



**Report Identification Number: AL-17-009**

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

**Issue Date: Aug 29, 2017**

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**

<b>Relationships</b>		
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		
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardiopulmonary Resuscitation		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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



## Case Information

**Report Type:** Child Deceased  
**Age:** 14 year(s)

**Jurisdiction:** Schenectady  
**Gender:** Male

**Date of Death:** 03/19/2017  
**Initial Date OCFS Notified:** 03/31/2017

## Presenting Information

On 3/28/2017 the death of the 14-year-old SC was reported to OCFS by the Schenectady County Department of Social Services (SCDSS) through form 7065 because they had an open Child Protective Services (CPS) investigation at the time. On 3/19/2017 the SC was found unresponsive in his bedroom by his BM. The SC had a history of heroin use and had recently completed inpatient detoxification (detox). The death certificate stated that the cause of death was pending further studies.

## Executive Summary

On 3/28/2017, SCDSS notified OCFS of the SC's passing through form 7065. There was an open CPS investigation with SCDSS at the time of the SC's death. The open investigation was received on 1/3/2017 with allegations that the SC was not receiving the necessary medical, MH and substance abuse treatment.

The SC had a history of drug abuse and a prior suicide attempt in 10/2016 in which the SC overdosed on medication. The SC was hospitalized at that time, although he was taken out of the inpatient detox program against medical advice by the BF. The SC continued to reside with the BF at the time, who did not ensure that the SC attended the recommended substance abuse or MH treatment, and the SC continued to use drugs. On 1/4/2017 the SC reached out to his BM for help as he was detoxing from opiates. The BM brought him to the hospital, where he was admitted into an inpatient detox program. The BF committed suicide on the night of 1/5/2017 after speaking briefly to SCDSS. It was learned that the BF had untreated MH and substance abuse concerns. The SC was discharged from detox on 1/17/2017 and referred to outpatient substance abuse treatment. He went to live with the BM, stepfather, 11 and 3-year-old SS and the stepfather's 12-year-old son. The SC regularly attended outpatient treatment and his urine drug screens were negative. The SC also began MH counseling. The SC and 11-year-old SS struggled with dealing with the BF's death so SCDSS referred the children to grief counseling.

On 3/18/2017 the BM and stepfather spent the night away from the home and the stepfather's mother watched the four children. The SC went for a bike ride and appeared fine when he arrived home by dark and went to bed. On 3/19/2017 the SC got up at 10:00 AM to use the bathroom and went back to bed, which was a typical occurrence for the SC on the weekend. The BM and stepfather arrived home around 1:00 PM and when the SC wasn't up by 3:00 PM the BM went into the SC's bedroom to wake him up. The BM found the SC unresponsive on his bed. The BM tried to perform CPR and she called 911. The SC was pronounced deceased at the home at 3:30 PM. A search of the SC's bedroom revealed no illegal substances and there were some empty boxes of over the counter cold and asthma medications found. An autopsy was performed and the preliminary cause of death was still pending at the time the case was closed. It was presumed by LE that the SC died from an overdose, although it was unclear if the SC intended to overdose and commit suicide or if the overdose was unintentional. The BM did not think that the SC intended to kill himself since he did not leave a note and appeared to be doing well.

There were no criminal charges that resulted from the LE investigation. LE reported that the BM and stepfather appeared appropriate. The 2 SS and the stepfather's child were assessed to be safe throughout the case, although they were not spoken to. After the SC's death SCDSS referred the 11-year-old SS to mental health counseling in addition to his grief counseling to assist him in dealing with the death of the SC and his BF. A review of history revealed issues with incomplete investigations and documentation that was late or inappropriately approved by the supervisor. SCDSS will



submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) the Regional Office has taken, or will take, to address the cited issues. For citations where a PIP is currently implemented, SCDSS will review the plan(s) and revise as needed to further 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

Was the decision to close the case appropriate? N/A

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

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

### Explain:

There was no SCR report as a result of the 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: 03/19/2017

Time of Death: 03:30 PM

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

County where fatality incident occurred: Schenectady

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping  Working  Driving / Vehicle occupant



