

Report Identification Number: AL-14-019

Prepared by: Albany Regional Office

Issue Date: 4/6/2015

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

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-plumonyary 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 Suprevision
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

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Report Type: Child Deceased
Age: 5 year(s)

Jurisdiction: Albany
Gender: Female

Date of Death: 07/04/2014
Initial Date OCFS Notified: 07/04/2014

Presenting Information

On 7/4/14 Albany County DCYF received a report stating today at 10:30am, mother awoke and found her five year old child not breathing. At the time of death the subject child was in remission from brain and lung cancer. The night before the fatality, the child complained of a headache. The mother and father were named as alleged suspects. The child's death is unexplained. A four month old surviving sibling remains in the household.

Executive Summary

7/4/14 Albany County DCYF received a subsequent report including allegations of DOA, Lack of Medical and Inadequate Guardianship against the mother and father related to the five-year-old deceased child. At the time of the fatality the subject child was in remission from a rare form of brain and lung cancer known as, Pleuropulmonary Blastoma. The mother reported on 7/3/14 the child slept with her after she complained of a headache and vomited three times during the evening. In the morning the mother stated she discovered the five year-old unresponsive and not breathing.

According to the autopsy report the five-year-old child died due to natural causes that resulted from ongoing radiation that often weakens blood vessels resulting in a brain hemorrhage. There were no signs of trauma or indication of abuse or maltreatment. It was reported by the deceased child's primary pediatric oncologist there were no concerns regarding the mother's compliance with the child's medical treatment or special instructions regarding the child's care.

During the course of the investigation the parent's statements regarding the events that led up to the fatality were consistent. At the time of the fatality there was a four-month-old surviving sibling resided in the home, a nine-year-old sibling who resided with the maternal grandmother and a seventeen-year-old half sibling that resided with her biological mother. Albany County DCYF made all necessary collateral contacts related to the fatality, as well as contacts pertaining to the mother and father's history in order to assess future risk. Albany County consistently assessed and conducted regular home-visits in addition to offering services in order to address identified areas of concern.

During the course of the investigation Albany County CPS learned of ongoing domestic violence between the parents in the presence of the children as well as substance abuse concerns pertaining to the father that were determined to place the surviving children at risk of harm. On 8/6/14 the mother was granted a stay away Order of Protection related to the father. On 8/29/14 the allegations of DOA and Lack of Medical were un-substantiated, however the allegation of Inadequate Guardianship was substantiated against both parents as a result of ongoing domestic violence and the father's drug use and paraphernalia found in the residence at the time of the fatality. The case was opened for Long Term Child Protective monitoring and services.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on

the:

- Approved Initial Safety Assessment? Yes
- Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/04/2014

Time of Death: Unknown

County where fatality incident occurred: ALBANY

Was 911 or local emergency number called? Yes

Time of Call: 10:30 AM

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not

impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Month(s)

LDSS Response

On 7/4/15 ACDCYF received a subsequent report that stated that at 10:30am the mother found the five- year-old subject child not breathing. The deceased child complained of a headache and vomited the evening prior. The report alleged DOA, Lack of Medical Care and Inadequate Guardianship against the parents.

ACDCYF contacted the source and was provided with information related to observations related to the scene and individual's present when first responders arrived. The caseworker learned that the father was present at the time of the fatality and recently had been released from jail. He left the home prior to emergency services arriving due to existing warrants. The caseworker conducted a home-visit and spoke with the paternal grandmother who resided upstairs from the family. The location and safety of the three surviving siblings was assessed.

On 7/5/14 ACDCYF caseworker met with the parents at the residence, reviewed the events leading up to the fatality and assessed the safety of the home. The parents report of events were consistent. The deceased child suffered from a rare form of lung cancer that was diagnosed at the age of two, a year later a brain tumor was discovered. The child was in remission a month prior to the fatality. ACDCYF proceeded to follow up with collaterals including the deceased child's oncologist and detective who was present during the autopsy. The autopsy revealed that the deceased child had suffered a brain hemorrhage as a result of ongoing radiation treatment which often can weaken blood vessels. There was no sign of trauma or abuse. There were no concerns reported by the child's physician regarding the mother's compliance with the child's medical care. During the course of the investigation ACDCYF gathered adequate information and conducted face to face interviews with appropriate individuals involved in order to make an appropriate determination of the allegations contained in the report and assess current and future risk and safety of surviving siblings.

