

**Report Identification Number: AL-14-048**

**Prepared by: Albany Regional Office**

**Issue Date: 6/3/2015**

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.

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## Abbreviations

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

## Case Information

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**Report Type:** Child Deceased  
**Age:** 0 day(s)

**Jurisdiction:** Schenectady  
**Gender:** Male

**Date of Death:** 09/27/2014  
**Initial Date OCFS Notified:** 09/29/2014

## Presenting Information

On 9/27/14 the subject child was born premature at 25 weeks gestation. The child died two hours later.

## Executive Summary

The mother of the subject child went into premature labor at 25 weeks gestation. At the time of the subject child's birth the mother was homeless and there was an open CPS case. SCDSS filed an Article 10 Neglect Petition as the mother had no plan for the care of the surviving siblings. The mother consented to their temporary removal and the children were placed in to foster care. The children were reunited with their mother after the subject child passed and the FC Judge dismissed the petition upon SCDSS' request. SCDSS subsequently assisted the mother in re-locating to Florida to reside with the maternal grandfather and closed the services case. In addition, the CPS report was unfounded and closed. At the time of the case closure, there was court ordered supervision concerning the surviving siblings through Family Court in NYC. This court order was a result of sexual abuse of the 6-year-old by the mother's boyfriend. The child was ordered to have trauma therapy to address the abuse. The child was placed on a waiting list in Schenectady County and never received treatment. In addition, ACS expressed concerns regarding the mother's relocation as the mother had a history of moving from house to house and when her relationships dissolved becoming homeless. As a result, the 6-year-old missed numerous days of school. ACS requested that SCDSS contact child welfare services in Florida to assess the home and when it was learned that Florida does not conduct home visits as a courtesy, ACS asked for a child abuse report to be made. To date, no report has been made to Florida child protective services regarding the children.

## 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?** N/A
  - **Safety assessment due at the time of determination?** Unable to Determine

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** N/A
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

**Was the decision to close the case appropriate?** Unknown

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Unable to Determine

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

### Explain:

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The risk of future maltreatment was not sufficiently assessed as the complete child welfare history was not taken in to consideration.

## 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:** 09/27/2014

**Time of Death:** 10:55 PM

**County where fatality incident occurred:** ALBANY

**Was 911 or local emergency number called?** No

**Did EMS to respond to the scene?** No

**At time of incident leading to death, had child used alcohol or drugs?** N/A

**Child's activity at time of incident:**

- |  |                                  |   |
|--|----------------------------------|---|
| <input 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 checked="" type="checkbox"/> Other: Child was premature |                                  |   |

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

**Is the caretaker listed in the Household Composition?** No

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role		0 Day(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Other Household 1	Mother's Partner	No Role	Male	23 Year(s)

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## LDSS Response

Prior to the birth of the subject child, SCDSS filed an Article 10 Neglect Petition concerning the mother's failure to plan for the care of the surviving siblings when she went in to the hospital. The mother consented to their removal and the children were placed in to Foster Care. When the subject child passed, SCDSS returned the surviving siblings to the mother's care. A formal assessment of safety and risk was not done at this time. The mother and children resided in a homeless shelter until the mother contacted the maternal grandfather in Florida. SCDSS assisted the mother and children to relocate to the maternal grandfather's home. It should be noted, that there was temporary court ordered supervision concerning the surviving siblings due to an Article 10 Abuse Petition filed in NYC which was pending disposition. The mother's boyfriend sexually abused the 6-year-old and it was mandated that she receive trauma therapy to address this concern. The mother was a non-respondent parent and acted appropriately once she became aware that the child was abused. SCDSS opened preventive case with the family when they relocated. The child was placed on a waiting list for treatment. The mother became homeless again when her latest relationship dissolved. The surviving sibling had missed several days of school prior to relocating to the Schenectady area and after. The mother was uncooperative with meeting with SCDSS caseworkers and following through with the application process in order to obtain appropriate housing. ACS expressed concerns regarding the mother's plan to move to Florida given her extensive child welfare history and requested that SCDSS make a referral to the Florida child welfare system. To date neither SCDSS nor ACS have made a referral.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

## Multidisciplinary Investigation/Review

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

**Comments:** The child's death was not reviewed.

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pediatrician</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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

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	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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> Prior to the subject child's birth, the surviving siblings were removed as the mother failed to make an adequate plan for their care while she was in the hospital.				

