



Report Identification Number: AL-21-011

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

Issue Date: Oct 15, 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

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	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: 7 year(s)

Jurisdiction: Rensselaer
Gender: Male

Date of Death: 04/25/2021
Initial Date OCFS Notified: 04/26/2021

Presenting Information

A completed 7065 Reporting Form was received which stated that the subject child was visiting his father for the weekend when a fire broke out in the home around 5:30AM on 4/25/21. The father was able to bring the subject child's two siblings to safety; however, when he was attempting to get the subject child out of the home, debris fell on the father and knocked him and the child to the floor. The father was unable to retrieve the child due to smoke and fire burning him, and the child died as a result. The cause of the fire was under investigation.

Executive Summary

This fatality report concerns the death of a seven-year-old male subject child that occurred on 4/25/21. On 4/26/21, Rensselaer County Department of Social Services (RCDSS) submitted a completed 7065 Reporting Form to OCFS which noted the subject child died from injuries sustained in a house fire. The fatality occurred during an open CPS investigation, which was addressing concerns of drug abuse in the home. An autopsy was completed; however, the final report had not yet been issued at the time of this writing. A preliminary cause of death was documented as smoke inhalation.

At the time of the fatality, the subject child resided with his mother and five-year-old half-sibling. The child's father resided in another home with his paramour (parent substitute) and their two children, ages one and two years old. On the date of the incident, the subject child had been on visitation with his father for the weekend. It was discovered at approximately 5:30AM on 4/25/21, the parent substitute was awakened by the smell of smoke in the house. The parent substitute informed the father, who had been asleep in a separate room. When the father searched the home, he found the ceiling was engulfed in flames. The parent substitute evacuated the home while the father went to retrieve the children. The father was able to bring the two half-siblings to safety; however, as he was carrying the subject child through the home, debris from the ceiling struck him on the back of the neck. The father fell to the ground, dropping the subject child. The subject child then rolled into flames that were spreading onto the floor. The father attempted to get to the child but was forced out of the home by increasing smoke and fire. Emergency services were called and responded to the home. By the time the subject child was found by first responders, he was unable to be revived.

RCDSS gathered information surrounding the fatality from family members and collateral sources, including law enforcement, first responders, medical providers, and the medical examiner. The cause of the fire was unknown, and neither the father nor parent substitute were charged criminally for the subject child's death. The one, two, and five-year-old surviving half-siblings were deemed safe, and RCDSS offered the family services in response to the fatality. Shortly after the fire, the family relocated to another state. Due to this, the ongoing CPS investigation was closed.

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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

This was not an SCR reported fatality.

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:

The case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

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: 04/25/2021

Time of Death: Unknown

Time of fatal incident, if different than time of death: 05:00 AM

County where fatality incident occurred: Rensselaer

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? Yes

How long before incident was the child last seen by caretaker? 2 Hours

At time of incident was supervisor impaired? Not impaired.



At time of incident supervisor was:

- Distracted
- Asleep

- Absent
- Other:

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
Deceased Child's Household	Deceased Child	No Role	Male	7 Year(s)
Deceased Child's Household	Mother	No Role	Female	37 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Other Household 1	Father	No Role	Male	32 Year(s)
Other Household 1	Father's Partner	No Role	Female	28 Year(s)
Other Household 1	Sibling	No Role	Male	1 Year(s)
Other Household 1	Sibling	No Role	Male	2 Year(s)

LDSS Response

On 4/26/21, OCFS received the 7065 reporting form regarding the death of SC, which occurred on 4/25/21. At the time of the fatality, the family had been involved an active CPS investigation which was initiated on 4/25/21 after concerns surrounding drug use were reported. Once RCDSS learned of SC's death, they promptly began gathering information surrounding the incident and worked quickly to assess the safety of the SSs.

