



Report Identification Number: BU-16-020

Prepared by: Buffalo Regional Office

Issue Date: 11/2/2016

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: 17 year(s)

Jurisdiction: Orleans
Gender: Male

Date of Death: 06/09/2016
Initial Date OCFS Notified: 06/14/2016

Presenting Information

On June 13, 2016, the SC's body was found floating in the Erie Canal in Albion, NY. The SC was last heard from on June 9, 2016 at 10:20 pm, through a text message to his girlfriend, stating he would see her in 30 minutes. On 6/10/16, the SC's girlfriend spoke with the SC's BF stating that he did not arrive at her house the previous evening. The SC's BF stated to the girlfriend that it was normal for the SC to hang out with friends for a few days. On 6/13/16, the SC's girlfriend contacted the SC's BF again stating that she had not heard from the SC. The SC's body was reported to be seen floating in the Erie Canal on 6/13/16 at 8:02 pm. The SC's BF reported him missing at 9:39 pm that evening. At 9:47 pm, the Coroner was dispatched to the scene and pronounced the SC dead and his body was taken to the ME's office.

Executive Summary

The SC had been involved with the OCDSS since 12/2/14 when the Orleans County Family Court Judge placed him in foster care due to JD charges. He was placed in a cluster home (a specialized foster home for PINs and JDs). The SC did exceptionally well in foster care and was discharged back to the care of his BF on 11/13/15. His court order expired on 12/2/15 and the case was opened for preventive services to help maintain his progress at home. On 6/13/16, at 8:02 p.m., the SC's body was found in the Erie Canal in Albion, NY. On 6/9/16, the SC's BF had dropped him off in Albion to visit with his girlfriend. The SC was last heard from on 6/9/16 through a text to his girlfriend which stated he would see her in 30 minutes. On 6/10/16, the girlfriend texted the SC's BF that the SC had not shown up at her house. The BF was not concerned due to the fact that the SC had friends in Albion that he would stay with. On 6/13/16, the SC's girlfriend texted the BF again stating that she had still not heard from the SC. The BF made a missing person report at 9:39 pm that evening. The Sheriff found identification on the body and went to the home of the family to inform them of the SC's death.

OCDSS did have an open preventive case on the SC at the time of his death. When the CW would visit the BF and the SC they would lie and state the SC was doing well and staying around the house. After the SC's death it was learned that the SC would take off and stay away from the house for a few days at a time. The BF would let the SC skip school so he would not run away. Upon knowledge of the SC's death, the CW made contact with the sibling in a Voluntary Agency (VA) and made arrangements for him to have an extended visit. The VA provided grief counseling to the sibling and home visits were to be at the adult siblings' home with her supervising the visits between the BF and the younger sibling.

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:

This was not a CPS 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: 06/09/2016

Time of Death: Unknown

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

County where fatality incident occurred: ORLEANS

Was 911 or local emergency number called? Yes

Time of Call: 07:57 PM

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping Working Driving / Vehicle occupant
- Playing Eating Unknown
- Other: walking or riding a bike

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1



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Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	17 Year(s)
Deceased Child's Household	Father	No Role	Male	46 Year(s)
Deceased Child's Household	Sibling	No Role	Male	14 Year(s)

LDSS Response

On 6/13/16, the CW notified the Voluntary Agency (VA), where the sibling was placed, of the SC's death. Arrangements were made for the sibling to come home for the services and have an extended home visit. On 6/15/16, the Foster Care (FC) Supervisor met with the BF, BM, an adult sibling, the sibling in care, the aunt and uncle of the SC. The Sheriff reported that the drowning was accidental. The family was not convinced that the SC would walk or ride his bike into the canal as he was familiar with the surroundings. The family had given the detective a list of names they believed might have been involved in foul play. The depositions from these people are in the case record. There was no evidence of any foul play. The SC's body was taken to the ME's office for an autopsy. The preliminary report listed the cause of death as drowning and the manner of death as accidental. A final autopsy report has not been issued.

On 6/28/16, the FC supervisor met with the BF concerning the SC's whereabouts in the days before his body was found in the canal. The BF stated that he dropped the SC along with his bike off in Albion on 6/8/16 because the SC wanted to visit his girlfriend. The BF stated that the SC was not in school on 6/9/16, because the BF let him skip school. The BF dropped the SC and his bike off in downtown Albion. The SC was going to stay in Albion and stay with his girlfriend until June 11, 2016 to go to a festival. The BF stated that the SC was 17 years old and he was afraid the SC would run away if he didn't let him stay with the girlfriend. On 6/9/16, the BF got a text message from the SC's girlfriend that the SC did not arrive at her house as planned. The BF was not concerned because the SC had other friends in Albion he would stay with. When the SC's girlfriend texted him again on June 13, 2016, stating the SC had still not arrived at her house, the BF made a missing person report to the police. According to the police the missing person report was made at 9:39 pm, two hours after the body was found. The adult sibling and sibling in care both stated that the SC would leave home and stay away for a few days but he was always with someone the BF knew.