In addition ACDCYF learned of ongoing domestic violence between the parents in the presence of the children. On 7/26/14 the mother was observed with multiple bruises on her arms and legs and reported the father caused the injuries. On 8/6/14 Albany County Family Court granted the mother an Order of Protection. In addition the parents have an extensive substance abuse history and concerns regarding the parents present substance abuse issues placed the surviving siblings at risk. Based on a subsequent report dated 8/20/14 a safety plan was developed by ACDCYF with the maternal grandmother and mother that the four-month old surviving sibling would remain in the care of the maternal grandmother until the mother completed a substance abuse evaluation.

On 8/29/14 the allegations of DOA and Lack of Medical Care were un-substantiated based on the autopsy report that

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concluded the deceased child died of natural causes. Prior to the fatality the parents were compliant with the deceased child's medical care. The allegation of Inadequate Guardianship was substantiated against the parents due to ongoing domestic violence in the presence of the children and the father's substance abuse issues. On the date of the fatality the children had access to drug paraphernalia which was discovered in the residence, however during the course of the investigation additional information was obtained related to both parents drug use. The case remained open for continued child protective monitoring and services. On 9/2/15 ACDCYF confirmed that the mother completed a substance abuse evaluation and her results from the drug screen were positive for marijuana and crack cocaine. The four-month-old remained in the temporary care of the maternal grandmother and all contact between the mother and children was to be supervised. On 1/13/15 the grandmother filed for custody of the four-month-old surviving sibling, however a determination has not been made.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? No

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: A Child Fatality Review Meeting was held on 7/18/15.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
014461 - Deceased Child, Female, 5 Year(s)	014284 - Mother, Male, 28 Year(s)	DOA / Fatality	Unsubstantiated
014461 - Deceased Child, Female, 5 Year(s)	014284 - Mother, Male, 28 Year(s)	Lack of Medical Care	Unsubstantiated
014461 - Deceased Child, Female, 5 Year(s)	014285 - Father, Male, 42 Year(s)	DOA / Fatality	Unsubstantiated
014461 - Deceased Child, Female, 5 Year(s)	014285 - Father, Male, 42 Year(s)	Inadequate Guardianship	Substantiated
014461 - Deceased Child, Female, 5 Year(s)	014285 - Father, Male, 42 Year(s)	Lack of Medical Care	Unsubstantiated
014461 - Deceased Child, Female, 5 Year(s)	014284 - Mother, Male, 28 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Explain as necessary:

During the course of the investigation it was learned that there was ongoing domestic violence between the parents. On 8/6/14 the mother filed for an order of protection in Albany Family Court and was granted a stay away order for one year. The mother has a history of substance abuse issues and concerns of current use, therefore a safety plan was implemented that the four-month-old child will remain in the care of the maternal grandmother until the mother completes a substance abuse evaluation

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 On 8/20/14 a subsequent report was received by ACDCYF who in response developed a safety plan between the mother and maternal grandmother that the 4-month-old surviving sibling will remain in the care of the maternal grandmother until the mother completed a substance abuse assessment. On 9/2/14 the mother completed an evaluation and her drug screen was positive for marijuana and crack- cocaine.

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:
 Grief Counseling was offered to the surviving siblings, however at the time the family felt services were not needed.

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

Explain:
 Albany County offered financial assistance with funeral expenses and grief counseling for those family members interested.

History Prior to the Fatality

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Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes
Was there an open CPS case with this child at the time of death? Yes
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? Yes
Was the child acutely ill during the two weeks before death? No

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)
03/22/2011	1631-Deceased Child, Female, 2 Years	1632-Mother, Female, 25 Years	Inadequate Guardianship	Far-Closed	Yes
	1631-Deceased Child, Female, 2 Years	1632-Mother, Female, 25 Years	Lack of Supervision	Far-Closed	
	1631-Deceased Child, Female, 2 Years	1632-Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Far-Closed	

Report Summary:

Report assigned to RCDSS. It alleged the previous evening around 11:00 pm the mother's 2 yr. old child was wandering the halls of the apartment building unsupervised. It was reported the mother was in her room smoking marijuana with other people.

