



Report Identification Number: AL-15-003

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

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



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Report Type: Child Deceased
Age: 3 year(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 02/24/2015
Initial Date OCFS Notified: 02/24/2015

Presenting Information

On 2/23/15 at 7:30 PM the foster mother put the subject child to bed at their residence. The foster mother checked on the subject child at 11:00 PM prior to going to bed herself. On 2/24/15 at approximately 6:20 AM the foster mother woke up and went to the bathroom. She then went in to the subject child's room to wake him and get him ready for school. The foster mother noticed the subject child's lips were blue. She called out for her husband and began CPR while her husband called 911. The subject child was transported to Orange Regional Medical Center, where they continued CPR until 8:11 AM at which time the subject child was pronounced dead at Orange Regional Medical Center.

Executive Summary

This fatality report concerns the death of a three year old male that occurred on 2/24/15. At the time of his death the subject child was residing with his pre-adoptive parents and other adult home member. The autopsy report dated 3/18/15 indicated the cause of death as "complications of Dravet Syndrome," and the manner of death as natural. At the time of the subject child's death, he was in the care and custody of Albany County Department for Children Youth and Families (ACDCYF) and was freed for adoption. The case was open for services 4/5/11 following a CPS investigation concerning the parent's drug misuse. The services case was closed on 9/26/11 and was opened in Schenectady County on 10/13/11 after Schenectady County removed the subject child and two siblings placing them in foster care on 9/1/11 due to the parent's drug misuse. SCDSS placed the subject child and two siblings in a relative foster home and provided the mother with services including substance abuse treatment, day care services, and housing services. The father's whereabouts were unknown and he was not engaged in services. The children were returned to the mother on trial discharge on 10/19/12 with a final discharge to the mother on 3/12/13. Schenectady County Family Court transferred an order of supervision to Albany County Family Court and ACDCYF opened a preventive services case on 4/1/13. On 5/24/13 ACDCYF removed the subject child and two siblings from the mother due to her drug misuse, poor hygiene of the children, and the home being unkempt and lacking food. The two siblings were placed in non-LDSS custody with the maternal grandparents and the subject child was placed in a foster home. ACDCYF provided services including substance abuse treatment and visitation. The mother remained in an inpatient treatment facility throughout the subject child's placement in foster care and the mother surrendered her rights to the subject child on 12/17/14. The father's whereabouts were often unknown and he was not engaged in services. A termination petition was filed against the father on 6/9/14 and the father's rights to the subject child and two siblings were terminated due to abandonment on 10/1/14. The maternal grandparents were granted Article 6 custody of the two siblings on 12/17/14.

During the subject child's placement in foster care, the subject child began showing complications of Dravet Syndrome and was receiving medical treatment including neurological treatment which required several hospitalizations and medications to control seizure activity. In August 2014, after genetic testing, the subject child was diagnosed with Dravet Syndrome. The subject child was receiving medical services, early intervention services including physical, occupational, and speech therapies, and Bridges to Health Services. ACDCYF gathered information about the circumstances of the subject child's death from the foster parents, pediatrician, neurologist, hospital social worker, medical examiner, and obtained copies of all medical and hospital records throughout the subject child's placement and up to his time of death.



From the time of the case opening in April 2011 to the date of the subject child's death, ACDCYF and SCDSS met regularly with the mother, made efforts to locate the father, and had frequent contact with the substance abuse counselors, day care providers, case planners, service providers, relative caretakers, and foster parents. The first relative foster parent, the maternal grandparents, and the pre-adoptive parents resided in Orange County. OCDSS and assigned voluntary agency staff also made regular contact with the respective caretakers, the subject child, and siblings during those placements. ACDCYF and OCDSS made arrangements for needed services for the pre-adoptive parents before and after the death. ARO gathered information for this report from CONNECTIONS, ACDCYF records, hospital records, the autopsy report, and interviews with ACDCYF staff.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
o 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:

This fatality was not as a result of a CPS investigation nor was a CPS investigation open at the time of the subject child's death.

- Was the decision to close the case appropriate? Yes
Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes
Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

At the time of the death, the subject child was freed for adoption and there were no other children eligible for services, therefore the case was appropriately closed.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/24/2015

Time of Death: 08:11 AM



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Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: ORANGE

Was 911 or local emergency number called? Yes

Time of Call: 06:20 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? 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	Deceased Child	No Role	Male	3 Year(s)
Deceased Child's Household	Foster Parent	No Role	Male	37 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	26 Year(s)
Deceased Child's Household	Other Adult	No Role	Female	67 Year(s)
Other Household 1	Mother	No Role	Female	35 Year(s)
Other Household 2	Father	No Role	Male	44 Year(s)
Other Household 3	Sibling	No Role	Female	5 Year(s)
Other Household 3	Sibling	No Role	Female	9 Year(s)

LDSS Response

On 2/24/15 ACDCYF was notified by voluntary agency staff with case planning responsibilities that the pre-adoptive parents found the subject child unresponsive and he was transported to the hospital. ACDCYF immediately coordinated with the case planner who made a visit to the hospital as well as visit to the home the same day. ACDCYF also made contact with the pre-adoptive parents, supervisor of the Orange County Multidisciplinary Team, and the Medical Examiner. Appropriate assessments were made by ACDCYF that no reasonable cause to suspect was found so ACDCYF notified Albany Regional Office staff by phone as well as through submission of the OCFS-7065 form that the subject child had died. The pre-adoptive parents were offered bereavement services and ACDCYF made funeral arrangements in collaboration with the pre-adoptive parents as well as the birth mother. The final autopsy report indicated that the subject



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child's cause of death were due to complications of Dravet Syndrome and the manner of death was natural. After all information was obtained, ACDCYF closed their case on 5/29/15.