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: Coroner

Multidisciplinary Investigation/Review

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



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Explain:
 The surviving sibling was seen and assessed as safe within twenty-four hours of the death of the subject child.

Placement Activities in Response to the Fatality Investigation



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	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:
The surviving sibling was already in placement at the time of the fatality.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 younger sibling was provided an extended visit with his family. The VA provided grief counseling to the sibling and home visits were to be at the adult sibling's home with her supervising the visits between the BF and the younger sibling.

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

Explain:
The family was provided with referrals to counseling and received casework counseling.

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?	Yes
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)
10/31/2014	11204 - Deceased Child, Male, 15 Years	11206 - Father, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	11204 - Deceased Child, Male, 15 Years	11206 - Father, Male, 44 Years	Lacerations / Bruises / Welts	Unfounded	
	11205 - Sibling, Male, 14 Years	11206 - Father, Male, 44 Years	Inadequate Guardianship	Unfounded	
	11205 - Sibling, Male, 14 Years	11206 - Father, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded	
	11204 - Deceased Child, Male, 15 Years	11206 - Father, Male, 44 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The SCR report alleged that the SC had a black eye as well as mark on his eyebrow. The SC stated that the BF hit him because he was arguing with his sibling. The BF drank to the point of intoxication.



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Determination: Unfounded **Date of Determination:** 12/21/2014

Basis for Determination:
The SC did not have a black eye. He had dark circles under his eyes and lied when asked about it. Both the children and the BF denied that there was any physical altercation. Both children denied that their BF drank to the point of intoxication. The SC was placed into foster care on 12/2/14. The report was unfounded and closed.

OCFS Review Results:
The RO agrees with the finding. There was no credible to substantiate the allegations. All necessary collaterals were contacted. The progress notes were clear and contemporaneous.

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)
09/03/2014	11201 - Deceased Child, Male, 15 Years	11203 - Father, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	11201 - Deceased Child, Male, 15 Years	11203 - Father, Male, 44 Years	Inadequate Guardianship	Unfounded	
	11201 - Deceased Child, Male, 15 Years	11203 - Father, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded	
	11202 - Sibling, Male, 14 Years	11203 - Father, Male, 44 Years	Inadequate Guardianship	Unfounded	
	11202 - Sibling, Male, 14 Years	11203 - Father, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:
The SCR report alleged that the BF abused alcohol to the point of intoxication. Six weeks prior to the report, the BF tried to strangle the SC. The SC was scared and left home. The SC was bouncing back and forth between homes. The BF did not make plans for the SC and would not file a missing persons report.

Determination: Unfounded **Date of Determination:** 10/29/2014

Basis for Determination:
The BF was unable to control the SC's behavior. On 7/23/14 the SC shot a postal worker with a BB gun. The SC was charged with reckless endangerment 2nd. He was sentenced to house arrest by the Family Court Judge. SC was also suspended for bringing knives to school. Both the SC and his sibling denied that the BF drank to excess. The SC denied that he was strangled by the BF and left the home because he wanted to hang with friends. When the BF tried to make a missing person report he was told that it could not be taken. Case was unfounded. Both PINs diversion and Probation were involved with the family.

OCFS Review Results:
RO agrees with the finding. The SC behaviors were clearly out of control. The CW made several visits to the home and contacted all appropriate collaterals. The CW made appropriate referrals for the family.

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)
05/08/2014	11190 - Deceased Child, Male, 15 Years	11192 - Father, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	11190 - Deceased Child,	11192 - Father,	Inadequate	Unfounded	



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Male, 15 Years	Male, 44 Years	Guardianship	
11191 - Sibling, Female, 14 Years	11192 - Father, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unfounded
11190 - Deceased Child, Male, 15 Years	11192 - Father, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unfounded
11191 - Sibling, Female, 14 Years	11192 - Father, Male, 44 Years	Inadequate Guardianship	Unfounded
11191 - Sibling, Female, 14 Years	11192 - Father, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

The SCR report alleged that the BF drank to the point of intoxication. When the BF was intoxicated he would hit the SC and his sibling. As a result the SC ran away from home on several occasions. The BF would leave the children overnight without food. There was cocaine accessible to the children.

