



**Report Identification Number: AL-15-007**

**Prepared by: Albany Regional Office**

**Issue Date: 10/23/2015**

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**

<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**



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

**Report Type:** Child Deceased  
**Age:** 5 month(s)

**Jurisdiction:** Schenectady  
**Gender:** Female

**Date of Death:** 04/20/2015  
**Initial Date OCFS Notified:** 04/20/2015

## Presenting Information

At the time of the fatality on 4/20/15 the case was open for services with SCDSS based on a report that was received by SCDSS on 1/2/15. The report alleged Inadequate Guardianship against the sixteen-year-old biological mother who prematurely gave birth on 10/26/14 at twenty-six weeks gestation. The hospital staff expressed concerns regarding the mother's ability to adequately plan and administer the extensive medical care that the child required. The deceased child was diagnosed with Hyperglycemia, Respiratory Distress Syndrome, Bronchopulmonary Dysplasia and presumed aspiration pneumonia as a result the child was placed on a ventilator at birth. During the following six months the child remained hospitalized as the child's medical condition continued to deteriorate.

## Executive Summary

On 4/20/15, at the time of the fatality the case was open for services with SCDSS based on a report that had been received on 1/2/15. The report alleged Inadequate Guardianship against the sixteen-year-old biological mother who prematurely gave birth on 10/26/14 at twenty- six weeks gestation. Hospital staff expressed concerns regarding the mother's ability to adequately plan and administer the extensive medical care that the child required. The infant was diagnosed with Hyperglycemia, Respiratory Distress Syndrome and Bronchopulmonary Dysplasia as a result the child was placed on a ventilator at birth. During the following six months the child remained hospitalized. The staff continued to have concerns due to instances in which the parents had visited the child at the hospital and had a strong odor of marijuana and alcohol, an incident of domestic violence between the parents while in the hospital and lack of consistent visiting as well as an inability to contact the parents as needed related to the medical status of the child. The father of the subject child was incarcerated on March 25, 2015. Prior to the father's incarceration he resided in the home of the paternal grandmother and had no other children. The mother resided with the maternal grandparents. The SCDSS caseworker continued to conduct home-visits and gather information which resulted in identified safety concerns pertaining to the two siblings of the mother, ages ten and seven- years-old who reside in the household. The maternal grandparents were added to the case and named as subjects due to issues related to the grandmothers untreated substance abuse issues, incidents of domestic violence between adults and the grandparents failure to ensure that the sixteen year-old mother received mental health services. On 3/2/15 SCDSS filed neglect petitions against the maternal grandparents. On 3/6/15 allegations of Inadequate Guardianship against the maternal grandparents and the mother were indicated and the case was opened for services. The subject child's medical condition continued to steadily decline. In early March the child had a tracheostomy, and soon after the child's deterioration also compromised her brain function and development. The hospital staff with the support from the SCDSS caseworker discussed with the mother the child's prognosis. The mother was not visiting the child on a regular basis and plans were developed amongst collaterals and SCDSS to meet the needs of the mother and family members. On 4/20/15 the child passed away at the hospital. The SCDSS caseworker assisted in coordinating transportation, funeral arrangements and grief counseling for family members. The case remained open for services for the maternal grandparents and two younger siblings of the mother.

## 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? N/A

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

Explain:

N/A

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:

On 3/8/15 the case was opened for services and included the mother, mother's two younger siblings and maternal grandparents.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/20/2015

Time of Death: 03:50 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? 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

Is the caretaker listed in the Household Composition? Yes - Caregiver



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**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	Aunt/Uncle	No Role	Female	9 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	7 Year(s)
Deceased Child's Household	Deceased Child	No Role	Female	5 Month(s)
Deceased Child's Household	Grandparent	No Role	Male	43 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	41 Year(s)
Deceased Child's Household	Mother	No Role	Female	17 Year(s)
Other Household 1	Father	No Role	Male	21 Year(s)

