



Report Identification Number: AL-15-014

Prepared by: Albany Regional Office

Issue Date: 12/22/2015

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

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
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	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	
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		

Case Information



Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Schenectady
Gender: Female

Date of Death: 06/03/2015
Initial Date OCFS Notified: 06/03/2015

Presenting Information

The SCR report stated that on the morning of 6/3/15 4:25 a.m. a two-month-old female was found deceased by her mother. The subject child (SC) had vomit on her face, was cold to touch and was not breathing. The parents and maternal grandmother (MG) had no explanation for the death. The SC was sleeping in a vibrating bouncy seat in the living room while the parents were sleeping in their bedroom. The report stated that the SC was placed in her bouncy seat after being fed around 10:00 p.m. - 12:00 a.m. on 6/2/15. SC had no previous medical issues. There were three siblings, (ages 5, 3, 1) residing in the home and the household had moldy food and garbage everywhere.

Executive Summary

The family was known to SCDSS CPS as their was an open services case at the time of the SC death. The family was receiving court ordered services since September 2014. The mother was ordered for one year to attend all medical appointments, administer all medications prescribed, cooperate with healthy families and prevention services. SCDSS was addressing issues surrounding the unsanitary conditions of the home, parents alcohol/drug use and medical issues for the children. The in home services were being provided on a weekly basis by SCDSS long-term CPS, Family Outreach, and Healthy Families. The parents were receiving outpatient services for drug/alcohol addiction.

The Schenectady County Department of Social Services Child Protective Services (SCDSS CPS) learned of the death of the SC through a SCR report dated 6/3/15. The SCDSS worker was in the home on 5/27/15 just a few days before the death.

An article 10 petition was filed in family court on 6/16/15 and a trial date has been issued for 1/20/16. This is due to dad's non-compliance with court orders.

On 7/31/15 the parents and MG were substantiated for IG, IF/S/C, and the parents for the drug/alcohol misuse. The allegation of the DOA/Fatality was unsubstantiated based on the autopsy cause of death to be SIDS.

An autopsy was completed on 6/4/15 and the cause of death was determined to be SIDS. There are no criminal charges pending.

The family continues to receive long-term CPS services. The MG is no longer residing in the home and her whereabouts are unknown. The father visits but does not reside in the home.



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 appropriate? 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:

The report was substantiated for IG, IF/S/C as the home continued to be unsanitary and the parents admitted to using drugs. The allegations for the DOA/Fatality was unfounded as the cause of death was determined to be SIDS. The case will continue to be monitored by long-term CPS.

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:

The case was already being monitored by long term CPS

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: 06/03/2015

Time of Death: 04:27 AM

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

County where fatality incident occurred: SCHENECTADY

Was 911 or local emergency number called? Yes

Time of Call: 04:27 AM



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Did EMS to 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? 4 Hours

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	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)

LDSS Response

On 6/3/15, SCDSS immediately responded to the report of the child's death and gathered information on the open services case. The family was receiving in home services with SCDSS long-term CPS, Family Outreach, Healthy Families, and Outpatient Services for drug/alcohol addiction. Law enforcement became involved and conducted interviews with both parents at the CAC center the same day the SC passed away. The grandmother did not show up to be interviewed for unknown reasons. SCDSS obtained the statements of the parents from Law Enforcement. SCDSS CPS interviewed the five year old sibling and the child was unable to provide detailed information to the accounts of the incident as they were sleeping. The three and one year old were not interviewed due to being non-verbal. SCDSS visited the home which was reported to be unsafe and unsanitary. The home had cat feces, bed bugs, swept debris in the kitchen, loose pills on the top of the refrigerator, and bottles of alcohol/liquor in the grandmothers room. There was very little food in the refrigerator, leftover Chinese and pizza, water, one can of baby food and formula. The parents were told to make arrangements for the children to stay in another home until the home was cleaned and safe of harm. The parents agreed and the children stayed at a friend's home until the home was deemed safe. A few days later, the surviving children were able to return home.