Determination: Unfounded

Date of Determination: 07/13/2014

Basis for Determination:

The BF admitted to drinking on a regular basis but only when the children were not at home. BF stated he had cut back on his drinking. There was no physical discipline. The SC left the home on his own not because he felt unsafe. The local police filed a PINS on the SC and his sibling due to their unruly behavior in the community and at school. The SC was charged with petit larceny and criminal mischief 4th for stealing a bicycle and throwing it in the Erie Canal. The home was found to be safe for the children and the BF appeared sober and coherent during several home visits. The CW observed plenty of food in the home.

OCFS Review Results:

The RO agrees with the finding. The CW made several home visits and the children denied seeing their BF intoxicated. The progress notes were clear and contemporaneous. All necessary collaterals were made. The case was referred to PINS diversion services. Probation was involved with the SC.

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)
02/14/2013	11188 - Sibling, Male, 13 Years	11189 - Father, Male, 43 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	11187 - Deceased Child, Male, 14 Years	11189 - Father, Male, 43 Years	Parents Drug / Alcohol Misuse	Unfounded	
	11188 - Sibling, Male, 13 Years	11189 - Father, Male, 43 Years	Parents Drug / Alcohol Misuse	Unfounded	
	11187 - Deceased Child, Male, 14 Years	11189 - Father, Male, 43 Years	Inadequate Food / Clothing / Shelter	Unfounded	

Report Summary:

The SCR report alleged that the BF drank on a daily basis and would pass out. The SC, age 14 and his sibling, age 13, were unable to wake him leaving them to fend for themselves. The SC had holes in his shoes which the BF had not addressed.

Determination: Unfounded

Date of Determination: 03/29/2013

Basis for Determination:

Both children denied that their BF drank to intoxication. They said there was never a time when they were unable to



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wake him. The SC came from his BM home in West Virginia with holes in his shoes. When the BF got custody, he bought the SC new shoes. The CW made numerous visits to the home. There were no signs of alcohol or drugs observed in the home. The BF appeared to be sober and alert during the home visits. The house was clean and safe for the children.

OCFS Review Results:

The RO agreed with the findings of the report. The case notes were clear and entered contemporaneously.

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

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

no CPS history prior to 2013.

Known CPS History Outside of NYS

none known

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: 11/19/2015

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine



Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information, if necessary:
 The CW met with the family twice a month. The SC was attending all necessary counseling. The BF lied about the SC not having problems in the home. The BF never told the CW that the SC would leave the home on a regular basis.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
Yes No

Preventive Services History

On 11/13/15, the SC returned from foster care to his BF's care and continued to receive preventives services. The SC received appropriate counseling in school and in the community. He was attending school and doing well until 4/29/16 when he was suspended for swearing and refusing to listen to school personnel. The CW made home visits twice a month as required. The SC was doing well at home but still struggled behaviorally in school. His grades were passing. There were no referrals from the police. The CW met with the SC on 5/13/16. On 5/26/16, the CW made a visited to the home but the SC was not home. The BF told the CW that things were going well with the SC. On 6/13/16, the SC's body was found floating in the Erie Canal by people walking on the canal path.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?
Yes No

Foster Care Placement History

The SC resided with his BF and sibling, age 14. The SC was referred to the court due to his repeated contacts with law enforcement including 2 Juvenile Delinquent (JD) offenses and a Police PINS referral. On 7/23/14 , the SC was charged with Reckless Endangerment 2nd degree. The SC's behaviors in school were also out of control and he was placed on home instruction. Through the court process he was placed on house arrest and did not abide by that. On 12/2/14, the Orleans County Family Court placed the SC in the care and custody of the Orleans County Commissioner. The SC was placed in an Orleans County cluster home (specialized foster home for PINS and JDs). The SC did well in school and in the community. On 11/13/15, the SC returned to the care of his BF and received preventive services. The SC returned to Holley School district and attended BOCES. The SC continued to attend substance abuse counseling, school counseling and therapy.

On 9/29/15, the SC's sibling was placed in foster care by Orleans County Family Court due to PINS behavior. The sibling was on home instruction due the inability of the school district to find an appropriate placement. The sibling's behavior in the foster home required that he be placed in a higher level of care. The sibling is currently in placement at the Randolph's Children Home.



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

Family Court Petition Type: FCA Article 3 - JD

Date Filed:	Fact Finding Description:	Disposition Description:
	Adjudicated JD	Care/Custody to Local Social Services District
Respondent:	None	
Comments:	The SC was placed in the Custody of the Commissioner of Orleans County.	

Additional Local District Comments

Accurate description of facts and circumstances surrounding the fatality.

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