	Inadequate Guardianship	Pending	
	Other Child - SC's Girlfriend's Son, Male, 2 Years	Other Adult - SC's Girlfriend, Female, 27 Years	Inadequate Guardianship	Pending	
	Other Child - SC's Girlfriend's Daughter, Female, 4 Years	Other Adult - SC's Girlfriend, Female, 27 Years	Lack of Supervision	Pending	
	Other Child - SC's Girlfriend's Daughter, Female, 4 Years	Other Adult - SC's Girlfriend, Female, 27 Years	Parents Drug / Alcohol Misuse	Pending	
	Other Child - SC's Girlfriend's Son, Male, 2 Years	Other Adult - SC's Girlfriend, Female, 27 Years	Lack of Supervision	Pending	
	Other Child - SC's Girlfriend's Son, Male, 2 Years	Other Adult - SC's Girlfriend, Female, 27 Years	Parents Drug / Alcohol Misuse	Pending	
	Other Child - SC's Girlfriend's Daughter, Female, 4 Years	Other Adult - SC's Girlfriend's Father, Male, 56 Years	Inadequate Guardianship	Pending	
	Other Child - SC's Girlfriend's Son, Male, 2 Years	Other Adult - SC's Girlfriend's Father, Male, 56 Years	Inadequate Guardianship	Pending	

**Report Summary:**

An SCR report alleged the SC and his girlfriend had a history of hitting the girlfriend's 4-year-old child for unknown reasons. As a result, the child was acting out behaviorally and was not wanting to eat. The child became skinny, tired with bags under her eyes, reclusive, and afraid to be in the home as a result of her treatment. The child's mother had a history of aggressiveness and violence. In the past, her mother physically assaulted the child's father in her presence. Her mother used illicit drugs in the presence of the child and her 2-year-old sibling. While under the influence of drugs, the children's mother slept all day leaving them unsupervised in the home.

**Report Determination:** Undetermined

**OCFS Review Results:**

This case overlapped with the investigation dated 6/30/18, and the OCFS review results were the same as noted above.

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)
03/30/2016	Deceased Child, Male, 15 Years	Mother, Female, 55 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 15 Years	Mother, Female, 55 Years	Sexual Abuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the SC had a history of having sexual relationships with women over the age of 18. For the previous year and a half, the child had been having a sexual relationship with a 19-year-old female and it was alleged he may have fathered her 8-month-old child. The SC's mother was made aware of this sexual relationship, but did not report it and did nothing to intervene to prevent it from continuing. The role of the SC's father was unknown.

**Report Determination:** Unfounded

**Date of Determination:** 10/23/2016

**Basis for Determination:**

The allegations were unsubstantiated on the basis that the SC's mother did not have custody of him at the time of the alleged events; she was cooperative in helping locate him when his whereabouts were unknown; and, when the SC was interviewed by police, he denied engaging in sexual activity with the 19-year-old.

**OCFS Review Results:**

OCDSS documented the times the SC left the foster care facility without permission during the investigation, and kept his parents apprised of his whereabouts. OCDSS learned SC had used drugs while missing from the facility and made the appropriate notifications to agency and preventive staff, the MH provider and Family Court; and, noted the child's Foster Care facility was changed to better fit his level of needs. OCDSS did not interview the SC or facilitate a CPS interview when he moved to a facility in a new county; however, it was documented that LE interviewed him and SC denied the allegations. His wellness was frequently assessed by contacting his providers.

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

**Issue:**

Review of CPS History

**Summary:**

A review of CPS history was not completed until 9/13/2016.

**Legal Reference:**

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

**Action:**

Within 1 business day, OCDSS will review SCR records pertaining to all prior reports involving a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report, including legally sealed unfounded reports. Within 5 business days, OCDSS will review and document all CPS record(s) that apply to the prior reports.

**Issue:**

Failure to provide notice of report

**Summary:**

The CPS record did not reflect that the adult sibling or unrelated adult were provided written notification of the report (both named as "other persons" in 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 other adults named in the report within the first seven days following the receipt of the report.

**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

Though the parents were contacted by phone and OCDSS obtained information from LE who interviewed the SC, face-to-face interviews were never held with the family members. Additionally, the SC's brother was an "other adult" named in the report; he too was not contacted. OCDSS did make diligent efforts to interview the unrelated "other adult" named in the report.

**Legal Reference:**

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

**Action:**

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

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

From 2004 to 2014, there were 18 SCR reports (14 cases total). Allegations included IG, XCP, L/B/W, IF/C/S and LM against BF, and IG, LS and PD/AM against BM concerning SC and his siblings. Consistent concerns were excessive physical discipline, DV against BM (BF the offender), and BM's MH and alcohol abuse. BF was indicated 5 times, the BM 3.

DV was recognized in 2004, but services were refused. In 2006, BM left the SC and his sibling alone while she attempted suicide. Three investigations were IND - Preventive Services were then provided.

In 2008, Family Court granted an order of supervision over the BF and children, and a refrain-from OP against BF to prohibit hitting and harassing the children. Preventive Services were provided from 4/5/08-12/22/10, during which time there were 2 FAR cases alleging violent incidents.