OCFS Review Results:

Case documentation noted RCDSS met with the mother and explained the FAR process and mother agreed to work with RCDSS to determine if there were any services the Department could provide. Case notes indicate a FLAG meeting was scheduled. There was no further documentation in the notes so it was unknown what was learned and the outcome of the meeting. The FAR narrative at the time of case closure was not completed.

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

Issue:

Adequacy of Progress Notes

Summary:

The case record does not document the FLAG assessment of the family, any service needs identified and the nature of the information learned during the assessment.

Legal Reference:

18 NYCRR 428.5

Action:

Documentation in records must reflect the actions of the worker's contact with the family.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
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12/04/2011

1636-Other Child,Male, 10 Years	1633-Other Adult,Female, 32 Years	Inadequate Food / Clothing / Shelter	Unfounded	Yes
1636-Other Child,Male, 10 Years	1633-Other Adult,Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	
1637-Other Child,Female, 11 Years	1633-Other Adult,Female, 32 Years	Inadequate Food / Clothing / Shelter	Unfounded	
1637-Other Child,Female, 11 Years	1633-Other Adult,Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	
1638-Other Child,Male, 13 Years	1633-Other Adult,Female, 32 Years	Inadequate Food / Clothing / Shelter	Unfounded	
1638-Other Child,Male, 13 Years	1633-Other Adult,Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	
1639-Deceased Child,Female, 3 Years	1633-Other Adult,Female, 32 Years	Inadequate Food / Clothing / Shelter	Unfounded	
1639-Deceased Child,Female, 3 Years	1633-Other Adult,Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	
1636-Other Child,Male, 10 Years	1634-Other Adult,Female, 30 Years	Inadequate Food / Clothing / Shelter	Unfounded	
1636-Other Child,Male, 10 Years	1634-Other Adult,Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
1637-Other Child,Female, 11 Years	1634-Other Adult,Female, 30 Years	Inadequate Food / Clothing / Shelter	Unfounded	
1637-Other Child,Female, 11 Years	1634-Other Adult,Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
1638-Other Child,Male, 13 Years	1634-Other Adult,Female, 30 Years	Inadequate Food / Clothing / Shelter	Unfounded	
1638-Other Child,Male, 13 Years	1634-Other Adult,Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
1639-Deceased Child,Female, 3 Years	1634-Other Adult,Female, 30 Years	Inadequate Food / Clothing / Shelter	Unfounded	
1639-Deceased Child,Female, 3 Years	1634-Other Adult,Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
1636-Other Child,Male, 10 Years	1635-Mother,Female, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	
1636-Other Child,Male, 10 Years	1635-Mother,Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
1637-Other Child,Female, 11 Years	1635-Mother,Female, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	
1637-Other Child,Female, 11 Years	1635-Mother,Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
1638-Other Child,Male, 13 Years	1635-Mother,Female, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	
1638-Other Child,Male, 13 Years	1635-Mother,Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
1639-Deceased	1635-Mother,Female,	Inadequate Food /	Unfounded	

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Child,Female, 3 Years	25 Years	Clothing / Shelter	
1639-Deceased Child,Female, 3 Years	1635-Mother,Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

The subsequent report dated 12/4/11 named the mother as a subject. The report alleged IG, IFCS and PDAM against the mother regarding the subject child. It was reported the mother and child were residing with a friend and there was not sufficient clothing, bedding or food for the children in the home. It was reported the mother and friend smoked marijuana and didn't provide for the children.

Determination: Unfounded

Date of Determination: 02/24/2012

Basis for Determination:

There were visits to the home where the mother was reportedly residing and it was learned the mother stayed at the home for 2 nights following a disagreement with her boyfriend. The mother had her own apartment and was never living with the friend. Visits to the friend's home found ample food and acceptable sleeping arrangements for the children. The mother was interviewed at the friend's home. The mother and her friend both denied using marijuana. The mother and her friend did not appear under the influence of drugs and ACDCYF did not observe any drug paraphernalia.