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SCDSS contacted all service providers to discuss the family progress and death of the SC. It was learned that during the month of May, Healthy Families had been in the home twice, Family Outreach program twice, Long-term CPS twice and there were no safety issues or concerns. It was learned that the last medical appointment the SC had was on 5/15/15. SCDSS made their last HV on 5/27/15. All the children were up to date on the immunizations. The parents received education on back to sleep, shaken baby, nutrition, immunizations, growth development and car restraints. The parents were also involved in substance abuse counseling. Home visits were made to the home by SCDSS to provide assistance to the family regarding the continued issues of the condition of the home. In the weeks prior the home was reported to be free of safety hazards. An article 10 petition was filed on both parents and the MG dated 6/16/15. On 6/24/15, an order was placed on the parents to comply with the services. The MG was never served as her whereabouts were unknown and she was non compliant. SCDSS attempted to interview the MG 5 times in June and 3 in July but the MG did not show for any appointments. The MG was never interviewed due to her non-compliance and moving out of town. On 7/30/15, the parents were interviewed by SCDSS in which their interviews appeared to be consistent with the law enforcement statements. The parents stated that on 6/2/15 the mother had given the SC a bath and bottle and was then placed in the bouncy seat where she fell asleep. The mother said that the SC occasionally slept in the seat. At about 12 am on 6/3/15 the mother fed her again. At that time the father was asleep on the couch. The mother stated that when she woke up, she noticed that the SC was not breathing. The mother woke up the father and a 911 call was placed. The SC was pronounced dead in the hospital. The MG was sleeping in her room and the surviving siblings were also sleeping in their room at the time of the incident. The autopsy later showed that the SC died of SIDS. The family continues to work with services and are awaiting a pre-trial date of 12/16/1 as a result of the father's non-compliance with the department. The father is ordered not to be the sole caretaker of the children. The mother is currently pregnant and is due 4/3/16. The petition was dropped against the grandmother as she was not the sole caretaker of the children and her whereabouts were unknown. The father has also moved to NYC.

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: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: They met on two occasions and reviewed all the information.

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

Comments: On 6/11/15 and on 7/16/15 the MDT met and reviewed the case.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
021301 - Deceased Child, Female, 2 Mons	021922 - Father, Male, 22 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
021301 - Deceased Child, Female,	021923 - Grandparent, Female, 42	Inadequate Guardianship	Substantiated



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2 Mons	Year(s)		
021301 - Deceased Child, Female, 2 Mons	021921 - Mother, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
021301 - Deceased Child, Female, 2 Mons	021921 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
021301 - Deceased Child, Female, 2 Mons	021921 - Mother, Female, 20 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
021301 - Deceased Child, Female, 2 Mons	021923 - Grandparent, Female, 42 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
021301 - Deceased Child, Female, 2 Mons	021922 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
021301 - Deceased Child, Female, 2 Mons	021923 - Grandparent, Female, 42 Year(s)	DOA / Fatality	Unsubstantiated
021301 - Deceased Child, Female, 2 Mons	021921 - Mother, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
021301 - Deceased Child, Female, 2 Mons	021922 - Father, Male, 22 Year(s)	DOA / Fatality	Unsubstantiated
021301 - Deceased Child, Female, 2 Mons	021922 - Father, Male, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
021941 - Sibling, Female, 5 Year(s)	021922 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
021941 - Sibling, Female, 5 Year(s)	021922 - Father, Male, 22 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
021941 - Sibling, Female, 5 Year(s)	021921 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
021941 - Sibling, Female, 5 Year(s)	021923 - Grandparent, Female, 42 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
021941 - Sibling, Female, 5 Year(s)	021922 - Father, Male, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
021941 - Sibling, Female, 5 Year(s)	021923 - Grandparent, Female, 42 Year(s)	Inadequate Guardianship	Substantiated
021941 - Sibling, Female, 5 Year(s)	021921 - Mother, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
021941 - Sibling, Female, 5 Year(s)	021921 - Mother, Female, 20 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
021942 - Sibling, Male, 3 Year(s)	021922 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
021942 - Sibling, Male, 3 Year(s)	021923 - Grandparent, Female, 42 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
021942 - Sibling, Male, 3 Year(s)	021923 - Grandparent, Female, 42 Year(s)	Inadequate Guardianship	Substantiated
021942 - Sibling, Male, 3 Year(s)	021922 - Father, Male, 22 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
021942 - Sibling, Male, 3 Year(s)	021921 - Mother, Female, 20 Year(s)	Parents Drug / Alcohol Misuse	Substantiated