## Legal Activity Related to the Fatality

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

**Have any Orders of Protection been issued?** No

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 mother had an extensive child welfare history, was under court ordered supervision and continued to be unable to provide the minimum degree of care for her children. The mother moved from house to house was a victim of domestic violence and often became homeless when her relationships dissolved. All services listed above could assist the mother in providing a stable environment for her children

**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 children were briefly placed in foster care while the mother was in the hospital. The subject child was born very premature and was not expected to survive. Once the child passed the children were returned to the mother.

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

**Explain:**  
 SCDSS attempted to provide the mother services and subsequently assisted her in relocating to Florida.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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? 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

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**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)
01/14/2013	1942 - Sibling, Female, 5 Years	1941 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	No
	1943 - Sibling, Male, 1 Years	1941 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

The report alleged Inadequate Guardianship against the father of the children. The report alleged that the father was not taking his prescribed medications causing him to be violent and unable to care for his children. The report alleged that the father hit the children leaving an abrasion on one of the surviving siblings. At the time of the report the father was residing in NYC. ACS conducted the investigation.

**Determination:** Unfounded

**Date of Determination:** 03/12/2013

**Basis for Determination:**

There was no credible evidence to support that the father struck the subject children. Both children denied being struck by their father. The mother and father were involved in a custody dispute in family court. At the time of the report the mother had obtained custody of the children. The children were observed to have no marks or bruises. Both the mother and father denied that the children were struck.

**OCFS Review Results:**

ACS made several visits to both parent's homes and no safety concerns were identified. All appropriate collaterals and interviews were completed.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/15/2013	1945 - Sibling, Female, 5 Years	1944 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	No
	1945 - Sibling, Female, 5 Years	1944 - Father, Male, 26 Years	Lacerations / Bruises / Welts	Unfounded	
	1945 - Sibling, Female, 5 Years	1944 - Father, Male, 26 Years	Sexual Abuse	Unfounded	
	1946 - Sibling, Male, 1 Years	1944 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	
	1945 - Sibling, Female, 5 Years	1944 - Father, Male, 26 Years	Inappropriate Isolation / Restraint	Unfounded	

**Report Summary:**

The report alleged Inappropriate isolation/restraint , Lacerations, Bruises and Welts and Sexual abuse against the father of the siblings concerning the 5-year-old surviving sibling. The report stated that the father slapped the child leaving marks on the child's face. In addition the report alleged that the father was inappropriately touching the child.

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**Determination:** Unfounded **Date of Determination:** 03/12/2013

**Basis for Determination:**  
 There was no credible evidence found to substantiate the allegations. The children denied all allegations as did the mother and father. There were no marks or bruises found on either child. The 5-year-old denied the allegations that she was being restrained or sexually abused.

**OCFS Review Results:**  
 ACS made several visits to the home and child's school. They contacted the children's pediatrician and interviewed all necessary collaterals.

**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)
03/16/2013	1949 - Sibling, Male, 1 Years	1947 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	No
	1949 - Sibling, Male, 1 Years	1947 - Father, Male, 26 Years	Lack of Supervision	Unfounded	
	1948 - Sibling, Female, 5 Years	1947 - Father, Male, 26 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	1948 - Sibling, Female, 5 Years	1947 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	
	1948 - Sibling, Female, 5 Years	1947 - Father, Male, 26 Years	Lacerations / Bruises / Welts	Unfounded	
	1948 - Sibling, Female, 5 Years	1947 - Father, Male, 26 Years	Lack of Supervision	Unfounded	
	1948 - Sibling, Female, 5 Years	1947 - Father, Male, 26 Years	Sexual Abuse	Unfounded	
	1948 - Sibling, Female, 5 Years	1947 - Father, Male, 26 Years	Swelling / Dislocations / Sprains	Unfounded	

**Report Summary:**  
 The report alleged Inadequate Food, Clothing and Shelter and Inadequate Guardianship against the father of the children. The report alleged that the father was non-compliant with his medications for mental illness. The report stated that when the father became angry with the children he would hit, punch and choke the children. It was alleged that the children had bruises . In addition the report stated that the home was filthy and unsafe for the children with garbage, old food and dirty diapers throughout the home.

