



Report Identification Number: SV-20-037

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

Issue Date: Feb 17, 2021

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: 13 year(s)

Jurisdiction: Dutchess
Gender: Male

Date of Death: 08/16/2020
Initial Date OCFS Notified: 08/31/2020

Presenting Information

An SCR report alleged on 8/16/2020, the mother and parent substitute allowed the 13-year-old male subject child to ride his bicycle 10-15 miles from their home to a friend's house in another city. The adults were aware the child did not have a helmet and the bicycle did not have brakes or reflectors. The child called the mother around 9:00 PM to tell her he was riding home on the unsafe bicycle with no helmet and she allowed him to do so. As a result of the unsafe situation, the child was struck by a vehicle at approximately 9:15 PM and was pronounced dead at the scene. At an unknown time in the past, the 2-year-old sibling sustained suspicious bruising to her left thigh. The mother provided multiple explanations for the injuries. The injuries occurred while the sibling was in the care of the mother and the parent substitute; therefore, both were listed as alleged subjects. The biological fathers had unknown roles.

Executive Summary

This fatality report concerns the death of the 13-year-old male subject child that occurred on 8/16/2020. The child was unsupervised while biking when he was stuck and killed by two cars on a roadway. An SCR report was made on 8/31/2020 regarding the death and concerns for unexplained bruises on the 2-year-old sibling. At the time of the child's death, he resided with his mother, parent substitute and 2-year-old sibling. The sibling was assessed to be safe in the care of the mother and parent substitute. The child's father had a 3-year-old child, both of whom resided outside of the home. It was unclear whether the child had a relationship with the 3-year-old sibling.

Dutchess County Department of Community and Family Services (DCDCFS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. Law enforcement provided information that the child's bicycle did not have properly functioning brakes. The criminal investigation was pending at the time this report was written.

An autopsy was performed, and the cause of death was listed as multiple blunt impact injuries of head, torso and extremities. The manner of death was an accident.

The mother and parent substitute were aware that the child's bicycle did not have brakes; however, they were unaware that the child was using that bicycle to ride to his friend's house on the night of the fatal incident. The mother received a call from the child saying he was on his way home and soon after received a call that there had been an accident.

The child's friend provided information that the child was crossing the road after looking both ways but failed to see an oncoming car and the child was struck. EMS was contacted and responded to the scene where the child was pronounced deceased.

After completing required reports, Safety Assessments and casework activity, DCDCFS unsubstantiated the allegations against the adults regarding the child as well as the sibling. The investigation into the sibling's reported bruising revealed she had a skin condition and was receiving treatment. The investigation revealed the adults were unaware the child took the bicycle without working brakes to his friend's house and would not have condoned it.

Services offered to the family in response to the death included trauma counseling, bereavement services and mental health services. The family and the child's friend were engaged in counseling at the time the case was closed.

PIP Requirement



For issues identified in historical cases, DCDCFS and Putnam County will submit a PIP to the Westchester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the counties have taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, they 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:**
 - **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

Explain:

Casework activity reflected best casework practice.

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 decision to close the case was appropriate.

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: 08/16/2020

Time of Death: 12:00 AM (Approximate)

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

09:15 PM

County where fatality incident occurred:

Dutchess

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS 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: Riding a Bicycle

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	Alleged Victim	Male	13 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	39 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Other Household 1	Father	No Role	Male	32 Year(s)
Other Household 2	Other Adult - Father of 2yo SS	No Role	Male	34 Year(s)

LDSS Response

On 8/31/2020, DCDCFS received the report from the SCR and began their investigation. Within the first 24 hours, DCDCFS coordinated investigative efforts with LE, contacted the source of the report, completed a CPS history check and notified the DA of the death. The 2-year-old sibling was assessed to be safe in the care of the mother and parent substitute. The record did not reflect the 3-year-old sibling was assessed.

On 8/31/2020, the mother was contacted by telephone. She was out of town at the time, and DCDCFS had no concerns for the safety of the sibling. The sibling was examined by a doctor for her alleged bruising and she was diagnosed with a skin condition which the mother was treating. The next day, the mother was interviewed over the telephone. The child was not wearing a helmet, but the mother was informed by an unknown source it would not have changed the outcome of the incident due to the car's speed. Arrangements were made to make a home visit when she returned home.

The father was interviewed and said on the night of the death, the mother notified him of the child's passing. She reported the child was riding his bike on a highway and on a bike trail. The child was crossing the road, did not see an oncoming



car and he was struck. The distance the child traveled to get to his friend’s home was about 17 miles. The father said the child never wore a helmet unless he was riding with him. The brakes were disassembled, and the father offered to buy brakes for the bike but was told the parent substitute was going to replace them.

