



Report Identification Number: SY-16-038

Prepared by: Syracuse Regional Office

Issue Date: 2/13/2017

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: Onondaga
Gender: Male

Date of Death: 08/15/2016
Initial Date OCFS Notified: 08/15/2016

Presenting Information

On 8/15/16, the SC was home alone, used drugs, and overdosed. The SC had an extensive history of drug abuse, mental health treatment, and incarceration due to his drug abuse. The SC required a high level of supervision, but the SM and SF failed to provide appropriate supervision of the SC and failed to ensure the SC received appropriate services. The SS, at intake, was not listed on the case composition, however the SS was added to the case.

Executive Summary

On 8/15/16, the SCR registered a report that the 17 year old SC overdosed on drugs, while home alone, and died as a result of the overdose. The SM discovered the SC in the bedroom and the SC was unresponsive. The SM, upon discovery of the SC, called 911 and performed CPR per the 911 dispatchers instructions. The SC was pronounced dead on 8/15/16. An autopsy was performed and Cause of Death was Mixed Drug Toxicity and Manner of Death was Accident.

Onondaga County Division of Children and Family Services (OCDCFS) responded promptly and appropriately to the fatality and assessed the safety of the SS. OCDCFS interviewed the subjects of the investigation, gathered information from collateral sources, including law enforcement, medical providers, and school staff. OCDCFS assessed for the safety of the SS throughout the investigation and determined that the SS did not attend school on a regular and consistent basis, and as a result of this information OCDCFS appropriately added the allegation of EdN.

OCDCFS unsub the allegations of DOA/Fatality, CD/A, IG, LS, and LMC as they pertained to the SM and SF. The SC was released from incarceration several days prior to the overdose and the SM and SF had no reason to suspect the SC would use drugs and overdose upon release. OCDCFS also determined that the SC had a history of non-compliance with treatment programs and law enforcement, despite the SM's and SF's attempts to provide the SC with appropriate services.

OCDCFS sub the allegation of EdN as it pertained to the SS and filed an Article 10 Neglect petition. OCDCFS provided the family with PPRS.

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?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment** Yes



appropriate?

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? 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:

OCDCFS filed a neglect petition and case is open for PPRS.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/15/2016

Time of Death: 05:16 PM

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

County where fatality incident occurred: ONONDAGA

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

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

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



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Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	17 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	56 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	51 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	13 Year(s)

LDSS Response

OCDCFS, upon receipt of this SCR report, immediately assessed safety of the SS. During the investigation, OCDCFS contacted medical personnel, LE, and family contacts, and determined the SC refused to enter a rehabilitation facility, prior to the SC's incarceration in May of 2016. The SC was incarcerated for approximately 2 ½ months and was released from jail on 8/11/16, four days before the SC died from a drug overdose.

OCDCFS assessed the safety of the 14 y/o SS throughout the investigation, and OCDCFS determined the SS did not attend school on a regular and consistent basis. As a result of obtaining this information, the allegation of EdN regarding the SS was added to the investigation. OCDCFS worked with the family and the SS, and filed an Article 10 Neglect Petition.

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 investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
034201 - Deceased Child, Male, 17 Yrs	034203 - Father, Male, 56 Year(s)	Inadequate Guardianship	Unsubstantiated
034201 - Deceased Child, Male, 17 Yrs	034203 - Father, Male, 56 Year(s)	Childs Drug / Alcohol Use	Unsubstantiated
034201 - Deceased Child, Male, 17 Yrs	034202 - Mother, Female, 51	DOA / Fatality	Unsubstantiated



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Yrs	Year(s)		
034201 - Deceased Child, Male, 17 Yrs	034202 - Mother, Female, 51 Year(s)	Lack of Medical Care	Unsubstantiated
034201 - Deceased Child, Male, 17 Yrs	034202 - Mother, Female, 51 Year(s)	Childs Drug / Alcohol Use	Unsubstantiated
034201 - Deceased Child, Male, 17 Yrs	034202 - Mother, Female, 51 Year(s)	Lack of Supervision	Unsubstantiated
034201 - Deceased Child, Male, 17 Yrs	034202 - Mother, Female, 51 Year(s)	Inadequate Guardianship	Unsubstantiated
034201 - Deceased Child, Male, 17 Yrs	034203 - Father, Male, 56 Year(s)	DOA / Fatality	Unsubstantiated
034201 - Deceased Child, Male, 17 Yrs	034203 - Father, Male, 56 Year(s)	Lack of Medical Care	Unsubstantiated
034201 - Deceased Child, Male, 17 Yrs	034203 - Father, Male, 56 Year(s)	Lack of Supervision	Unsubstantiated
034204 - Sibling, Male, 13 Year(s)	034202 - Mother, Female, 51 Year(s)	Educational Neglect	Substantiated
034204 - Sibling, Male, 13 Year(s)	034203 - Father, Male, 56 Year(s)	Educational Neglect	Substantiated