**Determination:** Unfounded **Date of Determination:** 03/20/2013

**Basis for Determination:**  
 There was no credible evidence to support the allegation. At the time of the report, the children were residing with the mother under court ordered supervision. There was no evidence to support that the father's home was inappropriate for the children. The children denied that the father struck them.

**OCFS Review Results:**  
 ACS conducted the investigation by making necessary home visits. conducting interviews with the children, parents, and collateral contacts. There were concerns identified regarding discipline in the mother's home, however there were no marks or bruises noted on the children and no evidence to support maltreatment.

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

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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/18/2013	1951 - Sibling, Female, 5 Years	1950 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	No
	1951 - Sibling, Female, 5 Years	1950 - Father, Male, 26 Years	Lacerations / Bruises / Welts	Unfounded	
	1951 - Sibling, Female, 5 Years	1950 - Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1952 - Sibling, Male, 1 Years	1950 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	
	1952 - Sibling, Male, 1 Years	1950 - Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**  
 The report alleged Inadequate Food/Clothing/Shelter, Inadequate Guardianship, Lacerations/Bruises, Welts Lack of Supervision, Swelling Dislocation/Sprains and Sexual Abuse against the father of the surviving siblings. The report alleged that the father had custody of the children and that when he became intoxicated he was unable to care for the children. The report stated that the father struck the 6-year-old and was sexually abusing her. In addition, it was alleged that the father left the children unsupervised resulting in police intervention.

**Determination:** Unfounded **Date of Determination:** 04/08/2013

**Basis for Determination:**  
 There was no credible evidence to support the allegation of the report as the father had not seen the children since January of 2013 when the mother obtained custody. The children were found to have no injuries and denied all of the allegations.

**OCFS Review Results:**  
 ACS made all necessary home visits, contacts with collaterals and conducted all appropriate interviews.

**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)
03/21/2013	1954 - Sibling, Female, 5 Years	1953 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	No
	1954 - Sibling, Female, 5 Years	1953 - Father, Male, 26 Years	Lacerations / Bruises / Welts	Unfounded	
	1954 - Sibling, Female, 5 Years	1953 - Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1955 - Sibling, Male, 2 Years	1953 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	
	1955 - Sibling, Male, 2 Years	1953 - Father, Male, 26 Years	Lacerations / Bruises / Welts	Unfounded	
	1955 - Sibling, Male, 2 Years	1953 - Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**  
 The report alleged Inadequate Guardianship, Lacerations, Bruises and Welts, and Parent's Drug/Alcohol Misuse against the father of the subject children then ages 5 and 2. The report alleged again the father was striking the 5-year old leaving marks and bruises when he was intoxicated.

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**Determination:** Unfounded **Date of Determination:** 04/08/2013

**Basis for Determination:**  
 There was no credible evidence to support the allegations of the report. The children were residing with their mother and the father had no contact with them since 1/2013. The report was unfounded. The mother continued to cooperate with court ordered services.

**OCFS Review Results:**  
 ACS made all necessary home visits, contacts with collaterals and conducted all appropriate interviews.