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021942 - Sibling, Male, 3 Year(s)	021921 - Mother, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
021942 - Sibling, Male, 3 Year(s)	021922 - Father, Male, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
021942 - Sibling, Male, 3 Year(s)	021921 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
021943 - Sibling, Female, 1 Year(s)	021923 - Grandparent, Female, 42 Year(s)	Inadequate Guardianship	Substantiated
021943 - Sibling, Female, 1 Year(s)	021922 - Father, Male, 22 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
021943 - Sibling, Female, 1 Year(s)	021923 - Grandparent, Female, 42 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
021943 - Sibling, Female, 1 Year(s)	021922 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
021943 - Sibling, Female, 1 Year(s)	021922 - Father, Male, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
021943 - Sibling, Female, 1 Year(s)	021921 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
021943 - Sibling, Female, 1 Year(s)	021921 - Mother, Female, 20 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
021943 - Sibling, Female, 1 Year(s)	021921 - Mother, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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



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siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?				
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?

Family Court
 Criminal Court
 Order of Protection

Family Court Petition Type: Article 10-C, Destitute Child

Date Filed:	Fact Finding Description:	Disposition Description:
06/15/2015	There was not a fact finding	Adjourned
Respondent:	None	
Comments:	Temporary order for both parents to refrain from using alcohol or drugs, random drug screening, evaluation for drug/alcohol/mental health, cooperate with prevention services, attend all medical appointments for children and cooperate with DSS.	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input checked="" type="checkbox"/>	<input 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"/>

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

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)
03/14/2013	5472 - Sibling, Male, 1 Years	5494 - Father, Male, 21 Years	Inadequate Guardianship	Unfounded	No
	5472 - Sibling, Male, 1 Years	5471 - Mother, Female, 19 Years	Inadequate Guardianship	Indicated	
	5611 - Sibling, Female,	5471 - Mother, Female,	Inadequate	Indicated	



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2 Years	19 Years	Guardianship	
5611 - Sibling, Female, 2 Years	5494 - Father, Male, 21 Years	Inadequate Guardianship	Unfounded

Report Summary:

The report stated that the home was in deployable living conditions that was not deemed safe for the then 4 year old & 5 month old. (later proved to be the wrong ages) The report stated that there was no heat in the home, and animal feces strewn throughout the home. The mother had been given an order to vacate the premises and failed to comply. The mother was arrested for child endangerment. The report added that the mother doesn't have any resources and has no one to care for her children. The report also stated that the father was aware of the living conditions and had done nothing about it. The allegations listed were inadequate guardianship.

Determination: Indicated

Date of Determination: 04/29/2013

Basis for Determination:

The case was indicated as the home was deemed unsafe by code. Law enforcement arrested the mother for failing to plan for her two children and subjecting them to the unsafe conditions. There was no heat, rotting food, spoiled bottles, dog urine and feces, dining room table broken and clothes strewn throughout the home. The aunt became angry and upset and broke the bedroom door down while the mother and the children were in the room. The mother was arrested for endangering the welfare of the child and domestic violence. The mother did not have a safe place for the children and they were voluntarily placed in foster care for one night. The mother complied and the case was closed.

OCFS Review Results:

OCFS agrees with the investigation determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/07/2014	5492 - Sibling, Male, 2 Months	5481 - Mother, Female, 20 Years	Lack of Medical Care	Indicated	No
	5482 - Sibling, Female, 5 Years	5493 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded	
	5492 - Sibling, Male, 2 Months	5481 - Mother, Female, 20 Years	Inadequate Guardianship	Indicated	
	5482 - Sibling, Female, 5 Years	5481 - Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	5491 - Sibling, Male, 2 Years	5481 - Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	5491 - Sibling, Male, 2 Years	5493 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded	
	5492 - Sibling, Male, 2 Months	5493 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The report stated that the mother of the then 5 & 3 year old and 3 month old, took them to the pediatrician for a well visit. During the well visit, the 3 month old needed to be placed on oxygen and breathing treatments. The mother was unaware the 3 month old was having difficulty breathing. The mother is developmentally challenged and is limited. There was a concern the mother would not be able to administer the breathing treatments properly. Allegations were listed against the mother for inadequate guardianship and lack of medical care of the 3 month old.



