



## Report Identification Number: SY-21-027

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

Issue Date: Dec 13, 2021

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 17 year(s)

**Jurisdiction:** Herkimer  
**Gender:** Female

**Date of Death:** 06/23/2021  
**Initial Date OCFS Notified:** 06/25/2021

## Presenting Information

On 6/23/21, Herkimer County Department of Social Services (HCDSS) learned of the death of the 17-year-old female subject child that occurred sometime between 6/22/21-6/23/21. There was an open investigation regarding concerns of educational neglect for the 14-year-old sibling. On 6/25/21, HCDSS notified the Syracuse Regional Office of the death via phone call and the 7065 Agency Reporting Form.

## Executive Summary

This report concerns the death of the 17-year-old female subject child that occurred on 6/23/21. At the time of the subject child’s death, she was residing with her grandmother, uncle, and 14-year-old sibling. The mother passed away unexpectedly approximately one year prior to the subject child’s death. The father resided in a separate residence and had regular and consistent contact with the subject child and sibling. At the time of the death, there was an open investigation regarding educational neglect of the sibling.

It was learned the child passed away sometime during the night between 6/22/21 and 6/23/21. The investigation revealed the child’s uncle found her unconscious in the bathroom just after midnight on 6/23/21 and 911 was called. The subject child was transported to the hospital by ambulance and declared dead at 1:22AM. Law enforcement determined there was no criminality involved in the death and closed their investigation.

HCDSS shared information on community-based bereavement and mental health providers with the grandmother and father, but services were declined. The sibling was already engaged in mental health counseling prior to the death. At the time of this writing, the investigation that was opened at the time of the fatality remained open.

## 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:**  
This was not an SCR reported fatality. HCDSS determined there was no reasonable cause to suspect the death was a result of abuse or maltreatment.

**Was the decision to close the case appropriate?** N/A  
**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Unable to Determine  
**Was there sufficient documentation of supervisory consultation?** Yes, the case record notes a consultation took place, but no details noted.

**Explain:**  
HCDSS was informed of the death and spoke with familial and collateral contacts to obtain information about the fatality, and determined there was no reasonable cause to suspect the death was a result of abuse or maltreatment.

### 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:** 06/23/2021 **Time of Death:** 01:22 AM  
**Time of fatal incident, if different than time of death:** Unknown  
**County where fatality incident occurred:** Herkimer  
**Was 911 or local emergency number called?** Yes  
**Time of Call:** 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  Eating  Unknown  
 Other

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

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

#### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
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Deceased Child's Household	Aunt/Uncle	No Role	Male	35 Year(s)
Deceased Child's Household	Deceased Child	No Role	Female	17 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	58 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)
Other Household 1	Father	No Role	Male	47 Year(s)

### LDSS Response

On 6/23/21, HCDSS was notified of the subject child's death. HCDSS notified the Syracuse Regional Office and submitted the required 7065 Agency Reporting Form. HCDSS visited the father's home to assess the sibling, who was safe in the care of the father and grandmother. HCDSS spoke to the father, sibling, and grandmother.

At the time of the death, an investigation was open regarding the educational neglect of the sibling. The record reflected that the sibling's attendance improved during the investigation. The subject child was observed prior to her death and deemed safe in the care of the grandmother. There were no notable concerns for the subject child.

HCDSS spoke with the coroner who reported the subject child passed away as the result of a pulmonary embolism and classified her death as natural. Law enforcement closed their investigation following the coroner's findings. HCDSS determined the death was not the result of abuse or neglect and an SCR report regarding the fatality was not deemed necessary. At the time of this writing, the investigation open at the time of death had not yet been determined.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Coroner

### Multidisciplinary Investigation/Review

**Was the fatality referred to an OCFS approved Child Fatality Review Team?**No

**Comments:** There is no OCFS approved Child Fatality Review Team in Herkimer County.

### 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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**Additional information:**

HCDSS contacted relevant collateral sources.

### 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 An Initial Safety Assessment was not required due to the fact that the death was not reported to the SCR.

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Explain as necessary:</b> There was no removal regarding the sibling.				

**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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

**Additional information, if necessary:**  
 HCDCSS offered referrals to the family for community-based bereavement and mental health counseling. The family



declined services and stated they had a strong community support. The sibling was engaged in mental health counseling following the death.

**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 sibling was engaged in community-based services following the death.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**

HCDSS offered bereavement referrals to the family but referrals were declined.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	No

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/26/2021	Sibling, Female, 14 Years	Grandparent, Female, 58 Years	Educational Neglect	Pending	Yes
	Sibling, Female, 14 Years	Father, Male, 47 Years	Educational Neglect	Pending	

**Report Summary:**

HCDSS received a report from the SCR alleging the sibling had an IEP and missed approximately 24 days of school for the 2020/2021 school year. As a result, the sibling was failing and not receiving recommended services as per the education plan. The grandmother and father were aware and failed to ensure the sibling attended school regularly. The role of the 17-year-old subject child was unknown.

**Report Determination:** Undetermined

**OCFS Review Results:**

At the time of this writing, the investigation remained open. Many of the progress notes were entered more than 6 months after their event dates. HCDSS spoke with relevant collateral resources and addressed new concerns as they arose.

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

**Issue:**

Timeliness of Determination

**Summary:**

HCDSS has the sole responsibility for making a determination within 60 days after receiving the report as to whether there is some credible evidence of child abuse and/or maltreatment so as either to "indicate" or "unfound" a report of



child abuse and/or maltreatment. The CPS investigation had been opened for more than 9 months and there has been no case activity since June, 2021.

**Legal Reference:**

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

**Action:**

HCDSS will make a determination of either “indicated” or “unfounded” within 60 days after receiving the report.

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Many of the progress notes were entered more than 6 months after their event dates.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/26/2019	Sibling, Female, 12 Years	Father, Male, 45 Years	Other	Unsubstantiated	No
	Sibling, Female, 12 Years	Mother's Partner, Male, 40 Years	Other	Unsubstantiated	

**Report Summary:**

HCDSS received a request to complete a 1034 investigation. The narrative revealed the biological father shared custody with the parent substitute and there were concerns the parent substitute was sleeping in the same bed as the sibling and it made her uncomfortable. Additionally, the parent substitute was allegedly mistreating the sibling because she looked and reminded him of her mother, who died.

**Report Determination:** Unfounded

**Date of Determination:** 10/16/2019

**Basis for Determination:**

HCDSS determined there was no validity to the allegations provided in the custody petition. HCDSS determined the subject child and sibling were safe in the care of the paternal aunt, but concerns against the parent substitute were not disclosed by either child. Forensic interviews were conducted and law enforcement was involved and determined no criminality.

**OCFS Review Results:**

HCDSS provided all adults with the appropriate NOE. HCDSS collaborated with LE and conducted forensic interviews due to the concerns alleged in the narrative. HCDSS completed casework objectives within the required timeframes and determined the investigation once all case objectives were met.

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

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

There was history dating back to 2014 involving the now 21-year-old adult sibling. The adult sibling had a history of at-risk behaviors and was ultimately placed in Foster Care through a PINs diversion. The previous investigations regarding the adult sibling against the father and mother were unfounded.

**Known CPS History Outside of NYS**

There was no known history outside of New York State.



## Preventive Services History

A Preventive Services case was opened from 11/17/14-9/26/17 due to the now adult sibling's destructive behaviors. The parents filed a PINs petition against the sibling and he was ultimately placed in a residential facility. The sibling is now an adult and did not have a role in the investigation that was opened at the time of the subject child's death.

## 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