

Report Identification Number: AL-14-035

Prepared by: Albany Regional Office

Issue Date: 6/19/2015

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

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

Case Information

NYS Office of Children and Family Services - Child Fatality Report

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

Jurisdiction: Greene
Gender: Female

Date of Death: 12/19/2014
Initial Date OCFS Notified: 12/30/2014

Presenting Information

On 12/19/14 the maternal Aunt placed the one year old subject child face up in an adult bed and then left the residence with her paramour. Maternal aunt notified the mother that she was leaving the residence and that the child was sleeping. The mother left the one year old subject child in the bedroom for approximately one hour. When the maternal aunt returned she went to wake the subject child up and discovered the subject child not breathing and unresponsive. The maternal aunt alerted the mother that the subject child was not breathing and EMS was called. The role of the maternal aunts paramour is unknown.

Executive Summary

The fatality report concerns the death of a one year old female that occurred on 12/19/14. The child was a premature baby born at 23 weeks. The child was reported to have been lying face up on an adult bed. At the time of her death, the subject child was residing with her mother, 9 and 2 year old half brothers, maternal aunt, maternal aunt's paramour, and the subject child's 9, 8, 4 and one year old cousins. The SC's 10 year old sibling was residing with his biological father at the time of the fatality. The case was opened on 12/19/14 as a result of a report made to the New York Statewide Central Register alleging DOA/Fatality, Inadequate Guardianship and Lack of Supervision of the subject child against the mother and Inadequate Guardianship of the subject child against the maternal aunt. On 12/19/14 the maternal aunt placed the one year old subject child face up in an adult bed and then left the residence with her paramour. Maternal aunt notified the mother that she was leaving the residence and that the child was sleeping. The mother left the one year old subject child in the bedroom for approximately one hour. When the maternal aunt returned she went to wake the subject child up and discovered the subject child not breathing and unresponsive. The maternal aunt alerted the mother that the subject child was not breathing and EMS was called and transported the child to the hospital where she was later pronounced dead.

Greene County Department of Social Services (GCDSS) gathered information pertaining to the subject child's death through Greene County Sheriff's Department, interviews with household members, extended family members, first responders, the pediatrician, the child's medical specialists, school personnel and obtained hospital records. GCDSS made regular home visits, offered counseling services, and offered prevention services to the family. On February 20, 2015 GCDSS indicated the allegation of DOA/Fatality and Lack of Supervision against the mother and Inadequate Guardianship against the maternal aunt. The County stands firm on their decision. However, there is no documentation to support the decision. Neglect petitions were filed in Family Court. The petition against the maternal aunt was dismissed. The petition against the SC's mother is pending. The family agreed to preventive services and cases have been opened for the SC's mother and maternal aunt and their families.

ARO gathered information for this report from CONNECTIONS, GCDSS records, the autopsy report and hospital records. The SC's maternal aunt made a statement to police that the SC was exhibiting signs and symptoms that needed to be evaluated by the medical community. The statements made by the SC's maternal aunt were not followed up on. The autopsy report revealed that the manner of death was reported to be natural and cause was respiratory failure due to acute and chronic pneumonia. Pediatric records indicate that the child was up to date with all medical appointments. There is no indication that the child's death was a result of abuse or neglect.

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?** No
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** No

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?** No

Explain:

There was sufficient information gathered but the information does not support the decisions made on the safety assessments or the determination for the allegations. The safety decision that the children are placed in immediate or impending danger was chosen and the case was indicated for all allegations, but was not supported by the chosen safety factors or documentation in the case record.

- 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.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	24 hour safety assessment, safety decision #3 was selected but there were no safety factors selected. There is no documentation in the safety assessment to support that the children were in immediate danger or serious harm.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	For future investigations caseworkers will clearly document the safety factors that support that a child is unsafe as well as information in regards to the reasons safety factors were chosen.
Issue:	Timely/Adequate Seven Day Assessment
Summary:	Safety decision identified immediate danger with the safety factors regarding drug use and supervision. The narrative does not support the safety factors identified or how the decision was reached.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	In future CPS investigations, the caseworkers will document information in the narrative that will support the safety factors and decisions for the assessment.

