



**Report Identification Number: AL-17-026**

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

**Issue Date: Feb 01, 2018**

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	OA-Other Adult	
<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
CPS-Child Protective Services		
<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
CPR-Cardiopulmonary Resuscitation		



## Case Information

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

**Jurisdiction:** Saratoga  
**Gender:** Male

**Date of Death:** 08/15/2017  
**Initial Date OCFS Notified:** 08/18/2017

## Presenting Information

Saratoga County Department of Social Services (SCDSS) had an open CPS investigation regarding the SC, the BM and the adult SS at the time of the SC's death. The SC's death was unrelated to the concerns in the open investigation and an SCR report was not received regarding the fatality. The SC died on 8/15/2017 after he was struck by a motorcycle while riding his bicycle. The SC was taken to the hospital and died as a result of the injuries he sustained during the fatal accident.

## Executive Summary

This fatality report concerns the death of the 16-year-old male SC that occurred on 8/15/17. SCDSS was made aware of the report through social media on the internet. SCDSS had an open CPS investigation at the time of the SC's death. SCDSS reported the death to OCFS using the 7065 form. The CPS investigation had been open since 6/29/17 and SCDSS was investigating the allegations.

The SC died at the hospital during surgery at about 11:15AM on 8/15/17. A hospital physician declared the death and the fatality was not referred to the ME. The SC was taken to the ER by EMS after he was struck by a motorcycle while riding his bicycle earlier that morning. The SC sustained a broken pelvis and brain injury as a result of the collision. The SC succumbed to his injuries and the SM chose not to pursue resuscitation efforts. The SM expressed she had spoken with the SC in the past, and his wishes were not to be kept alive if he could not physically function as he previously had. The SC was an otherwise healthy child.

LE investigated the accident and shared information with SCDSS. LE interviewed the 2 friends the SC had been riding bicycles with the day of the fatal incident. The 2 CHN witnessed the accident and reported they had all snuck out of their homes to meet at about 2:00AM. At around 6:45AM the SC and his 2 friends were riding their bicycles home, when a motorcyclist lost control of his motorcycle and collided into the SC. Community members interviewed by LE reported the motorcyclist was known to regularly travel the road where the accident occurred and also known to travel at speeds up to 100 miles per hour. The motorcyclist was found deceased at the accident scene. LE found no evidence to believe the SM or parents' of the 2 friends had knowledge the CHN were out riding their bicycles. LE expressed the SC and his 2 friends were victims of unfortunate circumstances and the SM had no criminal culpability in regard to the fatality.

SCDSS spoke with the SM and adult SS regarding the fatality. SCDSS also spoke with the SS's girlfriend that lived in the home and assessed the safety of their newborn child. The SS had another child that visited the home, although she resided out of state with her mother. This child was seen during a home visit and her safety assessed. There were ongoing concerns regarding this child's safety in the care of her mother and Family Court proceedings were ongoing between her mother and the SS. SCDSS took appropriate actions to notify the state where the child and mother resided, regarding the concerns that arose during their investigation.

SCDSS spoke with the pediatrician and school and no concerns were documented.

SCDSS offered bereavement and counseling services to the SS and the SM, but the SM was already engaged in a support group.



SCDSS concluded the CPS investigation that was open at the time of the SC's death. SCDSS found no evidence to support any of the allegations and they were appropriately unsubstantiated.

## 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? 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

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:

It was appropriate to close the investigation.

## 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: 08/15/2017

Time of Death: 11:15 AM

Time of fatal incident, if different than time of death: 06:40 AM

County where fatality incident occurred: Saratoga

Was 911 or local emergency number called? Unknown

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping  Working  Driving / Vehicle occupant



- Playing
- Other: riding bicycle
- Eating
- Unknown

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

**Is the caretaker listed in the Household Composition? Yes - Caregiver 1**

**At time of incident supervisor was:**

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

**Total number of deaths at incident event:**

**Children ages 0-18: 1**

**Adults: 1**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	16 Year(s)
Deceased Child's Household	Mother	No Role	Female	50 Year(s)
Deceased Child's Household	Other Adult - Brother's girlfriend	No Role	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Male	26 Year(s)

### LDSS Response

On 8/16/17, SCDSS learned through social media and the internet that the SC had died. SCDSS had an open CPS investigation involving the SC and BM at the time of the fatality. The SC had an adult SS and there were no other CHN residing in the home at the time of his death. SCDSS immediately contacted The New York State Police (Bureau of Criminal Investigation) to discuss the fatal incident. SCDSS was informed the Saratoga County Sheriff's Department (SCSD) was investigating the SC's death.

