

**Report Identification Number: AL-14-015**

**Prepared by: Albany Regional Office**

**Issue Date: 2/17/2015**

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.

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

## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-plumonyary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Suprevision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information

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

**Report Type:** Child Deceased  
**Age:** 1 year(s)

**Jurisdiction:** Saratoga  
**Gender:** Male

**Date of Death:** 06/06/2014  
**Initial Date OCFS Notified:** 06/06/2014

## Presenting Information

The subject child was found unresponsive in his bed by the mother at 10:00am on 06/06/14. The mother reportedly checked on the subject child at approximately 4:30am and then again at 10:00am. After being found unresponsive at 10:00am the paramedics were contacted and the subject child was transported to the hospital. The subject child was otherwise healthy.

## Executive Summary

A report was made to the SCR on 6/6/14 alleging DOA/Fatality against the mother, the mother's boyfriend and the maternal grandmother. It was reported that the mother checked on the child at 4:30 AM because she heard the child cough. The mother reported that when she returned to check on the child she found him face down and unresponsive.

On 06/06/14 the Saratoga County Department of Social Services (SCDSS) immediately initiated the investigation by going to the hospital and interviewing mother and mother's boyfriend. SCDSS coordinated the investigation with law enforcement. All parents and children were interviewed as well as the maternal grandmother. There were discrepancies regarding the position the child was found as medical providers reported to SCDSS that the child died on his back. The SCDSS caseworkers obtained all appropriate collateral information and appropriate safety interventions were put in to place until information regarding the subject child's death could be obtained. The parent's contact with all surviving siblings was monitored by family members until further information regarding the subject child's death was obtained. The subject child had no serious injuries and toxicology reports were negative. There were some minor injuries noted during the autopsy but nothing severe. The child was otherwise healthy with no concerning medical conditions.

The mother and her boyfriend cooperated with recommendations made by the SCDSS caseworkers. SCDSS determined the report on 1/8/15 after the autopsy revealed that the child died of Natural Causes from Cardiac Arrhythmia. There were no criminal charges and the report was unfounded and closed. The mother's boyfriend was engaged in treatment and the family participated in grief counseling.

Based on review of the investigation there was no required actions warranted. SCDSS conducted a complete and thorough investigation.

## 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?** 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.

**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:** 06/06/2014

**Time of Death:**

**County where fatality incident occurred:**

SARATOGA

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

10:00 AM

**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:**

- |                                              |                                  |                                                     |
|----------------------------------------------|----------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |                                                     |

**Did child have supervision at time of incident leading to death?** Yes

**How long before incident was the child last seen by caretaker?** 5 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

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

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	49 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Other Child	No Role	Male	4 Year(s)
Other Household 1	Father	No Role	Male	33 Year(s)
Other Household 2	Other Adult	No Role	Female	37 Year(s)
Other Household 2	Other Child	No Role	Female	5 Year(s)

## LDSS Response

On 06/06/14 the SCDSS immediately initiated the investigation by going to the hospital and interviewing the mother and the mother's boyfriend. SCDSS coordinated the investigation with law enforcement. All parents and children were interviewed as well as the maternal grandmother. The SCDSS caseworkers obtained all appropriate collateral information and appropriate safety interventions were put in to place until information regarding the subject child's death could be obtained. The mother and her boyfriend cooperated with recommendations made by the SCDSS caseworkers. SCDSS determined the report on 1/8/15 after the autopsy revealed that the child died of Natural Causes from Cardiac Arrhythmia. The results were delayed due to toxicology reports and a discrepancy found with the time of death and position the subject child was reportedly found. There were no criminal charges and the report was unfounded and closed. The mother's boyfriend was engaged in treatment and the family participated in grief counseling.

## 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)?** No

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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child Male 1 Year(s)	Mother Female 31 Year(s)	DOA / Fatality	Unsubstantiated

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

Deceased Child Male 1 Year(s)	Mother Female 31 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child Male 1 Year(s)	Grandparent Female 49 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 1 Year(s)	Grandparent Female 49 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child Male 1 Year(s)	Mother's Partner Male 27 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 1 Year(s)	Mother's Partner Male 27 Year(s)	Inadequate Guardianship	Unsubstantiated

## 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"/>
The SCR Report source contacted?	<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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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

	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"/>

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<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?</b>	<input 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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input 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
<b>Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

### Services Provided to the Family in Response to the Fatality

Services	Provided After	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to
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# NYS Office of Children and Family Services - Child Fatality Report

	Death	Refused	if Used	Offered	Unavailable		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Additional information, if necessary:**  
 The SCSSS referred the mother and mother's boyfriend to community hospice. The mother and mother's boyfriend agreed to participate in an alcohol and substance abuse evaluation and follow all recommendations.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**  
 The family participated in grief counseling.

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

**Explain:**  
 The parents attended grief counseling and the mother's boyfriend was engaged in mental health counseling.

## History Prior to the Fatality

## Child Information



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**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)
09/23/2012	871-Other Child,Female, 16 Years	902-Mother,Female, 30 Years	Inadequate Guardianship	Unfounded	No
	871-Other Child,Female, 16 Years	1001-Mother's Partner,Male, 25 Years	Inadequate Guardianship	Unfounded	
	871-Other Child,Female, 16 Years	1001-Mother's Partner,Male, 25 Years	Sexual Abuse	Unfounded	

**Report Summary:**

On 09/23/12 the Washington County Department of Social Services (WCDSS) received a report alleging inadequate guardianship and sex abuse against the mother's boyfriend. The alleged subject child at that time was an unrelated youth residing with the ex-wife to mother's boyfriend. The report was unfounded and closed on 11/14/12.