**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)
02/28/2014	1959 - Sibling, Male, 2 Years	1957 - Mother's Partner, Male, 23 Years	Inadequate Guardianship	Indicated	No
	1958 - Sibling, Female, 6 Years	1957 - Mother's Partner, Male, 23 Years	Educational Neglect	Indicated	
	1958 - Sibling, Female, 6 Years	1957 - Mother's Partner, Male, 23 Years	Inadequate Guardianship	Indicated	
	1958 - Sibling, Female, 6 Years	1957 - Mother's Partner, Male, 23 Years	Inadequate Guardianship	Indicated	
	1958 - Sibling, Female, 6 Years	1957 - Mother's Partner, Male, 23 Years	Lacerations / Bruises / Welts	Indicated	
	1958 - Sibling, Female, 6 Years	1957 - Mother's Partner, Male, 23 Years	Sexual Abuse	Indicated	
	1959 - Sibling, Male, 2 Years	1956 - Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	1958 - Sibling, Female, 6 Years	1969 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	
	1959 - Sibling, Male, 2 Years	1969 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**  
 The report alleged Inadequate Guardianship and Lacerations, Bruises and Welts regarding the 6-year-old surviving sibling against the mother's boyfriend. According to the report the mother's boyfriend struck the child with a belt causing a bruise to the child's right hand. At the time of the call to the SCR the mother and child were at the hospital. The report stated that the families' 10-year-old neighbor told the mother that the boyfriend ejaculated in the 6-year-old's mouth. At the time of the report, the doctor was interviewing the child regarding the allegations.

**Determination:** Indicated **Date of Determination:** 04/30/2014

**Basis for Determination:**  
 The investigation revealed that the mother's boyfriend had sexually abused the 6-year-old surviving sibling. In addition, he was indicated for Inadequate Guardianship and Lacerations, bruises and welts for striking the child with a belt which resulted in a bruise. The boyfriend was also indicated for Inadequate Guardianship concerning the 2-year-old surviving sibling. He had also struck that child with a belt. The mother was also indicated for Educational Neglect and Inadequate Guardianship concerning the 6-year-old. The child had missed 49 days of school and the mother was unable to sustain stable housing. The mother had re-located to Schenectady and the 6-year -old had also missed school.

**OCFS Review Results:**  
 ACS worked in conjunction with the police and investigated the report. The mother's boyfriend was arrested and charged

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with two counts of a criminal sex act in the 1st degree, assault in the 2nd degree, sexual abuse in the 2nd degree, 2 counts of sexual misconduct, criminal contempt in the 2nd, 2 counts of endangering the welfare of a minor, criminal possession of the weapon in the 1st, menacing in the 3rd and harassment in the 2nd. On 3/5/14, ACS filed a Neglect Petition against the mother's boyfriend. During the course of the investigation the mother relocated to Schenectady County. ACS made a referral to SCDSS for services on 3/25/14. SCDSS was aware of the pending Petition.

**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)
07/24/2014	1963 - Sibling, Male, 3 Years	1960 - Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Indicated	Yes
	1963 - Sibling, Male, 3 Years	1960 - Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	1964 - Sibling, Female, 7 Years	1960 - Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Indicated	
	1964 - Sibling, Female, 7 Years	1960 - Mother, Female, 23 Years	Inadequate Guardianship	Indicated	

**Report Summary:**  
 The report alleged Inadequate Guardianship against the mother concerning the two surviving siblings. According to the report the mother was verbally abusive towards the children. The mother reportedly yanked the children by their arms and punched them with force.

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

**Basis for Determination:**  
 The report was indicated for Inadequate Guardianship and Inadequate Food, Clothing and Shelter against the mother of the children. It was determined that the mother had an extensive history of unstable housing for herself and her children. The family had been in a homeless shelter since 8/14. As a result, the children had missed meals. The mother re-located to Schenectady in 3/14 and the 6-year-old had not attended many days of school. SCDSS had an open services case to assist the mother with housing and obtaining trauma therapy for the 6-year-old. The mother had not cooperated. Documentation reflected that there was Court Ordered Supervision over the children ordered by NYC Family Court.

**OCFS Review Results:**  
 At the time of the report SCDSS had an open services case to assist the mother with housing. SCDSS did not document a child welfare history check for during the investigation. ACS had filed an Article 10 Neglect Petition against the mother's boyfriend in relation to sexual abuse. At the time of the determination, the mother had not obtained stable housing, also the mother moved prior to the end of the school year and the 6-year-old missed over 49 days of school which continued. SCDSS did not provide notification to the father.

