



**Report Identification Number: BU-15-001**

**Prepared by: Buffalo Regional Office**

**Issue Date: 10/29/2015**

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
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	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	
<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		

## Case Information



**Report Type:** Child Deceased  
**Age:** 2 year(s)

**Jurisdiction:** Erie  
**Gender:** Female

**Date of Death:** 12/27/2014  
**Initial Date OCFS Notified:** 01/23/2015

## Presenting Information

On Sunday April 27, 2014 the two mothers engaged in a verbal dispute that escalated into a physical altercation in the presence of the three children . During the altercation the SC was hit by the one of the mothers. The SC died on December 27, 2015 and OCFS was notified on January 15, 2015.

## Executive Summary

On May 1, 2014 ECCPS received an SCR report with allegations of IG against SM with respect to SC, also named on the report was SM’s friend who she was residing with and her fourteen-year-old son and three-year-old daughter. The report alleged on Sunday April 27, 2014, the two mothers engaged in a verbal dispute that escalated into a physical altercation in the presence of the three children. During the altercation the SC was hit by the friend. On May 1, 2014 ECCPS completed a home visit with SM’s friend and her children. She denied the allegations and stated they had a verbal altercation. On May 8, 2014 CW observed SM and SC. The SM denied the allegations. The SM informed the CW that SC was diagnosed with Pompe Genetic Muscular Disease. CW confirmed that SC was attending all medical appointments.

On January 15, 2015 CW was informed that SC had died on December 27, 2014 while in the hospital. The cause of death was cardiac arrest, due to Respiratory Syncytial Virus (RSV) Bronchiolitis. SC was admitted to the hospital on December 24, 2015 for a respiratory infection. ECCPS notified OCFS that the SC died. The CW completed a home visit with SM. On January 16, 2015 CW completed a home visit with SM’s friend and her children. The friend stated SM and SC had moved out in November 2014, but had no concerns regarding SC’s care.

On January 19, 2015 CW spoke to medical collaterals, which had no concerns for the SC’s care and stated the child was receiving appropriate medical care. The parents had appropriate medical equipment for SC. The CW completed a home visit with SF and observed surviving sibling (SS). The SF had no concerns regarding SC’s care.

On February 24, 2015 ECCPS unsubstantiated the allegations of IG against SM and SM’s friend with respect to SC and SM’s friend’s children. The basis for the determinations was that SM and her friend had a verbal altercation and SC did not get hurt.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?**
  - **Safety assessment due at the time of determination?**

N/A  
Yes

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?**

Yes, sufficient information was gathered to determine all allegations.



- Was the determination made by the district to unfound or indicate appropriate? Yes

**Explain:**  
 ECDSS interviewed all persons named on the report and all bio-fathers. ECDSS observed and interviewed all children. ECDSS spoke with appropriate collaterals.

Was the decision to close the case appropriate? Yes

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

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

**Explain:**  
 ECDSS interviewed all persons named on the report and all bio-fathers. ECDSS observed and interviewed all children. ECDSS spoke with appropriate collaterals.

**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: 12/27/2014

Time of Death: 09:53 PM

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1



## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	2 Year(s)
Deceased Child's Household	Mother	No Role	Female	30 Year(s)
Other Household 1	Father	No Role	Male	35 Year(s)
Other Household 1	Sibling	No Role	Female	14 Year(s)
Other Household 2	Sibling	No Role	Female	8 Year(s)

## LDSS Response

On January 15, 2015 CW was informed that SC had died on December 27, 2014 while in the hospital. The cause of death was cardiac arrest, due to RSV Bronchiolitis. SC was admitted to the hospital on December 24, 2015 for a respiratory infection. ECCPS notified OCFS that SC died. The CW completed a home visit with SM. The CW received all records from the hospital.

On January 16, 2015 CW completed a home visit with SM's friend and her children. The friend stated SM and SC had moved out in November 2014, but had no concerns regarding SC's care.

On January 19, 2015 CW spoke to medical collaterals, which had no concerns for the SC's care and stated the child was receiving appropriate medical care. The parents had appropriate medical equipment for SC. The CW completed a home visit with SF. The SF had no concerns regarding SC's care.

On January 26, 2015 CW completed a home visit with SM. CW spoke with SM's boyfriend and his children who appeared safe and had no concerns.

On January 29, 2015 CW completed a home visit at SF's home with the PGP. CW was allowed to see SS, but not permitted to talk with her. The PGP denied having any concerns for SC.

On February 2, 2015 CW completed a home visit with SS and her father. He had no concerns for the safety of SS.

On February 24, 2015 ECCPS unsubstantiated the allegations of IG against SM and SM's friend with respect to SC and SM's friend's children. The basis for the determinations that SM and her friend had a verbal altercation and SC did not get hurt.

## 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:** Hospital physician

## Multidisciplinary Investigation/Review



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

Comments: ECDSS does not have an approved CFRT.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# NYS Office of Children and Family Services - Child Fatality Report

parent/caretaker actions adequate?				
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## Fatality Risk Assessment / Risk Assessment Profile

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

## Placement Activities in Response to the Fatality Investigation

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

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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? N/A

Explain:  
No services needed

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

Explain:  
No services needed

History Prior to the Fatality

Child Information

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

CPS - Investigative History Three Years Prior to the Fatality





# NYS Office of Children and Family Services - Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/08/2014	5036 - Sibling, Female, 7 Years	5034 - Father, Male, 33 Years	Inadequate Guardianship	Unfounded	Yes
	5036 - Sibling, Female, 7 Years	5034 - Father, Male, 33 Years	Lack of Supervision	Unfounded	
	5036 - Sibling, Female, 7 Years	5034 - Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

SS lives with her father (FA). The FA is an active heroin user. He snorts heroin until impairment in the presence of the child (CHD). The FA is unable to provide adequate supervision and care for the CHD due to his drug misuse. The FA hides bags of heroin all over the house. It is unknown if the CHD has access to the drugs. The FA left CHD alone and unsupervised in a local park. It is unknown how long the CHD was alone in the park. The FA often takes the CHD to drug dealers residences. It is unknown if the CHD is being exposed to drug transaction. The FA allowed another person to drive under the influence of drugs with him and the CHD in the car as passengers.