On 4/25/21, RCDSS met with SF, PS, and the SSs at a relative's home, where the family was temporarily staying. RCDSS noted numerous people in the home that were visibly under the influence. RCDSS had PS and SF take the SSs out of the home immediately, and RCDSS observed PS to appear intoxicated; SF presented as sober. SF said he used marijuana but only after the CHN were asleep. SF denied any other drug use. RCDSS spoke with SF and PS regarding the report. SF explained none of the CHN's bedrooms at their home had doors on them. SF stated there was a smoke detector in the home; however, it did not work. SF said SC had a window in his room, but it was next to a shed and there was no way for SC to climb out of it. PS reported she was asleep in the middle room of the house when she smelled smoke. She stated she got up and went into the living room where SF was asleep with the 2yo and woke him up. SF said he grabbed both SSs and put them inside a portable crib, then pushed them out the front door. SF said he went back inside the home to get SC, who was in his bedroom in the back of the house. SF stated he wrapped SC in a blanket and began to carry him through the house when something fell onto SF's neck. SF said he and SC fell to the ground and SC rolled away from him into the flames. SF explained he tried to get SC out, but the fire was pushing him back and burning him and he could not. A safety plan was implemented where SF and the CHN would stay at a hotel and PS would have no contact with the CHN. RCDSS provided SF with a portable crib to bring with them to the hotel. The SSs were observed to be safe with SF.

On 4/26/21, RCDSS again met with SF to clarify information surrounding the incident. SF explained SC was dropped off at his home on 4/23/21. SF denied he or PS were under the influence on the date of the fire. SF said everyone had gone to sleep around 3:00AM on 4/25/21, and when PS woke him a couple hours later, the ceiling was engulfed in flames. SF explained he suffered 3rd degree burns on his foot, hands, and neck. On this same date, RCDSS interviewed PS regarding the report. PS's recollection of events corroborated those of SF's. PS reiterated she awoke in the early morning on 4/25/21



to the smell of smoke and immediately went to wake up SF. PS said she ran out of the house while SF went to get the CHN. SM reported she used marijuana but nothing else.

Drug screens were completed and both SF and PS tested positive for marijuana. SF also tested positive for morphine, but it was determined this was administered to SF when he received treatment for his burns.

During the CPS investigation, SF, PS, and the SSs moved out of state. A courtesy visit was completed by that state's CPS, and there were no concerns. RCDSS gathered all available information regarding the fire and SC's death. BM and her CH (5yo SS) were interviewed, and that SS was deemed safe. Services were offered to the family. A definitive cause of the fire was not determined, but LE explained the fire started inside SC's bedroom wall. Due to the family relocating, RCDSS closed the investigation. No criminal charges were filed regarding SC's death.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: This fatality was submitted for review by the Rensselaer County Child Fatality Review Team.

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"/>

Additional information:

RCDSS interviewed the family and collateral sources. Progress notes and other documentation were completed and entered within the required timeframes. This was not an SCR reported fatality, and therefore there were no subjects.

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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: This was not an SCR reported fatality; however, the safety of the surviving siblings was addressed throughout RCDSS involvement.				

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>
Explain: This was not an SCR reported fatality, and therefore, a RAP was not required. RCDSS offered the family services in response to the child's death.				

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"/>
---	--------------------------	-------------------------------------	--------------------------	--------------------------

Explain as necessary:
The surviving siblings were not removed as a result 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Additional information, if necessary:
RCDSS provided the parents with bereavement counseling referrals and information regarding assistance with funeral costs.

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:**

Grief and bereavement referrals were provided to the parents for the surviving siblings.

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

Explain:

Grief and bereavement referrals were provided to the parents and other family members following the fatality.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? 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? 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)
03/13/2020	Sibling, Male, 1 Days	Father's Partner, Female, 27 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 1 Days	Father's Partner, Female, 27 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 1 Years	Father's Partner, Female, 27 Years	Inadequate Guardianship	Substantiated	

Report Summary:

This SCR report was received with concerns PS gave birth to SS and PS tested positive for opiates.

Report Determination: Indicated

Date of Determination: 06/18/2020

Basis for Determination:

RCDSS interviewed family and collaterals. Hospital staff reported SS experienced severe withdrawals. PS admitted to using opiates 3 days before she went into labor. PS reported she did not know she was pregnant until one month prior to SS's birth. A safety plan was implemented where PS would not be alone with CHN. All CHN were deemed safe. Safe sleep was discussed. PS and SF were not living together during this INV and the SS were primarily with SF. PS was noncompliant with recommendations for a substance abuse evaluation, and delayed required drug testing. A neglect petition was filed, and the case was transferred to long term services.