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

**Issue:**  
 Pre-Determination/Assessment of Current Safety/Risk

**Summary:**  
 There was an extensive history with this family which was not considered in the assessment of the safety and risk to the surviving sibling. The mother was under court ordered supervision according to documentation from ACS and was mandated to obtain therapy for the 6-year-old sibling. In addition the mother was indicated for educational neglect and not providing stable housing for her children.

**Legal Reference:**  
 18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**

SCDSS will consider child welfare history and all factors prior to assessing the safety and risk to the children in the household.

**Issue:**

Failure to provide notice of report

**Summary:**

SCDSS failed to notify the biological father of the existence of the report. The father at one time had custody of the children and should have been notified of the existence of the report.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

SCDSS will notify non-subject parents of the existence of child abuse reports.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/21/2014	1966 - Sibling, Female, 7 Years	1965 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	Yes
	1967 - Sibling, Male, 4 Years	1965 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

This report alleged Inadequate Guardianship against the mother of the subject child concerning the 4-year-old surviving sibling. The report alleged that the mother hit her 4-year-old son in the head and buttocks several times with excessive force. The report further stated that on 9/19/14 the mother hit the child again in the head because he would not eat fast enough.

**Determination:** Unfounded

**Date of Determination:** 10/21/2014

**Basis for Determination:**

SCDSS determined that the report was unfounded as the child had no visible injuries and the mother denied using corporal punishment.

**OCFS Review Results:**

The 4yo and 6yo were not interviewed. SCDSS did not do a Child Welfare History check and therefore were not able to adequately assess the safety and risk to the children. During the course of the investigation the mother went in to pre-mature labor and consented to the temporary removal of the children. After the subject child passed the children were returned to the mother who was residing in a homeless shelter. SCDSS then assisted the mother in a move to the state of Florida. There were no referrals made for services considering the mother's inability to maintain housing and schooling for the children.

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

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

The children were never interviewed concerning the allegations of this report.

**Legal Reference:**

432.1 (o)

**Action:**

SCDSS will interview all subject children in all reports if developmentally appropriate.

**Issue:**

Failure to provide notice of report

**Summary:**

SCDSS failed to notify the biological father of the children that there was a report made to the SCR concerning his children. Further the father was not considered as a resource when the children went in to foster care.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

SCDSS will notify birth parents of the existence of report made to the SCR regarding their children. In addition the non-custodial birth parent should be considered prior to foster care placement.

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

SCDSS assisted the family in re-locating to the state Florida. There was no referral for services prior to the family moving. There has been no confirmation that the mother has obtained mental health services for her daughter or that she has been able to maintain housing for her children. No CPS report was made to Florida in order for an assessment of safety and risk to be done.

**Legal Reference:**

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

**Action:**

SCDSS must ensure appropriate referrals for service are made to other states when known safety and risk factors exist.

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

On 11/23/05 and 3/27/06, there were two reports alleging Educational Neglect concerning the mother as a child. ACS unfounded both reports and closed the case. On 11/2/09 a report was made alleging Inadequate Food, Clothing, and Shelter, IG and Lack of Medical Care against the mother regarding the 7-year-old surviving sibling. The child was then 2-years old. The report stated that the mother was homeless and was living on the streets with the child. According to the report the child was born very premature and required physical therapy because she had difficulty walking. The report stated that the mother failed to take the child to therapy. On 12/24/09 ACS determined the report to be unfounded and closed the case. On 7/20/12 a report was made to the SCR alleging Inadequate Guardianship concerning the surviving siblings who were then 4 and 2 against the mother, her boyfriend and 4 unrelated home members. The report stated that there was a search warrant executed at the home by a SWAT team. The 4 and 2 year old were present. A quantity of marijuana, drug paraphernalia and a firearm were recovered at the home. All of the adults were arrested. On 9/12/12 ACS indicated the case for IG against the mother and all unrelated home members. In addition the report was indicated against the MGM and her paramour who also resided in the home. ACS filed an Article 10 Neglect Petition against the mother and the children were placed in the father's care.