NYS Office of Children and Family Services - Child Fatality Report

Issue:	Appropriateness of allegation determination
Summary:	All allegations on this case were indicated without documentation to support the decisions. There was no documentation that the DOA/Fatality was a result of abuse or maltreatment.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(c)
Action:	In future Fatality investigations, the district will conduct a thorough investigation, including all collateral contacts necessary to support their decisions.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/19/2014

Time of Death: 05:42 PM

County where fatality incident occurred:

GREENE

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

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	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	01 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Other Adult	No Role	Male	28 Year(s)
Deceased Child's Household	Other Child	No Role	Female	10 Year(s)
Deceased Child's Household	Other Child	No Role	Female	8 Year(s)
Deceased Child's Household	Other Child	No Role	Male	1 Year(s)

NYS Office of Children and Family Services - Child Fatality Report

Deceased Child's Household	Other Child	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Other Household 1	Sibling	No Role	Male	10 Year(s)

LDSS Response

On 12/19/14 GCDSS immediately initiated the investigation by making contact with the source, attempting to make contact with the family by going out to the home and coordinating the investigation with law enforcement. The mother and maternal aunt were interviewed but the county did not obtain the level of evidence needed to indicate the allegations that the child needed medical assistance. The subject was seen by a doctor in November and medical records indicate the child was sick with a cold. It is unclear if the cold in November is the same cold the SC's mother described the child having on 12/19/14. It is not clear if the subject child got well and was sick again around the 12/19/14 or if it was an ongoing illness from November. There was not clear information in regards to the subject child's symptoms leading up to the fatality. Family members report telling the SC's mother to bring the SC to the doctor but there is not sufficient information gathered around why the family members thought the child needed to see the doctor. The maternal aunt and extended family members described the child being sick but there is no detail as to what the symptoms were. The surviving siblings and children in the home were seen but no questions in regards to the days leading up to the fatality or the day of the fatality were asked. There is conflicting information surrounding family members telling the mother the subject child should be seen by a doctor but mother denied this occurred. There was no information to corroborate either story. Collateral contacts were made, however there was not sufficient information gathered to support decisions at determination. The final autopsy report lists the manner of death as natural and cause of death to be respiratory failure due to acute and chronic pneumonia. Law enforcement determined the child's death an accident and did not pursue criminal charges. There is no credible evidence to support that the mother's or aunt's actions or lack thereof were related to the child's death. On February 20, 2015, GCDSS indicated the mother for Lack of Supervision and DOA/Fatality and the maternal aunt for IG. GCDSS states the basis for their decision is lack of medical care. There is not clear documentation to support that the SC's medical needs were not appropriately addressed. Neglect petitions were filed on both mother and maternal aunt on February 4, 2015, and the family has been referred for Preventive Services.

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

Comments: ON 12/19/14 Greene County DSS immediately initiated contact with Law Enforcement at the start of the investigation. GCDSS caseworker remained in contact and worked collaboratively with Greene County Sheriff's Department.

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

NYS Office of Children and Family Services - Child Fatality Report

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
016641 - Deceased Child, Female, 01 Year(s)	015042 - Aunt/Uncle, Female, 32 Year(s)	Inadequate Guardianship	
016641 - Deceased Child, Female, 01 Year(s)	015041 - Mother, Female, 28 Year(s)	Inadequate Guardianship	
016641 - Deceased Child, Female, 01 Year(s)	015041 - Mother, Female, 28 Year(s)	Lack of Supervision	
016641 - Deceased Child, Female, 01 Year(s)	015041 - Mother, Female, 28 Year(s)	DOA / Fatality	

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"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input checked="" 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:				

NYS Office of Children and Family Services - Child Fatality Report

Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

NYS Office of Children and Family Services - Child Fatality Report

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
02/04/2015	There was not a fact finding	There was not a disposition
Respondent:	015041 Mother Female 28 Year(s)	
Comments:	There was an initial appearance regarding SC's mother on March 16, 2015. SC's mother has been mandated to submit to a mental health evaluation as well as parent education. Next court date is scheduled for 6/15/15.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
02/04/2015	There was not a fact finding	Petition Dismissed
Respondent:	015042 Aunt/Uncle Female 32 Year(s)	
Comments:	The neglect petition was dismissed by the Family Court Judge on the grounds that the SC's maternal aunt was not the guardian or custodian of the child. The SC's maternal Aunt has agreed to voluntary preventive services.	

