



Report Identification Number: SY-16-022

Prepared by: Syracuse Regional Office

Issue Date: 11/3/2016

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	

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
CPR-Cardio-pulmonary Resuscitation		

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-Others	

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	



Case Information

Report Type: Child Deceased
Age: 10 year(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 05/06/2016
Initial Date OCFS Notified: 05/06/2016

Presenting Information

At approximately 3:50am on 5/6/16, several neighbors of the SC's family heard a loud boom and saw that the SC's household was entirely engulfed in flames. The neighbors called 911. EMS and the fire department promptly responded, and attempts at rescue were made, however the SC perished in the fire.

Executive Summary

The SC, the BF, and the SC's brother (age 12) had been residing in the PU's single residence for a year prior to the house fire. The PU's family consisted of the PU, the PA, and the SC's cousins (ages 7 and 13). Also residing in the home was the PU's cousin (age 33). The home was viewed on a regular basis by the Onondaga County Department of Children and Family Services (OCDCFS) for the year prior to the house fire, and no fire hazards or other safety hazards were noted. The BM of the SC and the SC's brother resided in Jefferson County with the SC's sister (age 15). The SC was involved in a preventive services case and was the subject of an Article 10 petition filed by OCDCFS. The SC and his brother had regular visits with their BM and sister in Jefferson County.

The fire was determined to be accidental; the result of unknown materials igniting on the front porch of the house. The source of ignition was undetermined. A total of two adults and four children died in the fire: the SC, the SC's brother, the BF, the PU's adult cousin, and the SC's two minor cousins. The SC was pronounced dead on 5/6/16 at 3:55am. The autopsy listed the manner of death as an accident. The cause of death was listed as, "smoke inhalation and thermal injuries due to a house fire." Information regarding the SC's brother can be referenced in report SY-16-023. OCDCFS appropriately gathered collateral information related to the SC's death and appropriately determined that abuse and/or maltreatment was not a factor in the SC's death. OCDCFS appropriately referred the SC's BM and sister to grief counseling services. The preventive services case was closed as the SC's sister was determined to be safe at her BM's and no further services were deemed necessary.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:



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:

N/A

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: 05/06/2016

Time of Death: 03:55 AM

County where fatality incident occurred:

ONONDAGA

Was 911 or local emergency number called?

Yes

Time of Call:

03:50 AM

Did EMS to 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
- Eating
- Unknown
- Other

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

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

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At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 4

Adults: 2

Household Composition at time of Fatality



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Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	33 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	32 Year(s)
Deceased Child's Household	Deceased Child	No Role	Male	10 Year(s)
Deceased Child's Household	Father	No Role	Male	34 Year(s)
Deceased Child's Household	Other Adult	No Role	Male	33 Year(s)
Deceased Child's Household	Other Child	No Role	Female	7 Year(s)
Deceased Child's Household	Other Child	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)
Other Household 1	Mother	No Role	Female	34 Year(s)
Other Household 1	Sibling	No Role	Female	15 Year(s)

LDSS Response

OCDCFS responded to the fatality by gathering information from collaterals, including first responders and the medical examiner. Based upon the information provided by collaterals, it was determined that abuse and/or maltreatment was not a factor in the SC's death. OCDCFS appropriately referred the SC's BM and sister to grief counseling services. The preventive services case was closed on 7/20/16 as the SC's sister was determined to be safe at her BM's and no further services were deemed necessary. OCDCFS' decision to close the case was appropriate.

Official Manner and Cause of Death

Official Manner: Accident
Primary Cause of Death: From an injury - external cause
Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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"/>



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Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
N/A



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Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The SC's sister was referred to grief counseling services.

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



fatality? Yes

Explain:

The BM was referred to grief counseling services.

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?	No
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?	Yes
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)
03/02/2015	11009 - Sibling, Male, 11 Years	11011 - Father, Male, 33 Years	Inadequate Guardianship	Indicated	Yes
	11010 - Sibling, Female, 14 Years	11011 - Father, Male, 33 Years	Inadequate Guardianship	Indicated	
	11008 - Deceased Child, Male, 9 Years	11011 - Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	11009 - Sibling, Male, 11 Years	11011 - Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	11010 - Sibling, Female, 14 Years	11011 - Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	11010 - Sibling, Female, 14 Years	11011 - Father, Male, 33 Years	Choking / Twisting / Shaking	Unfounded	
	11010 - Sibling, Female, 14 Years	11011 - Father, Male, 33 Years	Emotional Neglect	Unfounded	
	11010 - Sibling, Female, 14 Years	11011 - Father, Male, 33 Years	Sexual Abuse	Unfounded	
	11008 - Deceased Child, Male, 9 Years	11011 - Father, Male, 33 Years	Inadequate Guardianship	Indicated	

Report Summary:

An initial report was generated on 3/2/15 regarding the SC and his two siblings. An allegation of INGD was filed against the BF for leaving prescription medication accessible to the SC's sister. A subsequent report was filed on 3/18/15 and



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consolidated into the initial investigation. Allegations of C/T/S, EN, SA, PD/AM, and IG were filed against the BF regarding the SC's sister. Allegations of PD/AM, and IG were filed against the BF regarding the SC and his brother. Concerns included the BF's alcohol use, his treatment of the SC's sister, and inappropriate contact between the BF and the SC's sister.