## Known CPS History Outside of NYS

There is no known history outside of New York.

## 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:** 04/29/2014

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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: 04/29/2014

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

Neither ACS or SCDSS filed an Article 10 Neglect Petition when the mother failed to cooperate with court orders. SCDSS never obtained the Court Orders from ACS.

## Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings/other children in the household as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## Closing

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

## 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:**

SCDSS referred the case to a provider agency to assist the mother in obtaining therapy for the 6-year-old sibling. The agency also attempted to assist the mother with housing, however the mother was not cooperative with service providers.

## Required Action(s)

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

Yes   No

<b>Issue:</b>	Predetermination/Assessment of Current Safety and Risk
<b>Summary:</b>	SCDSS did not obtain enough information regarding the Maternal Grandfather's home in order to assess the future risk of the surviving siblings.
<b>Legal Reference:</b>	18 NYCRR 432.1(aa)
<b>Action:</b>	SCDSS will address all risk factors including child welfare history and will make necessary referrals accordingly. The mother was sent to Florida with no services in place to assist her with obtaining therapy for the 6-year-old or housing if her relationship with the maternal grandfather dissolves. Given the mother's child welfare history there is a risk of future maltreatment to the children.

## Preventive Services History

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On 7/24/12 ACS opened a preventive services case. This was court ordered based on an Article 10 Neglect Petition filed due to the mother being arrested in a drug raid. The children briefly resided with their biological father and were subsequently returned to their mother when she was released from jail. ACS worked with the mother to assist her with obtaining housing and monitored the family until January 2014. On 3/5/14, ACS again filed an Article 10 Petition against the mother's boyfriend for sexual abuse of the 7-year-old surviving sibling. The mother was a non-respondent in the case. According to ACS documentation there were Court Ordered Services and an Order of Supervision over the children mandating that the mother obtain trauma based therapy for the child. In April of 2014, the mother moved to Schenectady County. ACS requested that SCDSS open a preventive case when the mother re-located to Schenectady which was opened on 4/29/14. SCDSS made appropriate referrals for services and attempted to assist the mother with housing. In addition, SCDSS attempted to assist the mother with school enrollment for the child. Should be noted the mother moved frequently between homeless shelters in several locations including outside of Schenectady. This case was closed in September 2014 when SCDSS assisted the mother in moving to Florida.

### Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
<b>Was the most recent required FASP approved on time?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Required Action(s)

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

Yes  No

### Foster Care Placement History

The surviving siblings were placed in Foster Care for a few days when the mother went in to the hospital to deliver the subject child. SCDSS filed an Article 10 Petition as the mother failed to make appropriate arrangements for the children for when she went in to the hospital to deliver the subject child. The mother consented to the removal of the children and SCDSS requested that the petition be dismissed. After the subject child passed the Family Court Judge returned the children to the mother's care.

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

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

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 Family Court

 Criminal Court

 Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
03/05/2014	Adjudicated Abused	Return to Parent
<b>Respondent:</b>	015804 Mother's Partner Male 23 Year(s)	
<b>Comments:</b>	The mother maintained custody of the children. The mother's boyfriend was adjudicated and ordered to stay away from the children until they turn 18.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
09/25/2014	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	015102 Mother Female 23 Year(s)	
<b>Comments:</b>	This petition was dismissed and the children were returned to the mother upon the mother's discharge from the hospital after the subject child's death.	

Criminal Charge: Sexual abuse Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
03/06/2014	Mother's boyfriend	Unknown	Unknown
<b>Comments:</b>	The mother's boyfriend was charged with sexual abuse concerning the 6-year-old surviving sibling.		

Have any Orders of Protection been issued? Yes	
<b>From:</b> 03/05/2014	<b>To:</b> Unknown

### 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