Playing  
 Other

Eating

Unknown

**Did child have supervision at time of incident leading to death?** Yes  
**How long before incident was the child last seen by caretaker?** 5 Hours  
**Is the caretaker listed in the Household Composition?** No  
**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**  
**Children ages 0-18:** 1  
**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	14 Year(s)
Deceased Child's Household	Mother	No Role	Female	35 Year(s)
Deceased Child's Household	Other Child - Stepfather's Child	No Role	Male	12 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Stepfather	No Role	Male	36 Year(s)
Other Household 1	Grandparent	No Role	Female	67 Year(s)
Other Household 1	Grandparent	No Role	Male	67 Year(s)
Other Household 2	Father	No Role	Male	40 Year(s)

### LDSS Response

On 3/28/2017 SCDSS learned of the SC's passing through the media. SCDSS conducted an MDT meeting to discuss the case and steps moving forward. SCDSS reached out to LE, who confirmed that they had responded to the home on 3/18/2017 and that the SC was found unresponsive in his bedroom by the BM. An autopsy had already been performed and the preliminary cause of death was pending. It was unknown what substance, if any, the SC had ingested as the toxicology results were pending. The SC's death was presumed to be an overdose and ruled not suspicious. No criminal charges had been filed and LE shared that the BM and stepfather appeared appropriate. LE reviewed the content of the SC's phone and there was no documentation in the record of anything concerning being found. SCDSS spoke to the SC's MH and substance abuse counselors and confirmed that the SC had been attending his MH and substance abuse treatment appointments, had been testing negative in his urine drug screens, and no concerns were raised for the BM's care of the SC. SCDSS conducted a home visit and met with the BM to discuss the circumstances around the SC's death. The 11-year-old SS and the home were observed and assessed to be safe. SCDSS assisted the BM with locating a psychologist for the 11-year-old SS and referred the BM for MH counseling. SCDSS conducted a follow up home visit on 4/12/2017 and observed the 3-year-old SS and the stepfather's 12-year-old child and assessed them to be safe. SCDSS offered voluntary preventive services to the BM, which she declined, stating that the children were all engaged in grief counseling and the 11-year-old SS had begun MH counseling. The BM felt there were no other services her family could benefit from at that time.

Prior to closing their case, SCDSS followed up with the school and the 11-year-old SS's MH counselor to assess his ongoing safety and any additional service needs he may have. SCDSS obtained a copy of the death certificate, requested



the preliminary autopsy report and obtained LE records and the SC's MH and substance abuse treatment records for review.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

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

### Multidisciplinary Investigation/Review

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

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

The 2 SS and the stepfather's child were not interviewed but they were observed on several occasions. SCDSS did not contact the children's pediatrician.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<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"/>
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When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed 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"/>

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but 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"/>



<b>Funeral arrangements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**  
 SCDSS referred the BM, stepfather and the children for bereavement services. As a result, the BM and children engaged in grief counseling. SCDSS also referred the 11-year-old SS for MH counseling, which he engaged in and regularly attended.

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

**Explain:**  
 SCDSS provided the BM and stepfather with information on bereavement services for the children. The 11-year-old SS was referred to a MH counselor as well.

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

**Explain:**  
 SCDSS provided the BM and stepfather with information on bereavement services. SCDSS offered preventive services to the BM and she declined.

## History Prior to the Fatality

### Child Information

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



Was the child acutely ill during the two weeks before death?

No

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/03/2017	Sibling, Male, 11 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	Deceased Child, Male, 14 Years	Mother, Female, 35 Years	Childs Drug / Alcohol Use	Indicated	
	Deceased Child, Male, 14 Years	Grandparent, Female, 67 Years	Educational Neglect	Indicated	
	Deceased Child, Male, 14 Years	Grandparent, Female, 67 Years	Childs Drug / Alcohol Use	Indicated	
	Deceased Child, Male, 14 Years	Mother, Female, 35 Years	Educational Neglect	Indicated	
	Deceased Child, Male, 14 Years	Father, Male, 40 Years	Educational Neglect	Indicated	
	Deceased Child, Male, 14 Years	Grandparent, Male, 67 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 14 Years	Grandparent, Male, 67 Years	Lack of Medical Care	Indicated	
	Deceased Child, Male, 14 Years	Grandparent, Female, 67 Years	Lack of Medical Care	Indicated	
	Deceased Child, Male, 14 Years	Grandparent, Male, 67 Years	Lack of Supervision	Indicated	
	Deceased Child, Male, 14 Years	Father, Male, 40 Years	Childs Drug / Alcohol Use	Indicated	
	Deceased Child, Male, 14 Years	Father, Male, 40 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 14 Years	Mother, Female, 35 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 11 Years	Mother, Female, 35 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 14 Years	Grandparent, Male, 67 Years	Childs Drug / Alcohol Use	Indicated	
	Deceased Child, Male, 14 Years	Grandparent, Male, 67 Years	Educational Neglect	Indicated	
	Deceased Child, Male, 14 Years	Grandparent, Female, 67 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 14 Years	Mother, Female, 35 Years	Lack of Medical Care	Indicated	
	Deceased Child, Male, 14 Years	Father, Male, 40 Years	Lack of Supervision	Indicated	