On 9/3/2020, a home visit was made, and the mother and parent substitute said the child had two bikes. One bike did not have working brakes and was considered a “trick bike.” The child rode the “trick bike” to the friend’s house, unbeknownst to the adults. Although the distance to the friend’s house was great, the adults were allowing the child to gain independence and the mother was in contact with the child throughout the evening. The child rode his bike to his friend’s house 2 or 3 times prior to the incident. At 8:21 PM, the child called the mother to inform her he was on his way home. Approximately 20 minutes later, the mother received another call regarding the accident from the friend’s mother. The parent substitute reported the friend told him the child looked both ways prior to crossing the road, but when the friend looked again, he saw a car. The friend said, “don’t go” but the child said, “I can make it” and attempted to cross the road. The sibling was observed to be safe; however, was unable to be interviewed due to verbal limitations.

The friend was interviewed and said he met up with the child around 7:00-7:30 PM and they rode bikes. They were on their way to a gas station when the child went to cross the street. The friend said to wait; however, it was too late, and the child was struck around 9:15 PM. The friend said he knew they were not supposed to be on that road.

LE’s investigation revealed the bike did not have any brakes, and the child had injuries of blunt force trauma. At the time of case closure, the criminal investigation remained open pending an accident reconstruction report. LE referred the friend to bereavement services, which were accepted.

The ME said a helmet may have prevented some of the child’s injuries; however, would not have prevented the death. The ME noted the child had breaks to his neck, arms and pelvis. Additionally, the child was struck by two cars.

The father of the sibling was interviewed and said he received a call around 1:30 AM informing him the child was struck and killed in an accident. He did not have additional information.

In response to the death, the family was offered services which were accepted. The family did not accept funeral assistance as they had other means to pay for the service. The family declined further intervention from the DCDCFS and the case was unsubstantiated and closed on 10/29/2020.

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 investigation conducted by a Multidisciplinary Team (MDT)?Yes

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

Comments: Dutchess County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
-------------------	------------------------	---------------	--------------------



055979 - Deceased Child, Male, 13 Yrs	055980 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
055979 - Deceased Child, Male, 13 Yrs	055980 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
055986 - Sibling, Female, 2 Year(s)	055980 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
055986 - Sibling, Female, 2 Year(s)	055980 - Mother, Female, 32 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The 2-year-old sibling had a speech delay and despite efforts, was unable to be interviewed. Although the record reflected relevant collateral contacts were made, the drivers of the vehicles were not interviewed regarding the accident.

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

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"/>

Explain:
The adults were engaged in services at the time of case closure.

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:
The sibling did not need 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.

Services Provided to the Family in Response to the Fatality



Child Fatality Report

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

Additional information, if necessary:
 The child's funeral was held prior to the death being reported to the SCR. The sibling was engaged in Early Intervention services prior to the fatality.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:
 The sibling was not able to be engaged in conversation due to her age and development.

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 parents in response to the death.

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? 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)
01/03/2020	Sibling, Female, 2 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 2 Years	Grandparent, Female, 56 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Grandparent, Male, 58 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 13 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 13 Years	Grandparent, Female, 56 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 13 Years	Grandparent, Male, 58 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:
 An SCR report alleged on an ongoing basis, the mother, grandmother and grandfather engaged in aggressive verbal altercations in the presence of the child and sibling. As a result, the child had behavioral outbursts and he yelled derogatory terms and was physically violent with others. The sibling was anxious, withdrawn and skittish. The fathers of the children had unknown roles.

Report Determination: Unfounded **Date of Determination:** 03/18/2020

Basis for Determination:
 The allegation of Inadequate Guardianship was unsubstantiated against the mother and grandparents regarding the child and sibling. The investigation revealed the child had outbursts toward the 2-year-old sibling's father as the child did not like him yet denied the child was violent. The family reported they did not have arguments outside of the societal norm for a married couple or family residing together. DCDCFS spoke with relevant collateral contacts who did not have behavioral concerns for the child. The child did not report any concerns for his or his sibling's safety.

OCFS Review Results:
 The investigation was initiated timely and the source was contacted. An SCR history check was completed untimely. All family members were interviewed privately, and progress notes were entered contemporaneously to their event dates. Home visits were made, and the safety and risk of the children was assessed throughout the investigation. Written notice of the SCR was provided to the adults timely.

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

Issue:
 Review of CPS History
Summary:
 Although completed, the SCR history check was completed untimely on 1/9/2020.
Legal Reference:
 18 NYCRR 432.2(b)(3)(i)
Action:



Within one business day, DCDCFS 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)
10/03/2019	Deceased Child, Male, 12 Years	Father, Male, 31 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 12 Years	Father, Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report received by Putnam County Department of Social Services (PCDSS) alleged the father abused morphine while caring for the 3-year-old sibling and a 5-year-old unknown child. The father abused drugs to the point of impairment and could not adequately care for the children.