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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input 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 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"/>

NYS Office of Children and Family Services - Child Fatality Report

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

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 caseworker provided information to the family on counseling services. Prior to the close of the investigation, all family members were offered preventive services.

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

Explain:

The caseworker provided information to the family on counseling services. Prior to the close of the investigation, all family members were offered preventive services.

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? No

Was the child acutely ill during the two weeks before death? Yes

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/21/2012	1796-Other Child,Female, 10 Years	1797-Aunt/Uncle,Female, 32 Years	Inadequate Guardianship	Unfounded	No
	1798-Other Child,Female, 8 Years	1797-Aunt/Uncle,Female, 32 Years	Inadequate Guardianship	Unfounded	
	1799-Other Child,Male, 4 Years	1797-Aunt/Uncle,Female, 32 Years	Inadequate Guardianship	Unfounded	

NYS Office of Children and Family Services - Child Fatality Report

1796-Other Child,Female, 10 Years	1800-Other Adult,Male, 30 Years	Inadequate Guardianship	Unfounded
1798-Other Child,Female, 8 Years	1800-Other Adult,Male, 30 Years	Inadequate Guardianship	Unfounded
1799-Other Child,Male, 4 Years	1800-Other Adult,Male, 30 Years	Inadequate Guardianship	Unfounded
1796-Other Child,Female, 10 Years	1801-Other Adult,Male, 28 Years	Inadequate Guardianship	Indicated
1798-Other Child,Female, 8 Years	1801-Other Adult,Male, 28 Years	Inadequate Guardianship	Indicated
1799-Other Child,Male, 4 Years	1801-Other Adult,Male, 28 Years	Inadequate Guardianship	Indicated

Report Summary:

This report involves the maternal aunt and her children who are the cousins to the subject child. The report alleges that the then 7 year old maternal cousin's biological father assaulted the subject child's maternal Aunt's paramour and his father in the presence of the children by hitting them with a dog chain. The role of the maternal Aunt is unknown.

Determination: Indicated

Date of Determination: 06/19/2014

Basis for Determination:

The caseworker interviewed all the children who confirmed the altercation occurred in their presence. The subject child's maternal aunt, her paramour and his father were interviewed and confirmed the altercation occurred in the presence of the children. Collateral contact was made to NYS Parole regarding the subject. The subject child's 7 year old cousin's biological father also the subject of this report, was arrested as a result of the assault. The allegations of Inadequate Guardianship were indicated against the subject.

OCFS Review Results:

No concerns were noted.

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)
04/13/2012	1779-Sibling,Male, 2 Months	1778-Mother,Female, 28 Years	Inadequate Guardianship	Unfounded	No
	1779-Sibling,Male, 2 Months	1778-Mother,Female, 28 Years	Other	Unfounded	
	1779-Sibling,Male, 2 Months	1780-Aunt/Uncle,Male, 28 Years	Inadequate Guardianship	Unfounded	
	1779-Sibling,Male, 2 Months	1780-Aunt/Uncle,Male, 28 Years	Other	Unfounded	

Report Summary:

On April 13, 2012 the mother and maternal uncle were the subject of a report regarding the subject child's (SC) then two month old brother. The allegations alleged that the SC's maternal uncle, who was a level two sex offender, was residing in the house with the SC's mother and then two month old brother, despite having Probation conditions that he could not have contact with children. Phone calls were made to Coeyman's Police Department and Greene County Probation Department to determine the terms and conditions of court orders involving the maternal uncle's contact with children. Additionally, ACDCYF spoke with the mother, biological father of the child and the child's pediatrician

Determination: Unfounded

Date of Determination: 07/06/2012

NYS Office of Children and Family Services - Child Fatality Report

Basis for Determination:

There was not a fair preponderance of evidence to support the allegations and the case was Unfounded.