OCFS Review Results:

OCFS review of this CPS investigation found that the mother's home was never observed. The mother was interviewed at her friend's home and there was no additional contact with her. The case record does not document the mother's child was seen or collateral contacts regarding the child were not made.

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

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

ACDCYF did not interview the subject child.

Legal Reference:

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

Action:

ACDCYF must review investigations to make sure all investigation requirements are completed.

Issue:

Pre-Determination/Home Visit

Summary:

ACDCYF did not observe the home of the mother and subject child.

Legal Reference:

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

Action:

ACDCYF must review investigations to make sure all investigation requirements are completed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/29/2012	1642-Deceased Child,Female, 3 Years	1640-Father,Male, 36 Years	Inadequate Guardianship	Unfounded	No
	1642-Deceased Child,Female, 3 Years	1640-Father,Male, 36 Years	Lack of Supervision	Unfounded	
	1642-Deceased Child,Female, 3 Years	1640-Father,Male, 36 Years	Parents Drug / Alcohol Misuse	Unfounded	

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1642-Deceased Child,Female, 3 Years	1641-Mother,Female, 24 Years	Inadequate Guardianship	Unfounded
1642-Deceased Child,Female, 3 Years	1641-Mother,Female, 24 Years	Lack of Supervision	Unfounded
1642-Deceased Child,Female, 3 Years	1641-Mother,Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

Report alleged IG, PDAM and Lack of Supervision regarding her then 3 yr. old daughter. It was reported the mother and her boyfriend used crack and cocaine and left the child home alone while they went out and used drugs. Allegedly this occurred on a regular basis and the child was home alone for approximately 7 hours.

Determination: Unfounded

Date of Determination: 10/05/2012

Basis for Determination:

ACDCYF confirmed the mother completed alcohol and drug treatment. Her prior counselor indicated she had a small risk of relapse. The subject child had been diagnosed with cancer about one year prior and the mother's focus had been on her daughter and her treatment. The mother's boyfriend denied drug use. Home visits found the adults to be sober and properly supervising the child. The home appeared clean. The case notes documented the child was observed on several occasions but due to age and developmental ability was not interviewed.

OCFS Review Results:

OCFS found ACDCYF completed the regulatory requirements for the completion of this investigation. ACDCYF offered services to assist the family with their sick child but they were refused.

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)
04/27/2013	1648-Deceased Child,Female, 4 Years	1644-Father,Male, 37 Years	Inadequate Guardianship	Unfounded	No
	1648-Deceased Child,Female, 4 Years	1644-Father,Male, 37 Years	Lack of Supervision	Unfounded	
	1648-Deceased Child,Female, 4 Years	1644-Father,Male, 37 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1648-Deceased Child,Female, 4 Years	1647-Mother,Female, 25 Years	Inadequate Guardianship	Unfounded	
	1648-Deceased Child,Female, 4 Years	1647-Mother,Female, 25 Years	Lack of Supervision	Unfounded	
	1648-Deceased Child,Female, 4 Years	1647-Mother,Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1646-Sibling,Female, 6 Years	1644-Father,Male, 37 Years	Inadequate Guardianship	Unfounded	
	1646-Sibling,Female, 6 Years	1644-Father,Male, 37 Years	Lack of Supervision	Unfounded	
	1646-Sibling,Female, 6 Years	1644-Father,Male, 37 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1646-Sibling,Female, 6 Years	1644-Father,Male, 37 Years	Sexual Abuse	Unfounded	

Report Summary:

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The report alleged the mother and father of the subject child abuse alcohol, crack, cocaine and marijuana when they are the sole caretakers of the child. As a result the parents were unable to speak clearly and were hallucinating. Additionally, it was reported the mother allowed the child to watch her father fight with the neighbors. The mother left the child outside by herself as her father injured a neighbor. Finally, it was reported the child had climbed out of her bedroom window while her parents have been sleeping.

Determination: Unfounded **Date of Determination:** 06/23/2013

Basis for Determination:

Both parents denied using drugs or drinking to the point of intoxication. The mother stated she had previously used drugs and completed treatment. No drug testing was done at that time. She stated since then she has not used drugs or drank alcohol. The father stated the last time he used marijuana was 9 months prior. He stated he did drink alcohol but not to the point of intoxication. Both parents stated there was a disagreement with neighbors but there was no physical confrontation and no one was injured. The child denied being left alone outside during the fight. Child denied allegations around any drug use in the home.