Report Determination: Unfounded

Date of Determination: 12/09/2019

Basis for Determination:

The allegations of Inadequate Guardianship and Parent Drug/Alcohol Misuse were unsubstantiated against the father regarding the subject child and the 3-year-old sibling. A 5-year-old child was identified to be the subject child. Although the father admitted to using alcohol, the investigation did not reveal a negative impact on the children. During the investigation, the father was on Probation and enrolled in substance abuse treatment and tested negative for substances that were not prescribed to him prior to the investigation. Collateral contacts did not have concerns for the care of the children.

OCFS Review Results:

The investigation was initiated timely and the source of the report was contacted. The father, mother to the sibling and sibling were seen face-to-face and interviews were appropriate. Although the subject child was listed on the report, the record did not reflect he or his mother were seen or interviewed regarding the allegations; therefore, the safety of the child was not assessed. The mother of the child was not provided with written notice of the SCR report. The 7-day Safety Assessment was completed timely and accurately.

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

Issue:

Failure to provide notice of report

Summary:

Although the father and mother of the 3-year-old sibling were provided with written notice of the SCR report timely, the mother of the subject child was not provided with written notice of the SCR report.

Legal Reference:

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

Action:

PCDSS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter to notify them of the SCR report.

Issue:

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

Although the subject child was listed on the report, the record did not reflect he or his mother were interviewed about the allegations of the SCR report; therefore, the safety or risk of the child was not assessed.

Legal Reference:

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

Action:

PCDSS will prioritize making an adequate assessment of safety and risk to all children in the household or children listed on the report and continue an on-going assessment of safety and risk throughout the length of the investigation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/17/2019	Deceased Child, Male, 12 Years	Father, Male, 31 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 12 Years	Father, Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 12 Years	Father, Male, 31 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Deceased Child, Male, 12 Years	Father, Male, 31 Years	Other	Unsubstantiated	

Report Summary:

An SCR report alleged the father had a history of abusing marijuana and heroin. On 9/11/19, the father picked up the child for visitation. The father parked his vehicle in the back of the mall and began smoking marijuana in the presence of the child. The father pressured the child to try marijuana. The father drove away with the child in the vehicle, while under the influence of marijuana. The role of the mother was unknown. A subsequent report was received on 9/25/2019 due to a court ordered investigation. The report alleged the child's drug use. The report alleged the father provided the child with marijuana.

Report Determination: Unfounded

Date of Determination: 12/19/2019

Basis for Determination:

The allegations of Inadequate Guardianship and Parent Drug/Alcohol Misuse were unsubstantiated against the father regarding the child. During the investigation, the child and father tested negative for illicit substances. The child reported the father smoked marijuana in the presence of the child; however, the child was unable to accurately describe the marijuana and said the father must have put it in the child's bag when he was not looking. The child later reported the marijuana came from his friends. The investigation did not reveal credible evidence to support the allegations of Child Drug/Alcohol Misuse or OTH.

OCFS Review Results:

The case was initiated timely and the source was contacted. A CPS history check was completed timely. Home visits were made and the interviews with family and collateral contacts were thorough and relevant information was documented. The Safety Assessments and Risk Assessment Profile were completed accurately. Written notice of the SCR report was provided timely.

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)
02/14/2018	Deceased Child, Male, 11 Years	Other Adult - Father of sibling, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	No



Child Fatality Report

Deceased Child, Male, 11 Years	Other Adult - Father of sibling, Male, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 4 Months	Other Adult - Father of sibling, Male, 32 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 4 Months	Other Adult - Father of sibling, Male, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 4 Months	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated

Report Summary:

An SCR report alleged the father of the sibling drank alcohol to the point of impairment daily. When he was under the influence, he became out of control. He would throw items around the home while the child and 2-year-old sibling were present. It was unknown if anyone sustained injuries. The father of the sibling screamed at the sibling when she cried. The mother was aware the father of the sibling was not an adequate caregiver for the sibling but sometimes allowed him to be the sole caregiver of the sibling. The mother failed to take steps to ensure the sibling's safety. On 2/14/2018, the father of the sibling was intoxicated and tried to fight the subject child's father.

Report Determination: Unfounded**Date of Determination:** 04/03/2018**Basis for Determination:**

The allegations of Inadequate Guardianship and Parent Drug/Alcohol misuse were unsubstantiated against the sibling's father regarding the child and sibling. The allegation of Inadequate Guardianship was unsubstantiated against the mother regarding the sibling. The investigation revealed the sibling's father socially drank and denied having an alcohol problem. The sibling's father was not the sole caretaker of the sibling. The adults were interviewed and denied the sibling's father was intoxicated around the children, or that he threw things or screamed at the sibling. The sibling's father did not try to fight the father of the child.

OCFS Review Results:

The investigation was initiated timely by contacting the source of the report. The 7-day Safety Assessment was completed timely and accurately. Written notice of the SCR report was provided timely. Home visits were made, and safe sleep information was provided to the parents of the sibling. CPS history was reviewed. Interviews with the family and collateral contacts were thorough.

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of New York.

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