**Determination:** Unfounded

**Date of Determination:** 01/17/2015

**Basis for Determination:**

The allegations of IG, LOS and PDAM against FA with respect to SS was unfounded. Through home visits, interviews with all relevant parties and collateral contacts there is no credible evidence to support the allegations. FA denied the allegations and stated the report was likely made in retaliation for him asking a former roommate who he found using drugs in his back yard, to leave his home. SS reported no global concerns, nor any incident where FA or SM appeared to be under the influence. FA admitted to past drug use, but was adamant that he has never used in the presence of SS, or while caring for SS. Collateral yielded no concerns. FA appeared sober and coherent at home visits.

**OCFS Review Results:**

The safety assessments for the August 8, 2014 SCR report had no safety factors identified however the SF was arrested for possession of heroin and was in drug treatment.

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

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

Both safety assessments for the August 8, 2014 SCR report had no safety factors identified however the SF was arrested for possession of heroin and was in drug treatment.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**

ECDSS will complete all safety assessments accurately and identify all safety concerns.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/01/2014	5041 - Other Child - Mother's friends child, Male, 14 Years	5037 - Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	No
	5042 - Other Child - Mother's	5037 - Mother, Female, 30	Inadequate	Unfounded	



# NYS Office of Children and Family Services - Child Fatality Report

friends child, Female, 3 Years	Years	Guardianship	
5038 - Deceased Child, Female, 2 Years	5040 - Other Adult - Mother's friend, Female, 35 Years	Inadequate Guardianship	Unfounded
5038 - Deceased Child, Female, 2 Years	5037 - Mother, Female, 30 Years	Inadequate Guardianship	Unfounded
5041 - Other Child - Mother's friends child, Male, 14 Years	5040 - Other Adult - Mother's friend, Female, 35 Years	Inadequate Guardianship	Unfounded
5042 - Other Child - Mother's friends child, Female, 3 Years	5040 - Other Adult - Mother's friend, Female, 35 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

On Sunday April 27, 2014, the two mothers engaged in a verbal dispute that escalated into a physical altercation in the presence of the three children (CHD). During the altercation the SC was it by the MO. It is unknown if the CHD sustained any injuries.

**Determination:** Unfounded

**Date of Determination:** 02/24/2015

**Basis for Determination:**

The allegations of IG against the SM and her friend with respect to the CHN was unfounded. Through interviews with all relevant parties collateral contacts and home visits it is determined that there is no credible evidence to substantiate the allegations. During the course of the investigations SC was admitted to the hospital for RSV. SC was admitted on December 23, 2014 and over the course of her stay SC passed away on December 27, 2014. Per death certificate SC passed away due to cardiac arrest, respiratory failure, and RSV Bronchlulitis.

**OCFS Review Results:**

N/A

**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)
01/22/2014	5033 - Sibling, Female, 7 Years	5031 - Father, Male, 33 Years	Lack of Medical Care	Unfounded	Yes
	5033 - Sibling, Female, 7 Years	5031 - Father, Male, 33 Years	Inadequate Guardianship	Unfounded	
	5033 - Sibling, Female, 7 Years	5031 - Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

Last night January 21, 2014 the father was arrested for possession of a controlled substance, heroin. the child age seven was at home alone and unsupervised. The father is using heroin in the presence of the child while being the sole care taker for the child.

**Determination:** Unfounded

**Date of Determination:** 01/17/2015

**Basis for Determination:**

The SCR report with allegation of IG, LOM and PDAM against SS's FA with respect to SS is unfounded. Through home visit interviews with all relevant parties and collateral contacts, there is no credible evidence to substantiate the allegations. FA admitted to being arrested for drug possession, however FA denied SS was with him at the time. SS reported being at a neighbors home while FA was out. SS was seen at he home of FA's friend, who denied ever seeing any evidence of FA using drugs. FA declined the need for services at this time, and stated he has support from friends and family if need be. CW observed SS appeared safe at that time.

**OCFS Review Results:**

The closing safety assessment for the January 22, 2014 SCR report had no safety factors identified however the SF was arrested for possession of heroin and was in drug treatment.

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

**Issue:**

Predetermination/Assessment of Current Safety and Risk

**Summary:**

The closing safety assessment for the January 22, 2014 SCR report had no safety factors identified however the SF was arrested for possession of heroin and was in drug treatment.

**Legal Reference:**

18 NYCRR 432.1(aa)

**Action:**

ECDSS will complete all safety assessments accurately and identify all safety concerns.

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

The SM was the subject in one unfounded SCR report with allegations of LOS, PDAM and other in 2010.

**Known CPS History Outside of NYS**

The family has no known CPS history outside of NYS.

**Services Open at the Time of the Fatality****Required Action(s)**

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

Yes No

**Preventive Services History**

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

**Casework Contacts**

	Yes	No	N/A	Unable to Determine
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# NYS Office of Children and Family Services - Child Fatality Report

Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Required Action(s)

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

### Foster Care Placement History

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

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

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

### Recommended Action(s)

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

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