OCFS Review Results:

OCFS found that ACDCYF completed the regulatory requirements to complete this investigation.

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)
06/24/2014	1650-Deceased Child,Female, 5 Years	1651-Father,Male, 37 Years	Inadequate Guardianship	Indicated	No
	1650-Deceased Child,Female, 5 Years	1651-Father,Male, 37 Years	Parents Drug / Alcohol Misuse	Indicated	
	1652-Sibling,Female, 4 Months	1651-Father,Male, 37 Years	Inadequate Guardianship	Indicated	
	1652-Sibling,Female, 4 Months	1651-Father,Male, 37 Years	Parents Drug / Alcohol Misuse	Indicated	
	1650-Deceased Child,Female, 5 Years	1653-Mother,Female, 27 Years	Inadequate Guardianship	Indicated	
	1650-Deceased Child,Female, 5 Years	1653-Mother,Female, 27 Years	Parents Drug / Alcohol Misuse	Indicated	
	1652-Sibling,Female, 4 Months	1653-Mother,Female, 27 Years	Inadequate Guardianship	Indicated	
	1652-Sibling,Female, 4 Months	1653-Mother,Female, 27 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

The report alleged the mother smokes crack to the point of being highly impaired in the presence of the subject child and her 4 month old infant. It was also reported the mother allowed drug dealers in and out of the home until very late hours. There were no allegations reported against the father.

Determination: Indicated **Date of Determination:** 08/12/2014

Basis for Determination:

ACDCYF interviewed the mother, father and subject child prior to her death on 7/4/14. The child denied any drug use by her her parents. The mother admitted to a history of prior drug use but stated she had remained clean since completing her treatment. The father uses marijuana but not in the presence of the children and drinks alcohol but not to the point of impairment. During their investigation ACDCYF observed the family smelling of alcohol, observed half of a joint on a

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table where children would have access. the surviving sibling was being cared for by the parents at these times. ACDCYF observed bruises on the mother which she reported were caused by the father.

OCFS Review Results:

The investigation of this report was initiated just prior to the death of the subject child. OCFS found upon receipt of the report ACDCYF spoke with the subject child, mother and assessed the safety of the home. ACDCYF observed the 4 month old child and her sleeping arrangements. ACDCYF attempted to speak with the father but was unable to interview him prior to the fatality. The investigation was ongoing when the fatality report was received.

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

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

The mother and father of the deceased child have a prior CPS history. The father was indicated in 2000 for IG while caring for a child from a prior relationship. Between December 2007 and March 2011 there were four CPS reports against either the mother or father or both parents. The first two reports involved allegations of Parents Drug and Alcohol Use and Inadequate Guardianship. These reports involved the parents and their oldest child. The allegations were indicated against both parents and the nine-year-old went to reside with the maternal grandmother. The maternal grandmother has custody of the child and the child has remained with her.

The next two reports included allegations of PD/AM and IG against the parents regarding the subject child. At the time the mother was engaged in treatment. The allegations in both reports were unfounded.

Known CPS History Outside of NYS

N/A

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

No Preventive history.

Required Action(s)

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

Yes No

Foster Care Placement History

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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

Action:	During the fatality investigation a safety plan was implemented by ACDCYF on 8/20/14 as a result of a subsequent report that alleged the mother's drugs use in the presence of the four-month-old surviving sibling. ACDCYF developed safety plan with the mother and maternal grandmother for the four-month-old child to remain with the maternal grandmother until the mother completed a substance abuse evaluation. The necessity of a safety plan was not fully assessed nor was the duration or potential other interventions or services. In this specific instance ACDCYF established a safety plan for the four-month-old child to remain in the care of the maternal grandmother and then closed the investigation with this plan in place.
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Are there any recommended prevention activities resulting from the review? Yes No

Explain: It is recommended that ACDCYF review and assess all safety plans to ensure the plans' effectiveness and the time frame in which they were implemented.