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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<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"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<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



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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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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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"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<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 checked="" type="checkbox"/>	<input 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 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"/>



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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"/>
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Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court
 Criminal Court
 Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
12/13/2016	There was not a fact finding	There was not a disposition
Respondent:	034202 Mother Female 51 Year(s)	
Comments:	The initial court appearance was on 12/19/16 and it was ordered the SS was to attend school on a consistent and regular basis. Additionally, the SM and SF were ordered to participate in medical services. The next court appearance is scheduled for 1/25/17.	

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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"/>

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?	No
Was the child acutely ill during the two weeks before death?	No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/26/2016	13513 - Deceased Child, Male, 16 Years	13511 - Mother, Female, 50 Years	Childs Drug / Alcohol Use	Unfounded	No
	13513 - Deceased Child, Male, 16 Years	13511 - Mother, Female, 50 Years	Lacerations / Bruises / Welts	Unfounded	
	13513 - Deceased Child, Male, 16 Years	13512 - Father, Male, 54 Years	Childs Drug / Alcohol Use	Unfounded	
	13513 - Deceased Child, Male, 16 Years	13512 - Father, Male, 54 Years	Lacerations / Bruises / Welts	Unfounded	
	13513 - Deceased Child, Male, 16 Years	13512 - Father, Male, 54 Years	Choking / Twisting / Shaking	Unfounded	
	13513 - Deceased Child, Male, 16 Years	13511 - Mother, Female, 50 Years	Inadequate Guardianship	Unfounded	
	13513 - Deceased Child, Male, 16 Years	13512 - Father, Male, 54 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The SCR registered a report with the allegations of CD/AM, IG, C/T/S, L/B/W. It alleged the SM and SF could not control the SC, who abused prescription medications and illegal drugs, and the SC overdosed due to drug use. The report further alleged the SM and SF used XCP on the SC, which resulted in bruises to the SC. The 13 y/o surviving sibling was



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a No Role.

Determination: Unfounded **Date of Determination:** 04/26/2016

Basis for Determination:
OCDCFS appropriately unsub the allegations of CD/AM, IG, C/T/S, and L/B/W regarding the SM and SF. In addition, OCDCFS appropriately assessed the safety and risk of the no role SS. OCDCFS diligently collaborated collateral contacts, such as LE. The determination to unsub the allegations was appropriate as the SC was uncooperative with law enforcement, the hospital, and other service providers. The SM and SF cooperated with OCDCFS and LE.

OCFS Review Results:
OCDCFS gathered sufficient information to make appropriate safety and risk decisions

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)
08/20/2014	13521 - Sibling, Male, 12 Years	13516 - Grandparent, Female, 70 Years	Inadequate Guardianship	Unfounded	No
	13521 - Sibling, Male, 12 Years	13516 - Grandparent, Female, 70 Years	Lacerations / Bruises / Welts	Unfounded	
	13520 - Deceased Child, Male, 15 Years	13516 - Grandparent, Female, 70 Years	Inadequate Guardianship	Unfounded	
	13520 - Deceased Child, Male, 15 Years	13516 - Grandparent, Female, 70 Years	Lacerations / Bruises / Welts	Unfounded	

Report Summary:
The SCR registered a report with the allegations of L/B/W and IG. It alleged the MGM used physical discipline that resulted in injuries, as well as used derogatory language, to the SC and 12 y/o SS. The BM and BF were no roles.

Determination: Unfounded **Date of Determination:** 10/20/2014

Basis for Determination:
OCDCFS appropriately unsub the allegations of L/B/W and IG as they pertained to the MGM. The SC and 12 year old SS were free of marks and bruises and made no disclosures to support the allegations. In addition, OCDCFS determined the SC refused to attend school and OCDCFS referred the family to the appropriate school and community services.

OCFS Review Results:
OCLDSS gathered sufficient information to make appropriate safety and risk decisions. During the course of the investigation, OCLDSS received information the SC did not attend school regularly and consistently, and further determined this was a child-centered issue. OCLDSS referred the family to appropriate school and community services.

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

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

There is no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

None



Required Action(s)

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

Yes No

Preventive Services History

none

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