## LDSS Response

At the time of the fatality on 4/20/15 the case was opened for services based on a report that was received by SCDSS on 1/2/15 that included the maternal grandparents and mother's siblings. The SCDSS caseworker and hospital staff had developed a plan in preparation of the child's anticipated death in order to address concerns related to the mother's history of mental health issues and lack of family supports. On 4/20/15 at the time of the fatality the SCDSS caseworker assisted in locating the mother and coordinating transportation for the mother to the hospital. SCDSS completed a home-visit to the family residence to offer condolences and assistance with funeral arrangements. SCDSS continued to work with the mother ensuring the mother was meeting with probation, attending school and counseling at Child Guidance. Due to ongoing difficulties between the mother and grandparents alternative living options were being explored such as Equinox and Safe House. SCDSS obtained medical records pertaining to the deceased child's care during the six months the child was hospitalized. An autopsy was not completed since the cause of death was known to stem from medical complications from birth. The SCDSS caseworker referred the maternal grandmother for a substance abuse evaluation and later learned that she was recommended for substance abuse treatment. The caseworker continued to conduct home-visits and assess the safety of the grandmothers children, ages seven and ten-years-old who resided in the household. The SCDSS caseworker conducted face to face interviews with the children remaining in the home at school and in the residence. In February 2015 neglect petitions were filed by SCDSS against the maternal grandparents. On 5/26/15 the grandmother agreed to a three month ACOD which included successfully completing a substance abuse treatment program. The petition against the grandfather was withdrawn. The case including the maternal grandparents, mother and two siblings ages nine and seven-years-old remains open with SCDSS. The mother continues to reside in the household.

## Official Manner and Cause of Death

**Official Manner:** Natural

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



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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: N/A

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving 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? 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	Offered,	Offered,	Needed	Needed	N/A	CDR
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	After Death	but Refused	Unknown if Used	but not Offered	but Unavailable		Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The family composition of the case required SCDSS to work with the sixteen year old mother of the deceased child in addition to the maternal grandparents who have two children, ages ten and seven-years-old. Safety and risk factors were identified by SCDSS related to the maternal grandparents that were determined to require services.

**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 two children (maternal aunts) in the household never had any contact with the deceased child due to the fact the child had remained hospitalized from birth, however the family was offered grief counseling.

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

**Explain:**  
 SCDSS offered assistance with funeral arrangements and grief counseling. The mother was not cooperative with services and frequently SCDSS experienced difficulty locating the mother.





## 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?** N/A  
**Was the child acutely ill during the two weeks before death?** Yes

### Infants Under One Year Old

**During pregnancy, mother:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Had medical complications / infections<br><input type="checkbox"/> Misused over-the-counter or prescription drugs<br><input type="checkbox"/> Experienced domestic violence<br><input type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use<br><input type="checkbox"/> Smoked tobacco<br><input type="checkbox"/> Used illicit drugs |
|---|--|

**Infant was born:**

- |   |   |
|---|---|
| <input type="checkbox"/> Drug exposed<br><input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> With fetal alcohol effects or syndrome |
|---|---|

## 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)
11/14/2013	4751 - Mother, Female, 15 Years	4742 - Grandparent, Male, 41 Years	Excessive Corporal Punishment	Unfounded	Yes
	4751 - Mother, Female, 15 Years	4742 - Grandparent, Male, 41 Years	Inadequate Guardianship	Unfounded	
	4751 - Mother, Female, 15 Years	4750 - Grandparent, Male, 39 Years	Inadequate Guardianship	Unfounded	
	4751 - Mother, Female, 15 Years	4742 - Grandparent, Male, 41 Years	Swelling / Dislocations / Sprains	Unfounded	

**Report Summary:**

On 11/14/13 SCDSS received a report alleging that the fifteen-year-old MA child was punched in the forehead by her father resulting in a visible injury. The child was being punished for not cleaning the family residence to her parents satisfaction. The mother was present, but failed to intervene to protect the child.

**Determination:** Unfounded **Date of Determination:** 12/06/2013

**Basis for Determination:**



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SCDSS documented the basis for the determination was lack of credible evidence to support the allegations contained in the report.