OCFS Review Results:

The plan of safe care form was not completed; however, RCDSS developed a plan for treatment with the mother through long term services.

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/17/2018	Sibling, Male, 1 Days	Father's Partner, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 1 Days	Father's Partner, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Days	Father's Partner, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

This SCR report was received with concerns PS gave birth to the now 2yo SS and tested positive for opiates and marijuana. There were further concerns PS had not received any prenatal care and had no provisions for the newborn. A subsequent SCR report was received on 11/9/18 with concerns the home environment was unsanitary.

Report Determination: Unfounded**Date of Determination:** 12/18/2018**Basis for Determination:**

Family and collateral sources were interviewed. SS tested positive for opiates, but not marijuana, and experienced withdrawals. PS admitted to taking 3-4 pain pills from an old prescription she had. PS also admitted to smoking marijuana three weeks prior to SS's birth. PS said she was unaware she was pregnant until she the 6th month of pregnancy. Provisions for SS were observed, and safe sleep was discussed. Neither PS nor SF appeared under the influence during announced and unannounced visits. There were no concerns surrounding the home environment. The investigation was unfounded and closed.

OCFS Review Results:

The record did not reflect a Plan of Safe Care form was completed, or if a plan was developed to address the substance abuse. Although Saratoga County Department of Social Services took a primary role on the case on 10/29/18, RCDSS was primary at the time the SS was released from the hospital on 10/23/18, and a Plan of Safe Care should have been completed prior to the child being discharged.

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

Issue:

Failure to complete, document, and monitor a Plan of Safe Care

Summary:

The record did not reflect a Plan of Safe Care form was completed, or if a plan was developed to address the substance abuse.

Legal Reference:

17-OCFS-LCM-03 & 18-OCFS-LCM-06

Action:

RCDSS will complete, document & monitor a plan of safe care that specifically addresses the child(ren) affected by substance abuse and the affected caregiver. RCDSS will complete the required form (OCFS-2196 Plan of Safe Care), when developing and documenting the Plan of Safe Care with the family.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/14/2018	Deceased Child, Male, 4 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 4 Years	Father's Partner, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	



Child Fatality Report

Deceased Child, Male, 4 Years	Father's Partner, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Deceased Child, Male, 4 Years	Other Adult - PS's Father, Male, 63 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 4 Years	Other Adult - PS's Father, Male, 63 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

This SCR report was received with concerns PS and PS's father abused heroin in the presence of SC. PS and her father would leave drugs and drug paraphernalia accessible to SC. SF was aware of the drug abuse, yet still allowed PS and her father to care for him.

Report Determination: Unfounded

Date of Determination: 10/09/2018

Basis for Determination:

RCDSS spoke with family members and collateral sources. SC was unable to be interviewed due to developmental delays. PS and her father denied the allegations and no drug paraphernalia was observed. PS and her father appeared sober during home visits. The family did not have stable housing; however, were staying with relatives by the close of the investigation. The need for a sober caretaker was discussed. RCDSS unfounded and closed the case.

OCFS Review Results:

This investigation met all statutory requirements.

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

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

From 2013 to 2017, SC was named as a maltreated child in five investigations with common allegations of IG, PD/AM, IF/C/S, LMC and L/B/W. The subjects of the reports involved SF, PS and/or BM. Of these investigations, one was indicated.

From 2011 to 2016, SF was named as a subject in three reports with common allegations of LMC, OTH/COI and M/FTTH involving his now 9 and 11-year-old CHN. All reports were unfounded.

Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

Preventive Services History

A mandated preventive services case was initiated on 6/9/20 after the now one-year-old SS was born addicted to opiates and suffering from severe withdrawals; SC was not involved in this services case. PS had taken prescription pills that were not hers 3 days prior to going into labor. Further, PS had not received any prenatal care. PS was referred to drug testing and substance abuse treatment but was noncompliant. Throughout the life of the services case, PS continued to not engage in services and was only permitted to supervised contact with the CHN. A neglect petition was filed; however, the family moved out of state in July 2021, following SC's death. The petition was withdrawn without prejudice, and the services case was closed.

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