OCFS Review Results:

There was 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)
05/28/2013	1773-Sibling, Male, 9 Years	1786-Other Adult, Male, 28 Years	Inadequate Guardianship	Indicated	No
	1773-Sibling, Male, 9 Years	1786-Other Adult, Male, 28 Years	Lacerations / Bruises / Welts	Indicated	
	1773-Sibling, Male, 9 Years	1786-Other Adult, Male, 28 Years	Parents Drug / Alcohol Misuse	Indicated	
	1785-Sibling, Male, 10 Months	1786-Other Adult, Male, 28 Years	Inadequate Guardianship	Indicated	
	1785-Sibling, Male, 10 Months	1786-Other Adult, Male, 28 Years	Lacerations / Bruises / Welts	Indicated	
	1785-Sibling, Male, 10 Months	1786-Other Adult, Male, 28 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

An SCR report was received alleging a domestic violence incident involving the subject child's nine and ten year old half brother's, their biological father, his girlfriend and her children. The report states that the biological father while under the influence of alcohol choked his girlfriend and dragged her through the house in the presence of the children. The allegations include Inadequate Guardianship, Laceration, Bruises Welts and Parent's Drug/alcohol misuse.

Determination: Indicated

Date of Determination: 07/15/2013

Basis for Determination:

The incident resulted in the arrest of the subject child's half sibling's biological father. The victim sustained marks on her eye and neck. One of the victim's children required medical attention for a cut on his foot after stepping on broken glass that the sibling's biological father broke. The children were interviewed as well as the victim. Collateral contact was made with the emergency room, Sheriff's department, school personnel and family members. A neglect petition was filed and a Preventive case was opened to monitor a twelve month ACOD. An Order of Protection was put in place to protect the victim and all the children involved.

OCFS Review Results:

No concerns were identified.

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)
06/03/2013	1781-Sibling, Male, 9 Years	1774-Mother, Female, 28 Years	Other	Unfounded	No
	1782-Sibling, Male, 10 Years	1774-Mother, Female, 28 Years	Other	Unfounded	
	1781-Sibling, Male, 9 Years	1783-Other Adult, Female, 32 Years	Other	Unfounded	

NYS Office of Children and Family Services - Child Fatality Report

1782-Sibling, Male, 10 Years	1783-Other Adult, Female, 32 Years	Other	Unfounded
---------------------------------	---------------------------------------	-------	-----------

Report Summary:

On June 3, 2013 a Court Ordered Investigation was ordered out of Albany County Court with allegations of Other regarding the subject child's biological mother and the step mother to the subject child's nine and ten year old brothers.

Determination: Unfounded

Date of Determination: 06/28/2013

Basis for Determination:

The investigation was Court Ordered out of Albany County Court with allegations of other. The allegations against the subject child's mother and the step mother to the subject child's two brothers were unfounded as there were no safety factors identified at the time.

OCFS Review Results:

No concerns noted

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)
12/19/2013	1784-Sibling, Male, 2 Years	1777-Mother, Female, 28 Years	Lack of Medical Care	Unfounded	No

Report Summary:

On December 19, 2013 the SCR received a report alleging that the subject child's mother had not taken the subject child's then two year old brother to the doctor since 2012 and that mother has failed to seek medical treatment for the child.

Determination: Unfounded

Date of Determination: 02/04/2014

Basis for Determination:

The allegations of Lack of Medical Care against the subject child's mother regarding the subject child's two year old brother was unfounded due to lack of credible evidence.

OCFS Review Results:

No concerns noted

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	1795-Other Child, Male, 1 Years	1775-Aunt/Uncle, Female, 32 Years	Burns / Scalding	Unfounded	No
	1795-Other Child, Male, 1 Years	1775-Aunt/Uncle, Female, 32 Years	Lack of Supervision	Unfounded	
	1795-Other Child, Male, 1 Years	1775-Aunt/Uncle, Female, 32 Years	Inadequate Guardianship	Unfounded	

Report Summary:

This report involves the maternal aunt of the subject child who is named as a secondary caretaker of the subject child. The report alleges that the maternal aunt fails to adequately supervise her one year old child and that the child wanders freely in the home exploring unattended. The child touched a kerosene heater that was heating the home and received 1st degree burns on his hand as a result. The mother treated the burns with burn ointment.

Determination: Unfounded

Date of Determination: 04/24/2014

Basis for Determination:

The allegations of Burns Inadequate Guardianship and Lack of Supervision against the subject child's maternal Aunt

NYS Office of Children and Family Services - Child Fatality Report

regarding her one year old child were unfounded. The caseworker observed the family home to be under construction and the family was using kerosene heaters to heat specific rooms in the home. The family went and purchased electric heaters which were not hot to the touch. The caseworker observed the home to be clean and free of safety hazards at the close of the investigation.