Determination: Indicated **Date of Determination:** 04/29/2015

Basis for Determination:
OCDCFS IND the report as credible evidence was found to support the allegation of IG against the BF regarding the SC and his siblings. The BF was found neglectful in leaving prescription medication accessible to all of the children. The SC's sister, administered an incorrect dose of the prescription medication to herself, leading to a hospitalization. The remaining allegations were UNF as there was no credible evidence found to support them.

OCFS Review Results:
Case activity was commensurate with case circumstances. OCDCFS appropriately assessed safety and risk to the children, however incorrectly documented the safety assessments in the investigation. OCDCFS appropriately determined the allegations in the report. Ongoing protective services were deemed necessary and a neglect petition was filed on behalf of all of the children.

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

Issue:
Timely/Adequate Seven Day Assessment

Summary:
OCDCFS documented on the 7-day safety assessment and the determination safety assessment that no safety factors were present regarding the SC and his siblings, when safety factors were present, and said factors ultimately led to the opening of an ongoing protective services case and the filing of a neglect petition.

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

Action:
OCDCFS will ensure that safety factors are accurately recorded on safety assessments.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/02/2015	11007 - Deceased Child, Male, 9 Years	11001 - Father, Male, 33 Years	Other	Unfounded	No
	11013 - Sibling, Male, 11 Years	11001 - Father, Male, 33 Years	Other	Unfounded	
	11007 - Deceased Child, Male, 9 Years	11002 - Unrelated Home Member, Male, 32 Years	Inadequate Guardianship	Unfounded	
	11013 - Sibling, Male, 11 Years	11002 - Unrelated Home Member, Male, 32 Years	Sexual Abuse	Unfounded	
	11005 - Sibling, Female, 14 Years	11004 - Mother, Female, 33 Years	Other	Unfounded	
	11007 - Deceased Child, Male, 9 Years	11004 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	11007 - Deceased Child, Male, 9 Years	11004 - Mother, Female, 33 Years	Sexual Abuse	Unfounded	
	11005 - Sibling, Female,	11001 - Father, Male, 33 Years	Other	Unfounded	



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14 Years			
11007 - Deceased Child, Male, 9 Years	11002 - Unrelated Home Member, Male, 32 Years	Sexual Abuse	Unfounded
11013 - Sibling, Male, 11 Years	11002 - Unrelated Home Member, Male, 32 Years	Inadequate Guardianship	Unfounded
11007 - Deceased Child, Male, 9 Years	11004 - Mother, Female, 33 Years	Other	Unfounded
11013 - Sibling, Male, 11 Years	11004 - Mother, Female, 33 Years	Other	Unfounded
11013 - Sibling, Male, 11 Years	11004 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded
11013 - Sibling, Male, 11 Years	11004 - Mother, Female, 33 Years	Sexual Abuse	Unfounded

Report Summary:

An initial report was generated on 1/2/15 regarding the SC and his two siblings. Jefferson County Family Court ordered an investigation due to a pending custody matter between the BM and the BF. A subsequent report was filed on 1/22/15 and consolidated into the initial investigation. Allegations of IG, SA, and OTH/COI against the BF, BM, and an unrelated home member in the BM's home had to do with general parenting concerns, the condition of the parents' homes, and inappropriate contact between the unrelated home member, the SC and the SC's brother.

Determination: Unfounded

Date of Determination: 02/03/2015

Basis for Determination:

OCDCFS UNF the report as no credible evidence was found to support the allegations of IG, SA, and OTH/COI. Both the BF's and BM's home were found to be safe. No school concerns were noted regarding the children. There was no evidence of inappropriate contact between the children and the unrelated home member.

OCFS Review Results:

Case activity was commensurate with case circumstances. OCDCFS appropriately determined the allegations in the report; and appropriately assessed safety and risk to the children. No ongoing service needs were identified and the report was appropriately closed.

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)
09/10/2014	11061 - Other Child - Cousin, Male, 11 Years	11059 - Aunt/Uncle, Female, 31 Years	Inadequate Guardianship	Unfounded	Yes
	11061 - Other Child - Cousin, Male, 11 Years	11060 - Aunt/Uncle, Male, 31 Years	Inadequate Guardianship	Unfounded	
	11061 - Other Child - Cousin, Male, 11 Years	11060 - Aunt/Uncle, Male, 31 Years	Excessive Corporal Punishment	Unfounded	
	11061 - Other Child - Cousin, Male, 11 Years	11060 - Aunt/Uncle, Male, 31 Years	Lacerations / Bruises / Welts	Unfounded	

Report Summary:

An initial report was generated on 9/20/14 regarding the SC's two cousins. An allegation of IG was filed against the SC's PA and PU. Allegations of XCP and L/B/W were filed against the SC's PU. The report alleged that the PU excessively disciplined the SC's male cousin on a routine basis causing bruising; and called the male cousin derogatory names. It



further alleged that the PA was aware of these incidents and didn't intervene to protect the SC.