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Determination: Indicated **Date of Determination:** 09/17/2014

Basis for Determination:
The mother was not aware that the 2 month old had difficulty breathing and needed oxygen. The mother has developmental delays and was unsure on when/how to administer the breathing treatments. The mother was also not following through with the necessary medical appointments for the children. The youngest child was not gaining weight and there was a concern that the mother could not care for the children. An Article 10 petition was filed against the mother for court ordered services. The case was ACOD for 1 year with long term CPS services.

OCFS Review Results:
OCFS agrees with the determination.

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)
03/11/2015	5545 - Deceased Child, Female, 1 Days	5542 - Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Indicated	No

Report Summary:
The mother gave birth to the SC who tested positive for Cannabinoids and Opiates. The allegation listed was Parents Drug/alcohol misuse against the mother.

Determination: Indicated **Date of Determination:** 05/26/2015

Basis for Determination:
The mother tested positive for Opiates which was due to the hospital administering morphine during delivery. There was no medical explanation as to the reason the SC tested positive for Cannabinoids except for the mom exposing the SC prior to delivery. The mother admitted to being exposed to the marijuana during her pregnancy. The case had been open to long-term CPS since September 2014.

OCFS Review Results:
OCFS agrees with the findings.

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

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

The maternal grandmother was known to CPS from 1999 to 2010.

On 10/28/05 the grandmother was indicated for lack of medical care and inadequate guardianship as the grandmother failed to follow up with the emergency room orders to get a bead out of her son's (13) ear.

On 2/11/06, the grandmother was indicated for educational neglect as the mother (12) missed 16 days of school in two months and had no medical excuse. As a result the mother was failing.

On 6/6/06 the grandmother was indicated for IG and lack of supervision as she allowed the mother (12) to go out at all hours of the night unsupervised.

On 1/2/09 the grandmother was indicated for IG and educational neglect as the mother (15) had missed 22 days of school with no medical excuse and was failing all the classes



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On 3/11/09 the grandmother was indicated for educational neglect and IG as the mother (15) had not attended school since October 2008.

On 11/19/10 the grandmother was unfounded for sexual abuse pertaining to the mother (16) as there was no evidence that she was prostituting her daughter.

Known CPS History Outside of NYS

There is no known history outside of NYS

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 09/17/2014

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 09/17/2014

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

At the time of the death, the family was monitored by CPS long-term and preventive services were being provided.

Required Action(s)

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

Yes No

Preventive Services History

The long-term CPS preventive case was opened on 9/17/14 as a result of an article 10 petition that was filed against the mother on 5/9/14. Services continued in the home as per the order that would expire June 2, 2015. SCDSS worked with the family and conducted bi weekly visits to the home. SCDSS assisted the family in attending medical appointments, obtaining housing, home hygiene, day care, furnishings, budgeting, and substance abuse services. SCDSS made appropriate referrals for services based on the needs of the family. There were several in-home services provided by outside agencies that worked collectively to assist the family.

The mother did not have knowledge that she was pregnant for the SC until 2 weeks prior to delivery. The SC was positive for marijuana at birth. SCDSS continued services and remained making weekly visits.

The SCDSS worker was in the home on 5/27/15 just a few days before the death. At the last visit, there were no presenting safety factors with the SC, as all the children appeared safe. The father was added to the services case as he was in the home more often. The father reported that he had another family in NYC but the father refused to provide names.

The family continues to be monitored by SCDSS. The mother is currently pregnant and is receiving prenatal care and regular drug testing.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

On 3/14/13 the two eldest children were voluntarily placed in foster care for one night as a result of the mother being



arrested and having no one to care for her children. Once the mother was released from jail on 3/15/13 the children were returned to the mother's care.

On 5/8/14, the three surviving siblings were placed in foster care as there were concerns that the mother was unable to care for the children's medical needs and the home being unsanitary. An article 10 petition was filed and the children were returned to the mother on 5/12/15. The mother agreed to an ACOD and court ordered services. The family continued to be monitored.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: Article 10-C, Destitute Child

Table with 3 columns: Date Filed, Fact Finding Description, Disposition Description. Row 1: 05/09/2014, There was not a fact finding, Adjourned in Contemplation of Dismissal (ACD). Row 2: Respondent: None. Row 3: Comments: The mother admitted to neglect. The mother failed to administer medication ordered by the physician for the 1 year old who had issues gaining weight. The mother was ordered for one year to attend all medical appointments, administer all medications prescribed, cooperate with healthy families and prevention services.

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