Deceased Child, Male, 14 Years	Grandparent, Female, 67 Years	Lack of Supervision	Indicated
Deceased Child, Male, 14 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Indicated
Deceased Child, Male, 14 Years	Father, Male, 40 Years	Lack of Medical Care	Indicated

**Report Summary:**

SCR report alleged the SC was in treatment for heroin use and the BF failed to ensure he completed it. The SC had poor attendance and was failing as a result. Subsequent reports were received on 1/3/2017, 1/4/2017 and 1/5/2017. These reports additionally alleged the BF, PGM and PGF were aware of the SC's drug use and were not providing appropriate supervision. The SC had MH issues, was suicidal, was not seeing a therapist, and the BF continued to provide the SC with knives. The BM used drugs and was aware the SC had medical and drug issues and was aware that he was not receiving medical care or drug treatment.

**Determination:** Indicated**Date of Determination:** 06/23/2017**Basis for Determination:**

SCDSS Sub the allegations of IG, CD/A and LMC against the BF regarding the SC. The SC attempted suicide by overdosing on medication and was admitted to detox in 10/2016. The BF signed the SC out of detox against medical advice. SC lived with BF at that time and refused to visit with BM. BF was aware the SC continued to use drugs and failed to obtain treatment for the SC. The SC was unsuccessfully discharged from MH counseling while in BF's care. On 1/4/2017 BM brought the SC to detox after the SC asked her for help. SC was admitted to inpatient detox. The SF had untreated MH and substance abuse issues and committed suicide on 1/4/2017. Allegations against BM, PGM and PGF were Unsub.

**OCFS Review Results:**

SCDSS appropriately Sub the allegations against the BF and Unsub the allegations against the BM, PGM and PGF. BF was not interviewed; he committed suicide the night the report came in. SCDSS interviewed BM, SC, PGM, PGF, and BF's partner. The 11 and 3-year-old SS and the stepfather's 12-year-old were observed on multiple occasions and their safety assessed, although they were not interviewed. The stepfather was not interviewed. The SC died during this investigation from an overdose, despite SCDSS effort to ensure that the SC was receiving the needed MH and substance abuse treatment. SCDSS contacted the SC and SS's treatment providers and referred the family for bereavement and MH services.

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

**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

The SC resided with the BM and step father after his discharge from detox. The stepfather, his 12-year-old son and the 11 and 3-year-old SS were not interviewed about the allegations of the report.

**Legal Reference:**

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

**Action:**

SCDSS will interview all subjects of the SCR report and household members of such subjects, including children named in the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/17/2016	Deceased Child, Male, 13 Years	Father, Male, 39 Years	Inadequate Guardianship	Unfounded	Yes



Deceased Child, Male, 13 Years	Father, Male, 39 Years	Lack of Medical Care	Unfounded
Deceased Child, Male, 13 Years	Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Unfounded
Deceased Child, Male, 13 Years	Father, Male, 39 Years	Childs Drug / Alcohol Use	Unfounded
Sibling, Male, 10 Years	Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 10 Years	Father, Male, 39 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

SCR report alleged the BF abused prescription pills, marijuana, Xanax, Kratum and other drugs and he shared these drugs with the 13-year-old SC. The SC was suicidal and had taken an overdose of drugs in the past resulting in him having to be transported to the ER. The SC was making threats to take his life in front of the 10-year-old SS. The SS was exposed to the drug abuse by the BF and SC and the BF was not protecting him. The SC was in counseling for mental health issues and the BF pulled him out and was not allowing him to attend therapy.

**Determination:** Unfounded

**Date of Determination:** 09/26/2016

**Basis for Determination:**

SCDSS Unsub the allegations of CD/A, IG, PD/AM and LMC against the BF regarding the SC and IG and PD/AM regarding the SS. The SC had a history of MH issues. BF said SC was in counseling on a weekly basis and that he administered the SC's prescribed medication to him daily. The SC denied that the BF used drugs or that BF gave him drugs. The SS denied that he had ever seen the BF or SC use drugs. SCDSS stated that no concerns had been reported to SCDSS by the police, school or MH counselor, although attempts to contact these collaterals were not made. There was no mention in the Investigation Conclusion Narrative (ICN) about the allegations regarding the SS.