Determination: Unfounded **Date of Determination:** 11/12/2014

Basis for Determination:
OCDCFS UNF the report and it couldn't be determined why OCDCFS made this determination. There was credible evidence to support that the PU pushed the SC's male cousin, causing his head to hit floor, and causing him to cry due to the pain. The incident was detailed by the SC's male cousin; and both the PA and the other female cousin witnessed the incident and confirmed the child's credibility. The SC's male cousin also confirmed that he was called derogatory names by the PU on a regular basis.

OCFS Review Results:
Case activity was not commensurate with case circumstances. OCDCFS inappropriately documented the case determination as UNF, when the allegations of INGD and XCP should have been IND against the PU based on the evidence obtained. The interviews with the PA lacked details regarding the PA's knowledge of derogatory name calling by the PU; as well as what specific discipline techniques she saw the PU use. The PU lied to the OCDCFS caseworker and denied the allegations, despite evidence to the contrary. The PU wasn't confronted to see if he would accept responsibility for his actions; which would have provided information on future risk of harm to the child.

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

Issue:
Overall Completeness and Adequacy of Investigation

Summary:
OCDCFS failed to obtain needed information during interviews with the PA ad PU in order to determine the report allegations, as well as future risk to the SC's male cousin.

Legal Reference:
SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

Action:
OCDCFS will ensure that all CPS allegations are adequately addressed in family interviews, and OCDCFS will ensure that evidence of parental maltreatment and/or abuse is adequately addressed with the perpetrators to accurately assess future risk of harm to children.

Issue:
Appropriateness of allegation determination

Summary:
OCDCFS inappropriately documented the case determination as UNF, when the allegations of INGD and XCP should have been IND against the PU based on the evidence obtained.

Legal Reference:
18 NYCRR 432.2(b)(3)(iii)(c)

Action:
OCDCFS will ensure that once all evidence is obtained regarding all the CPS allegations, that the CPS investigation is appropriately determined.

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

There were four reports involving the SC and the SC's siblings that were investigated by OCDCFS. A report was filed on 5/24/10, and two subsequent reports were filed thereafter. The allegations of IG and IF/C/S on all the reports that were against the BF and an unrelated home member were UNF. The fourth report was filed on 2/14/11. The allegations of EdN,



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IG, and OTH/COI that were against the BF and BM were UNF. There was one report involving the SC's two cousins filed on 8/20/10. The allegations of INGD and LSUP that were against the SC's PA and PU were UNF.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

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: 04/20/2015

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

	Yes	No	N/A	Unable to Determine
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"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The most recent required FASP prior to case closure was due on 5/16/16. A Reassessment FASP and was submitted and approved on 7/18/16. OCDCFS didn't document on the FASP that the BF, the SC and the SC's brother perished in a house fire on 5/6/16. The FASP was incorrectly completed as if all the family members were still present and working with services.				
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:

N/A



Required Action(s)

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

Yes No

Issue:	Adequacy of Child Protective Services casework contacts
Summary:	OCDCFS did not consistently make at least two separate face-to-face contacts per month with each family member authorized to receive ongoing child protective services.
Legal Reference:	432.2(b)(4)(vi)
Action:	OCDCFS will ensure that at least two separate face-to-face contacts per month are made with each family member authorized to receive ongoing child protective services.

Preventive Services History

OCDCFS opened a preventive services case for the SC, his two siblings and his BF on 4/20/15 following an incident where prescription medication was left accessible to the SC's sister, who then administered an incorrect dose to herself, leading to a hospitalization. OCDCFS arranged for the BF to receive mental health counseling and substance abuse treatment. The SC's sister moved out of the BF's home and lived with her BM in Jefferson County. Secondary preventive services were provided by Jefferson County DSS (JCDSS) to the BM and the SC's sister. The SC's sister received mental health services and probation services. JCDSS met with the BM and the SC's sister once a month, and OCDCFS met with the BF, the SC, and the SC's brother once a month. OCDCFS attempted to arrange mental health services for the SC, however the BF didn't follow through with appointments. The case was closed as a result of a house fire on 5/6/16 in which the BF, the SC and the SC's brother perished. Prior to the case closure, the BF was inconsistent in cooperating with mental health counseling and substance abuse treatment; however cooperated with home visits. The case was closed on 7/20/16.

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?

Family Court Criminal Court Order of Protection



NYS Office of Children and Family Services - Child Fatality Report

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
04/20/2015	Adjudicated Neglected	Not LDSS Custody
Respondent:	031223 Father Male 34 Year(s)	
Comments:		

Have any Orders of Protection been issued? Yes	
From: 09/15/2015	To: 09/15/2016
Explain: Class A OOP filed against the BF on behalf of the SC's sister.	

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