From March 2011 to June 2013, there were 4 UNF investigations. SC's MH and behaviors declined; the parents attempted to help but had difficulty controlling his behavior, which was harmful to himself and others. They accepted Preventive Services in November 2012. The SC was removed on 11/18/13 and again on 12/16/13 (after having been discharged to BF on 11/20/18). In addition to other concerns, BF failed to protect SC and the other siblings from the sibling who had previously sexually abused SC. The 2014 report, alleging BF allowed that sibling in the home overnight, was UNF. Family Court issued an OP and services continued until the SC's death.

### Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes**

**Date the Child Protective Services case was opened:** 11/01/2012



# Child Fatality Report

## Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? 3 months				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Preventive Services History

5/4/06-11/24/06 Preventive services opened for BF, BM, 5yo SC & his siblings (then 2, 10 & 16yo) for ongoing concerns: DV, & BM's MH & alcohol use. BF was awarded custody due to BM's relapse history. When the case was closing in November, services were noted as "no longer necessary;" it was unclear if this was decided with the family.

4/5/08-12/22/10 Court ordered preventive services were provided for BF, BM, 7yo SC & 2 siblings (then 4 & 12yo). Services discontinued for BM on 7/7/08; the reason noted was that she was no longer the primary caregiver. There were concerns for BF - yelling, threats, & physical discipline. The 12yo sibling had serious MH & behavioral issues. SC disclosed the sibling had sexually abused him; therapeutic services were provided. The case closed after court orders expired with successful completion; the family agreed to close the case.

11/1/12 Preventive services opened voluntarily for BF, PS, BM, 11yo SC, 2 SS (1 & 9yo) & the 17yo sibling. The SC was self-injurious, suicidal, & physically aggressive with his siblings. The parents were unable to control or protect him: he used drugs & alcohol & shoplifted; he was put on probation. Copious services were provided. SC entered Foster Care in 2013 & remained until the time of his death, despite many efforts to safely reunify. The case closed on 1/3/19, following the death of the SC.

### Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care:

Date of placement with most recent caregiver?

03/21/2018

How did the child(ren) enter placement?

Court Order

### Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Visitation



	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

Many of the above answers are listed as "No," "N/A," or "Unable to Determine" because they were not required. The



child was on trial discharge with his father at the time of the fatality, thus there was no foster home or facility required to be assessed by OCDSS.

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Efforts must be made to involve birth parents, including birth fathers, in the development and review of the foster child's service plan
<b>Summary:</b>	Though the child's parents were engaged during the case and conferences were held among service providers, there lacked documentation of service plan reviews, and efforts to engage all those who are recommended to attend.
<b>Legal Reference:</b>	18 NYCRR430.12(c)(2)
<b>Action:</b>	A review panel must convene a case conference with the review members and parent(s) and child present, to review progress made throughout implementation of the previous service plan, identify issues of concern and suggest modifications that impact and inform the development of a new service plan for the case. Service plan reviews must be held every six months, after the initial review.
<b>Issue:</b>	Adequacy of case recording in FASP
<b>Summary:</b>	Within 3 years prior to the fatality, FASPs were approved that had 6 instances of an inaccurate safety assessment decision and 4 instances of inaccurately noting the SC was not in FC for more than 15 of the most recent 22 months.
<b>Legal Reference:</b>	18 NYCRR 428.6(a)
<b>Action:</b>	When a child is in foster care, each FASP must include accurate safety assessments as defined by regulation. Each FASP must also include an accurate reflection of the length of time a child has been in foster care to provide reasoning of why a petition to terminate parental rights was not filed for a child in foster care for at least 15 of the most recent 22 months.
<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	For FASPs completed within 3 years prior to the fatality, there was a span of nearly two years where a Reassessment FASP was not completed - between April 2016 and February 2018. Of the 6 FASPs done in that time, only 2 were completed on time.
<b>Legal Reference:</b>	18 NYCRR428.3(f)
<b>Action:</b>	All subsequent family reassessment and service plan reviews must be completed by the social services district or by the provider agency providing services pursuant to a purchase of service agreement, and must be approved by the case manager 6 months from the due date of the previous reassessment and every 6 months thereafter.

### Foster Care Placement History

On 11/18/13, SC was removed on emergency basis due to immediate safety concerns (primarily, BF allowing contact between SC and his brother who sexually abused him). At Family Court 11/20/13, SC was returned – the judge did not



agree with the removal. At court on 12/16/13, BF relinquished custody; SC was placed in a FC facility.

SC was on probation beginning 2013; Article 3 Juvenile Delinquency (JD) and Article 10 CPS proceedings often co-occurred. On 2/27/14 at Court, SC received an ACD (admitting to petit larceny); he admitted violating probation (school absences) and was remanded to non-secure detention. Also on that date, BM, BF, and PS received supervision/service orders for 1 year. BF was ordered MH Tx for anger management; BM was ordered a drug/alcohol evaluation. SC was adjudicated neglected. On 2/18/15 when the supervision order expired, SC's placement was extended and converted to JD placement.

While in FC, SC was provided services to address MH and substance abuse. Placement settings changed many times to fit his needs and level of care – between congregate care facilities, inpatient substance Tx, and trial discharge home. There were multiple times SC left facilities without permission, and times he was hospitalized due to drug use/unsafe behaviors.

SC was on trial discharge with BF from 8/25/14-3/25/15, 8/26/17-2/16/18, and 3/21/18 until his death.

**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