OCFS Review Results:

No concerns noted.

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)
04/16/2014	1776-Sibling, Male, 10 Years	1789-Other Adult, Male, 28 Years	Excessive Corporal Punishment	Unfounded	No
	1776-Sibling, Male, 10 Years	1789-Other Adult, Male, 28 Years	Inadequate Guardianship	Unfounded	
	1788-Sibling, Male, 9 Years	1789-Other Adult, Male, 28 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The biological father of the subject child's 8 and 9 year old half brothers hit the 9 year old half brother with a belt using excessive force on the child's arms and hands as a form of punishment for giving away a game. The parent substitute tried to intervene but was pushed by the biological father. The role of the subject child's mother is unknown.

Determination: Unfounded

Date of Determination: 06/05/2014

Basis for Determination:

The subject child's half brothers were interviewed and initially indicated that the 9 year old was hit with a green belt and had red marks but they were gone the next day. The biological father, parent substitute and parent substitute's child were interviewed. They all denied the allegations. At a follow interview with the 9 year old he indicated that he was spanked by the biological father and that he was also hit with a belt but that it was pink. Due to the lack of marks and the change in events from the child, there was not enough credible evidence to substantiate the allegations of Inadequate Guardianship and Excessive Corporal Punishment.

OCFS Review Results:

No concerns noted.

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

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

There is unfounded (unf) CPS history from 10/11/06 alleging Inadequate Guardianship (IG) and Lack of Sup against the mother regarding the subject's child's (SC) then 10 month old sibling and a non-relative's child. The mother was named in a report as an abused child on 11/9/04 alleging Sexual Abuse (SA). The case was unf. The maternal aunt (MA) has a CPS history. There are 3 unf reports between 12/2003 and 9/2004 for Lack of Sup and IG regarding the SC's cousins. There is an unf report from 10/12/04 alleging Excessive Corporal Punishment and Lacerations, Bruises, Welts against the MA regarding her then 2 year old child. A report dated 7/14/10 alleged SA and IG against the SC's MA and her two daughters by a parent substitute (PS). This case was ind against the PS for SA and IG and the SC's MA for IG. There are 2 unf Court ordered Investigations 6/2/05 and 5/23/11. An unf report from 7/23/11 alleged DOA/Fatality and IG regarding the MA's deceased 2 month old child and IG for the 3 surviving siblings. The SC's 9 and 10 year old half-brothers are alleged maltreated children in the following cases. 3/19/08 alleges IG, Parent's Drug/Alcohol Misuse against the paternal Grandmother (PG) and paternal Uncle. The case was Unf and closed. An unf report dated 7/23/08 alleged IG and Lack of

NYS Office of Children and Family Services - Child Fatality Report

Food, Clothing, Shelter against the PG and paternal Aunt. There is an unf report dated 3/10/10 for Lack of Medical against the PG. An unf report dated 7/21/11 alleged IG, against the bio father.

Known CPS History Outside of NYS

No known CPS 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

The subject child's nine and ten year old brothers were confirmed maltreated by their biological father on 5/29/13 and a Preventive Services case was opened on 6/28/13 following a Neglect petition which resulted in an ACOD and OOP against the biological father. The Preventive case included the subject child's mother, two half siblings and their biological father's household. The subject child's mother tested positive for marijuana at the birth of the subject child. A SCR report was received on 12/19/13 with unrelated allegations, however the drug use became a concern and the subject child's mother was asked to submit to a substance abuse evaluation on or about 1/17/14. The mother followed through with appointments but had multiple missed and rescheduled appointments resulting in a lengthy time frame between her positive drug screens and completion. Although she was not recommended for substance abuse treatment, she was recommended for mental health counseling but failed to follow through. The biological father was compliant and was successful with the ACOD and OOP and the Preventive case was closed on 6/6/14. The maternal Aunt had an open Preventive case following the death of her infant daughter in 7/2011. The maternal Aunt, her paramour and her children received Preventive services from 9/2/11-1/4/13.

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