**OCFS Review Results:**

During the review of the investigation it was learned that the SCDSS caseworker failed to interview the younger siblings listed on the report and who were allegedly present at the time of the alleged incident.

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

**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

All household members were not interviewed.

**Legal Reference:**

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

**Action:**

All persons in the home must be interviewed and all children assessed for safety.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/17/2014	4775 - Aunt/Uncle, Female, 8 Years	4746 - Grandparent, Male, 42 Years	Inadequate Guardianship	Unfounded	No
	4749 - Mother, Female, 15 Years	4745 - Grandparent, Female, 40 Years	Inadequate Guardianship	Unfounded	
	4749 - Mother, Female, 15 Years	4746 - Grandparent, Male, 42 Years	Inadequate Guardianship	Unfounded	
	4775 - Aunt/Uncle, Female, 8 Years	4745 - Grandparent, Female, 40 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

On 1/17/14 SCDSS received a report that the father and fifteen-year-old MA child engaged in a verbal dispute that escalated and the parents kicked the child out of the house and failed to make an adequate plan for the child's care. A subsequent report was received on 2/13/15 and merged to the initial report. The report alleged that the mother engaged in a physical altercation with the fifteen-year-old.

**Determination:** Unfounded

**Date of Determination:** 03/26/2014

**Basis for Determination:**

The allegations of Inadequate Guardianship against the parents was unfounded due to lack credible evidence. The subject child reported she left the home and wasn't kicked out by the parents. The parents filed a PINS petition against the fifteen-year-old child as a result of ongoing truancy, and delinquent behavior at home and in school.

**OCFS Review Results:**

During the review of the investigation it was determined that the SCDSS met with all persons listed on the report in a timely manner, contacted collaterals and continued to assess the safety of the home and children during the investigation period.

**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)
05/28/2014	4763 - Mother, Female,	4765 - Grandparent,	Inadequate	Unfounded	Yes

16 Years	Male, 42 Years	Guardianship	
4763 - Mother, Female, 16 Years	4765 - Grandparent, Male, 42 Years	Swelling / Dislocations / Sprains	Unfounded
4763 - Mother, Female, 16 Years	4765 - Grandparent, Male, 42 Years	Excessive Corporal Punishment	Unfounded
4763 - Mother, Female, 16 Years	4765 - Grandparent, Male, 42 Years	Lacerations / Bruises / Welts	Unfounded

**Report Summary:**

The report alleges Inadequate Guardianship, Excessive Corporal punishment and lacerations/bruises/ welts against the biological father of the sixteen-year-old child. On 5/24/14 the father punched the MA child in the face resulting in a black eye. The father has a history of physical violence towards the mother and child.

**Determination:** Unfounded

**Date of Determination:** 07/29/2015

**Basis for Determination:**

The allegations were unfounded based on lack of credible evidence. The subject child reported that her father accidentally caused the injury when breaking up a fight between her and her sibling.

**OCFS Review Results:**

The initial face to face interview with the alleged subject was conducted on 7/17/14. The father was informed of the allegations, however there was no documentation of discussion with him about the incident or explanation of the black eye sustained by the subject child. During the investigation the SCSS caseworker did not make an attempt to speak with the twenty-year-old sibling to confirm the MA child's explanation for the injury or that the alleged incident resulted from an altercation with the twenty-year-old sibling. The information gathered during the course of the investigation was inadequate. Based on the information gathered the allegations are unable to be determined

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

**Issue:**

Overall Completeness and Adequacy of Investigation

**Summary:**

The date of the report was 5/28/14. The caseworker conducted one face to face interview with the subject on 7/17/14 and failed to discuss the alleged incident or allegations. The MA child had a visible injury, however an explanation by the parents was not provided. The twenty-year-old sibling of the MA child resided in the home and was involved in the incident, yet wasn't interviewed.