The SCSD told SCDSS the SC and 2 of his friends left their homes at approximately 2:00AM on 8/15/17 to go ride their bicycles, without the permission of their parents. The SC and his friends were traveling back to their homes and the SC was struck on his bicycle by a motorcyclist at about 6:45AM. The SC was thrown from his bicycle and landed approximately 300 yards away in a yard along the road. It was not clear who notified EMS, but they responded and the SC was taken to the ER. The SCSD advised SCDSS that the SC's 2 friends were interviewed and reported they may have used marijuana in the time leading up to the fatal incident; no other drug or alcohol use was reported. SCSD was unable to interview the motorcyclist, as he was declared deceased at the scene of the accident.

The SM and adult SS were interviewed. The SM reported she had no knowledge the SC had left the home the morning of the fatal incident. The SM was notified of the accident and when she arrived at the hospital she was told the SC had a broken pelvis and brain damage. The SM consented to exploratory surgery and the SC died during the procedure. The death of the SC was declared at 11:15AM by a hospital physician.

SCDSS spoke with the school guidance counselor after the SC's death. The school reported there were no concerns for the SC, he was well liked amongst his peers, respectful while in school and was an active and athletic child. The SM and SS



denied any knowledge that the SC drank alcohol or used drugs. SCDSS learned the BF had recently been released from prison and had not seen the SC since his release. The BF was interviewed and had no information to offer.

There was no suspicion the SM contributed to the death of the SC, therefore no SCR report was made.

### 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:** Hospital physician

### Multidisciplinary Investigation/Review

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

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input 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"/>

### 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?** 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>

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

Explain:

The BM was offered referrals for grief counseling and declined. The BM was already referred to a group for parents who lost their children.

## 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)
06/29/2017	Deceased Child, Male, 16 Months	Mother, Female, 50 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	Deceased Child, Male, 16 Months	Mother, Female, 50 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 16 Months	Sibling, Male, 26 Years	Childs Drug / Alcohol Use	Unfounded	
	Deceased Child, Male, 16 Months	Mother, Female, 50 Years	Childs Drug / Alcohol Use	Unfounded	
	Deceased Child, Male, 16 Months	Sibling, Male, 26 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Deceased Child, Male, 16 Months	Sibling, Male, 26 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

An SCR report was received alleging the BM, SC, an adult SS and the SS's CH were residing in unsanitary conditions. The report alleged there were piles of garbage, clutter, dog feces and urine on filthy floors all over the home. The adults in the home were aware the SC was using acid, smoking marijuana and drinking alcohol, but failed to intervene to address the issues. There were several other adults listed in the household composition that were found to be reported in error. These adults resided in a neighboring home with their own children and were removed from the report.

**Determination:** Unfounded

**Date of Determination:** 08/30/2017

**Basis for Determination:**

SCDSS made several visits to the home and did not find any safety concerns regarding the cleanliness of the home. The SC, SS and BM all denied the SC used drugs or alcohol. The SS's CH did not reside in the home when the report was received, but moved in while the investigation was open. SCDSS assessed the CH to be safe. SCDSS spoke with the school and they reported the SC was a good student, respectful of teachers and had a positive relationship with his peers. School officials denied any knowledge the SC was engaged in drug or alcohol use. SCDSS never observed the SC or the adults in the home to appear impaired during no home visits. SCDSS found no basis to the allegations.

**OCFS Review Results:**

SCDSS interviewed all household members and addressed the allegations presented. SCDSS spoke with appropriate collateral contacts. Notice of existence letters were sent to all adults in the home, as well as the SC's father whom resided elsewhere. The Safety and RAP assessments were completed timely and accurately.

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

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

There is no CPS history for the family in Connections.

**Known CPS History Outside of NYS**

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



### 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"/>

### 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

### Additional Local District Comments

Saratoga County Department of Social Services agrees with the report as written.

### 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