



Report Identification Number: SY-19-029

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

Issue Date: Nov 22, 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: 16 year(s)

Jurisdiction: Tioga
Gender: Female

Date of Death: 06/22/2019
Initial Date OCFS Notified: 06/26/2019

Presenting Information

On 6/22/19 the subject child was near her boyfriend's home, riding bikes with her boyfriend. At approximately 10:10PM that same date, law enforcement responded to a report of a vehicle accident and discovered the subject child had been struck by a vehicle driven by an alleged drunk driver. The death of the teenager was pronounced at the scene of the accident.

Executive Summary

This report concerns the death of the 16-year-old that occurred on 6/22/19. On 6/24/2019, Tioga County Department of Social Services (TCDSS) learned of the death and notified the Syracuse Regional Office through completion of the OCFS 7065 form. TCDSS had an open Preventive Services case with the teenager at the time of her death. The teenager was the only child living in her mother's home and had no surviving siblings that were minor children.

On the evening of 6/22/19, the teenager was riding a bicycle when she was struck by a car and killed instantly. The teen was with her boyfriend and her mother was unaware of her location. The mother was notified of the accident and subsequent death of the teen by law enforcement. The driver of the car was arrested and charged with multiple crimes, including vehicular manslaughter in the first degree and driving while intoxicated. The criminal case was ongoing at the time of this writing.

The ME was notified and an autopsy was performed. The final report results were unknown at the time of this writing.

TCDSS had seen the mother and teenager during a scheduled home visit on 6/21/19, and the case record reflected things were going well in the home. The case notes before and after the death were recorded timely and TCDSS was providing the teen and mother services to achieve the goals agreed upon as part of the teen's PIN's diversion program. After learning of the death TCDSS offered the family appropriate services and were a source of support. Staff of TCDSS attended the funeral services for the teen and offered the mother and father support. TCDSS provided referrals to the family for grief counseling and funeral payment assistance.

TCDSS did not made an SCR report regarding the fatality as it was determined the mother exercised prudent parenting; the mother tried to locate the teenager when she discovered she left the home without permission on 6/21/19. The teen had a documented history of disobeying her mother and leaving home without permission.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:



- Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

This was not an SCR reported fatality.

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:

This was not an SCR reported fatality.

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: 06/22/2019

Time of Death: Unknown

Time of fatal incident, if different than time of death: 10:00 PM

County where fatality incident occurred: Broome

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Unknown

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	No Role	Female	16 Year(s)
Deceased Child's Household	Mother	No Role	Female	57 Year(s)
Other Household 1	Father	No Role	Male	57 Year(s)

LDSS Response

On 6/24/2019, TCDSS learned of the death of the teenager through the media news. TCDSS checked agency records and confirmed that the teenager was active on an open Preventive Services case for the purpose of a PINS Diversion. TCDSS contacted law enforcement and requested a copy of the accident report. TCDSS learned that the District Attorney had already been notified of the accident.

The mother also contacted the Preventive Services worker on 6/24/19 to inform the agency about the teen's death. TCDSS met with the mother at her adult daughter's home later in the day. The mother reported that she and the teenager had been arguing on 6/21/19, because the teen wanted to go see her boyfriend over the weekend and the mother did not want her to. On 6/22/19 the mother went to work and the teen was at home. The mother arrived home from work and the teenager was not home. The mother called the teen's cell phone, and additionally contacted her adult siblings and her boyfriend in an attempt to find her. The mother was unable to locate the teen. The mother was clear that she planned on contacting law enforcement to pursue a PINS warrant on 6/23/19, if the teen had not yet returned home.

The mother was contacted by the police at 2:00AM on 6/23/19 and informed the teenager had been hit by a car and killed. The mother was taken to the hospital where the teen was and she was given her personal effects. The mother explained that she learned at some point during the day on 6/22/19, the teen met up with friends and was given a ride to her boyfriend's home without the mother's permission or knowledge. While at the boyfriend's house, he and the teen rode bicycles to a convenience store to get something to eat. The boyfriend was riding ahead of the teen and heard a loud thud and then a car sped by him. The car stopped a mile up the road with a flat tire. The boyfriend then realized the teen was gone and he found her bicycle. The mother was not clear of the sequence of events, but stated that the teen was hit by the car and thrown off her bike into an embankment at around 10:00PM. The teenager was found in the woods, and pronounced dead at the scene.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

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

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine



All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

TCDSS spoke with law enforcement regarding their investigation of the accident that caused the child's death. TCDSS did not contact first responders or the medical examiner. This was not an SCR reported fatality.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

- Family Court
 Criminal Court
 Order of Protection

Criminal Charge: Vehicular manslaughter Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	unrelated adult	Unknown	unknown
Comments:	The unrelated person driving the car that struck the subject child was also charged with the following crimes, driving while intoxicated, unlicensed operation of a motor vehicle, leaving the scene of a accident and other traffic infractions.		

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral



Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other, specify: Victim Services							

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

Explain:

The mother was offered assistance with funeral costs, and referrals for grief counseling and victims services.

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? N/A
- 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)
--------------------	-------------------	------------------------	---------------	----------------	---------------------



03/04/2019	Deceased Child, Female, 16 Years	Mother, Female, 57 Years	Educational Neglect	Far-Closed	No
	Deceased Child, Female, 16 Years	Mother, Female, 57 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

An SCR report alleged that the mother was aware the SC had missed over 20 days of school and was failing as a result. The report further stated the mother had no control over the child and when the mother tried to get the SC to school, the SC assaulted her.

OCFS Review Results:

The casework practice during the FAR case was consistent with regulatory standards and commensurate with the case circumstances.

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)
03/19/2018	Deceased Child, Female, 15 Years	Mother, Female, 56 Years	Educational Neglect	Far-Closed	No

Report Summary:

An SCR report was received and stated the SC (then age 15) had missed 23 days of school since she was enrolled on 11/29/17, and she was failing as a result of her absences. The mother was reportedly aware and failed to intervene and address the SC's absenteeism.

OCFS Review Results:

The casework documented in the record was commensurate with the case circumstances and FAR protocol was followed.

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

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

The mother had a significant CPS history from 1993 through 2012. In that time frame there were 15 SCR reports received and 11 were indicated against the mother, with allegations of IG, PD/AM, IF/C/S and LMC. Most of these reports were regarding the mother's three other children. In 1999, the children were removed from her care and placed in foster care and were all subsequently freed for adoption. Those children were all adults at the time this report was written. The deceased child's father was indicated in 2005 and 2006 for SA of the deceased child.

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 preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 04/25/2019

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

	Yes	No	N/A	Unable to Determine
--	-----	----	-----	---------------------



Child Fatality Report

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

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

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
Tioga County Department of Social Services was providing the services.



Preventive Services History

There was a preventive services case opened on 4/25/19 as the result of a PINS petition the mother filed on behalf of the deceased child. The Tioga County Sheriff's Office referred the mother to TCDSS for PINS Diversion Services, and an intake was done on 4/15/19. The mother and child worked with the PINS Diversion Coordinator and a Preventive Case was opened. The reason for services was the mother's inability to get the child to attend school regularly, and the child ran away from home and lashed out at the mother. The family was receiving services at the time of the child's death. The case ultimately closed on 7/19/19.

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