**Legal Reference:**

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

**Action:**

LDSS must ensure a thorough and comprehensive investigation is completed in order to gather adequate information to determine the allegations listed in the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/02/2015	4769 - Deceased Child, Female, 3 Months	4768 - Mother, Female, 16 Years	Inadequate Guardianship	Indicated	No
	4771 - Aunt/Uncle, Female, 10 Years	4766 - Grandparent, Male, 43 Years	Inadequate Guardianship	Indicated	
	4771 - Aunt/Uncle, Female, 10 Years	4767 - Grandparent, Female, 41 Years	Inadequate Guardianship	Indicated	



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4770 - Aunt/Uncle, Female, 7 Years	4766 - Grandparent, Male, 43 Years	Inadequate Guardianship	Indicated
4770 - Aunt/Uncle, Female, 7 Years	4767 - Grandparent, Female, 41 Years	Inadequate Guardianship	Indicated

**Report Summary:**

On 1/2/15 SCDSS received a report alleging that a sixteen-year-old mother gave birth at 26 weeks, which is considered pre-mature. The child was diagnosed with chronic lung disorder and Respiratory Distress Syndrome that required extensive medical follow up. There were concerns surrounded the mother being involved in domestic violence with the biological father, substance abuse issues and lack of parenting skills. During the investigation the maternal grandparents were added to the case and named as subjects due to evidence that the grandmother has substance abuse issues and there being incidents of domestic violence between the grandparents in the presence of the their two children.

**Determination:** Indicated**Date of Determination:** 03/06/2015**Basis for Determination:**

The biological mother periodically visited the deceased child in the hospital over the six months prior to the fatality and wasn't accessible to the hospital as needed. The mother failed to adequately plan for the medical care the child required. The maternal grandmother has substance abuse issues and was observed under the influence in the presence of the children, including an incident at the hospital. The grandparents have a history of engaging in domestic violence in the presence of the children. In addition the grandparents failed to follow up with their child's mental health care and often were unaware of the child's whereabouts.

**OCFS Review Results:**

During the review of the investigation SCDSS interviewed all persons listed in the household, met with collaterals and assessed the safety of the children including the siblings to the mother. The maternal grandparents last known police contact related to domestic violence was in May 2014. An Order of Protection was issued by Family Court on 3/13/15 ordering the parties ( maternal grandparents) to refrain from all violent, offensive, assaultive and menacing behavior in the presence of the children.

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

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

During the review of Child Protective history it was found that the maternal grandparents were involved in four investigations more than three years prior to the fatality.

On 3/7/05 a report was received by Schenectady County DSS alleging Inadequate Guardianship against the maternal grandparents related to incidents of domestic violence in the presence of their two children ages thirteen and seven-years-old.

On 4/29/05 the allegations against the maternal grandfather were indicated and the case was closed. The maternal grandmother obtained an Order of Protection for one year.

On 5/3/05 Schenectady Family Court ordered a COI related to previous allegations of domestic violence involving the grandparents that had been investigated, findings were unfounded and the case was closed with no services recommended on 7/20/05.

On 7/1/10 SCDSS received a report alleging IG, lacerations/ Bruises/ Welts and Parent Drug/ Alcohol Misuse against the grandmother pertaining to the twelve-old child. Allegations were unfounded and the case was closed on 10/5/10 with no



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services recommended.

On 11/11/10 a report was received by SCDSS alleging IG against both maternal grandparents related to an incident of domestic violence in which both adults were intoxicated. The incident occurred in the presence of their three children, ages five, two and twelve years-old. The allegations were indicated against the grandparents and the case was closed.

## Known CPS History Outside of NYS

N/A

## 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: 03/08/2015**

**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: 03/08/2015**

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

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family Assessment and Service Plan (FASP)

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

## Closing

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

Additional information, if necessary:  
N/A

## Required Action(s)

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

Yes  No

## Preventive Services History

At the time of the fatality on 4/20/15 the case was open for services based on a report received by SCDSS on 1/2/15. The service case was opened on 3/8/15 and included the maternal grandparents, mother and her two younger siblings.

## Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<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

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