**Determination:** Unfounded **Date of Determination:** 11/14/2012

**Basis for Determination:**

There was no credible evidence found to support the allegations

**OCFS Review Results:**

There were no identified concerns.

**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)
10/20/2013	873-Sibling,Female, 2 Years	872-Mother,Female, 30 Years	Inadequate Guardianship	Unfounded	No
	873-Sibling,Female, 2 Years	872-Mother,Female, 30 Years	Lack of Medical Care	Unfounded	
	873-Sibling,Female, 2 Years	872-Mother,Female, 30 Years	Lack of Supervision	Unfounded	
	873-Sibling,Female, 2 Years	872-Mother,Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	874-Deceased Child,Male, 1 Years	872-Mother,Female, 30 Years	Inadequate Guardianship	Unfounded	
	874-Deceased Child,Male, 1 Years	872-Mother,Female, 30 Years	Lack of Medical Care	Unfounded	

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874-Deceased Child, Male, 1 Years	872-Mother, Female, 30 Years	Lack of Supervision	Unfounded
874-Deceased Child, Male, 1 Years	872-Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded
873-Sibling, Female, 2 Years	875-Father, Male, 30 Years	Inadequate Guardianship	Unfounded
873-Sibling, Female, 2 Years	875-Father, Male, 30 Years	Lack of Medical Care	Unfounded
873-Sibling, Female, 2 Years	875-Father, Male, 30 Years	Lack of Supervision	Unfounded
873-Sibling, Female, 2 Years	875-Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded
874-Deceased Child, Male, 1 Years	875-Father, Male, 30 Years	Inadequate Guardianship	Unfounded
874-Deceased Child, Male, 1 Years	875-Father, Male, 30 Years	Lack of Medical Care	Unfounded
874-Deceased Child, Male, 1 Years	875-Father, Male, 30 Years	Lack of Supervision	Unfounded
874-Deceased Child, Male, 1 Years	875-Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded

**Report Summary:**

On 10/20/13 the Saratoga County Department of Social Services (SCDSS) received a report alleging inadequate guardianship, lack of medical care, lack of supervision and parents drug/alcohol misuse against the mother and subject child's biological father. The SCDSS completed the investigation by making home visits, contacting all persons named in the report, collateral contacts were made and all the necessary documentation was requested and reviewed by the SCDSS. The case notes were entered in a timely manner. The investigation found no evidence to support the allegations and the case was unfounded and closed on 12/12/13.

**Determination:** Unfounded

**Date of Determination:** 12/12/2013

**Basis for Determination:**

There was no credible evidence to support the allegations.

**OCFS Review Results:**

There were no identified concerns.

**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)
02/12/2014	906-Deceased Child on Report, Male, 1 Years	903-Mother, Female, 30 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	906-Deceased Child on Report, Male, 1 Years	903-Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	
	907-Sibling, Male, 3 Years	903-Mother, Female, 30 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	907-Sibling, Male, 3 Years	903-Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	
	908-Other Child, Female, 4	903-Mother, Female, 30	Inadequate Food /	Unfounded	

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

Years	Years	Clothing / Shelter	
908-Other Child,Female, 4 Years	903-Mother,Female, 30 Years	Inadequate Guardianship	Unfounded
909-Other Child,Female, 1 Years	903-Mother,Female, 30 Years	Inadequate Food / Clothing / Shelter	Unfounded
906-Deceased Child on Report,Male, 1 Years	1002-Mother's Partner,Male, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded
906-Deceased Child on Report,Male, 1 Years	1002-Mother's Partner,Male, 27 Years	Inadequate Guardianship	Unfounded
907-Sibling,Male, 3 Years	1002-Mother's Partner,Male, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded
907-Sibling,Male, 3 Years	1002-Mother's Partner,Male, 27 Years	Inadequate Guardianship	Unfounded
908-Other Child,Female, 4 Years	1002-Mother's Partner,Male, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded
908-Other Child,Female, 4 Years	1002-Mother's Partner,Male, 27 Years	Inadequate Guardianship	Unfounded
909-Other Child,Female, 1 Years	1002-Mother's Partner,Male, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded
909-Other Child,Female, 1 Years	1002-Mother's Partner,Male, 27 Years	Inadequate Guardianship	Unfounded
909-Other Child,Female, 1 Years	903-Mother,Female, 30 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

On 02/02/14 the SCDSS received a report alleging inadequate guardianship and inadequate food, clothing, and shelter against the mother's boyfriend and the mother. The subject child, subject child's four-year-old surviving sibling, and the mother's boyfriend's five-year-old child and two-year-old children were listed as maltreated. The report alleged that the mother's boyfriend had a history of mental illness and a recent suicide attempt by hanging on 01/27/14. Allegedly the mother allowed the boyfriend unsupervised contact with the children.

**Determination:** Unfounded

**Date of Determination:** 04/08/2014

**Basis for Determination:**

There was no credible evidence found to support the allegations. The children were not present during the incident on 1/27/14 and home was found to be appropriate.

**OCFS Review Results:**

There were no concerns identified.

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

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

No history more than three years prior to the death.

**Known CPS History Outside of NYS**

No history outside of NYS.

**Services Open at the Time of the Fatality**

**Required Action(s)**

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

Yes No

**Preventive Services History**

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

**Required Action(s)**

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

Yes No

**Foster Care Placement History**

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

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

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

**Recommended Action(s)**

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

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