**OCFS Review Results:**

The allegations regarding the SS were not addressed in the ICN. The BF was not interviewed about the allegations that he used drugs, asked about his prescription medication use, or asked if he provided the SC with drugs. He was not asked about the SC's prior suicide attempt or any recent suicidal comments. Adequate collateral contacts were not made to assess the BF and SC's drug use and MH concerns. Specifically, BF's medical providers were not spoken to regarding his prescription medications or drug use, the SC's MH counselor was not spoken to for medication and counseling verification, ER records were not obtained regarding SC's prior suicide attempt and the school was not spoken to.

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

**Issue:**

Pre-Determination/Supervisor Review

**Summary:**

SCDSS supervisor approved the determination although the allegations of PD/AM and IG regarding the SS were not addressed in the ICN.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(v)

**Action:**

SCDSS will address all allegations in the ICN.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

Adequate collateral contacts were not made to fully investigate the allegations. SCDSS did not contact BF's medical providers, the SC's MH counselor, the hospital ER or the children's school.

**Legal Reference:**



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

**Action:**

SCDSS will contact all necessary collaterals for the purpose of investigating the allegations contained in the report and to assess the safety of the children.

**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

The BF (who was also the subject) was not adequately interviewed regarding all allegations.

**Legal Reference:**

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

**Action:**

SCDSS will interview all subjects of the report and family members of such subjects for the purpose of gathering information and making a determination of all allegations contained in the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/19/2014	Deceased Child, Male, 12 Years	Mother, Female, 34 Years	Emotional Neglect	Unfounded	Yes
	Deceased Child, Male, 12 Years	Mother, Female, 34 Years	Fractures	Unfounded	
	Deceased Child, Male, 12 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 12 Years	Stepfather, Male, 33 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 12 Years	Stepfather, Male, 33 Years	Emotional Neglect	Unfounded	
	Deceased Child, Male, 12 Years	Stepfather, Male, 33 Years	Fractures	Unfounded	

**Report Summary:**

SCR report alleged on 09/18/2014, while in the care of the BM and stepfather, the SC broke his forearm. The explanation for the injury was suspicious. BM had a history of engaging in physical altercations with the SC to the extent that they were wrestling on the floor. BM pushed SC down the stairs in the past and it was unknown if the SC was injured. The SC had a history of excessive absences from school and failed classes in the past as a result.

**Determination:** Unfounded

**Date of Determination:** 12/18/2014

**Basis for Determination:**

SCDSS unsubstantiated the allegations of EN, FX, and IG against the BM and stepfather regarding the SC. The SC broke his arm when he tripped and fell on a metal safety gate and his arm was trapped underneath. The BM took the SC to the ER for treatment. ER doctors did not deem this explanation to be suspicious. The children were interviewed and they gave consistent explanations for the injury. All family members denied any physical altercations or discipline taking place in the home. It was reported several years prior, the BM accidentally tripped the SC and he fell down a couple stairs. The SC denied having any injury as a result. There were no concerns for the children's school attendance.

**OCFS Review Results:**

SCDSS appropriately unsubstantiated the allegations. All family members were interviewed, as well as the school, pediatrician and the hospital where the SC was seen for the injury, and there were no concerns noted for physical discipline or attendance. The 7 day safety assessment was due on 9/26/2014 and was not completed until 9/30/2014.



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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7 day safety assessment was not completed in a timely manner as it was not completed until 9/30/2014.

**Legal Reference:**

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

**Action:**

SCDSS will complete 7 day safety assessments within regulatory timeframes.

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

SCR report received 2/6/2012 Unsubstantiated against BM for the allegations of IG and C/T/S regarding then 6-year-old SS and 9-year-old SC.

SCR report received 1/10/2008 Unsubstantiated against BM for the allegation of IG regarding then 2-year-old SS.

### Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

### Required Action(s)

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

Yes  No

### Preventive Services History

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

### Casework Contacts

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

### Required Action(s)

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

Yes  No

### Foster Care Placement History



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

### Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

### Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes?  Yes  No

Are there any recommended prevention activities resulting from the review?  Yes  No