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: The Child Fatality Review Team convened to review this child death on 3/10/15.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality



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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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

Explain:

Bereavement services were offered to the pre-adoptive parents.

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? No
Was the child ever placed outside of the home prior to the death? Yes
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)
08/08/2012	4781 - Sibling, Female, 3 Years	4787 - Grandparent, Female, 64 Years	Other	Unfounded	No
	4781 - Sibling, Female, 3 Years	4801 - Mother - Cousin, Female, 33 Years	Inadequate Guardianship	Unfounded	
	4781 - Sibling, Female, 3 Years	4801 - Mother - Cousin, Female, 33 Years	Other	Unfounded	
	4781 - Sibling, Female, 3 Years	4786 - Grandparent, Male, 61 Years	Inadequate Guardianship	Unfounded	
	4781 - Sibling, Female, 3 Years	4787 - Grandparent, Female, 64 Years	Inadequate Guardianship	Unfounded	
	4781 - Sibling, Female, 3 Years	4801 - Mother - Cousin, Female, 33 Years	Sexual Abuse	Unfounded	
	4781 - Sibling, Female, 3 Years	4786 - Grandparent, Male, 61 Years	Other	Unfounded	
	4781 - Sibling, Female, 3 Years	4786 - Grandparent, Male, 61 Years	Sexual Abuse	Unfounded	
	4781 - Sibling, Female, 3 Years	4787 - Grandparent, Female, 64 Years	Sexual Abuse	Unfounded	

Report Summary:

On 8/8/12 the mother was added as a subject of a CPS report regarding the then 3 year old sibling alleging Inadequate Guardianship and Sexual Abuse against the subject child's maternal grandfather as well as Other regarding a Court Ordered Investigation out of Schenectady Family Court. Orange County DSS (OCDSS) spoke with the source of the report, conducted home visits, conducted interviews of the children and all adults. OCDSS also made collateral contacts with law enforcement, service providers, and casework staff involved with the case. No credible evidence was found to substantiate the allegations and the report was unfounded on 10/14/12 and remained open for services.

Determination: Unfounded

Date of Determination: 10/14/2012

Basis for Determination:



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Credible evidence was not found to substantiate the allegations that the maternal grandfather inappropriately touched the then 3 year old sibling or that the mother or maternal grandparents hit the 3 year old sibling. OCDSS conducted forensic interviews with the then 7 year old and 3 year old sibling who made no disclosures and the mother and maternal grandparents denied such allegations. Additional information obtained from collaterals and other household members also did not reveal credible evidence to substantiate the allegations.

OCFS Review Results:

OCDSS conducted an adequate investigation including gathering sufficient information to assess safety, risk of future abuse and maltreatment, determination, and service needs.

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)
11/17/2012	4814 - Sibling, Female, 3 Years	4811 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	Yes
	4813 - Sibling, Female, 7 Years	4811 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	

Report Summary:

On 11/17/12 the mother was named as the subject of a CPS report regarding the then 7 year old and 3 year old siblings alleging Inadequate Guardianship. ACDCYF spoke with the source, made home visits where the children were observed, interviewed the mother, and contacted the assigned Case Manager as a collateral contact. No credible evidence was found to substantiate the allegations and the report was unfounded on 1/2/13 and remained open for services.

Determination: Unfounded

Date of Determination: 01/02/2013

Basis for Determination:

Credible evidence was not found to substantiate the allegations that the mother left the two siblings with the maternal grandfather and did not return as expected. ACDCYF spoke with the source of the report and made home visits in which the mother denied the allegations claiming that the maternal grandfather couldn't reach her on her cell phone and made the assumption she would not be returning as expected. The mother reports she returned the same evening.

OCFS Review Results:

While ACDCYF contacted the source of the report and made a home visit to the mother's home, the CPS report was originally assigned to OCDSS. OCDSS maintained primary responsibility on this investigation from 11/17/12 through 12/13/12 when ACDCYF accepted primary responsibility. ACDCYF did not attempt to interview the children nor were efforts made to contact collateral sources of information. As a result, sufficient information was not gathered to assess safety, risk of future abuse and maltreatment or determination.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

Sufficient information was not gathered to support the decisions of safety, risk, determination, or service needs. Interviews were not conducted with the children and collateral contacts were not made to resolve the conflicting account of events between the grandparents and the mother as well as support decisions that inform safety and risk of future abuse and maltreatment.

Legal Reference:

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

Action:

ACDCYF must develop and implement a corrective action plan to that addresses interviewing all children (when



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applicable) on each CPS investigation and contacting collateral sources of information to support case decisions.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/05/2013	4822 - Deceased Child, Male, 1 Years	4821 - Mother, Female, 33 Years	Lack of Medical Care	Unfounded	Yes
	4822 - Deceased Child, Male, 1 Years	4821 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	

Report Summary:

On 1/5/13 the mother was named as the subject of a CPS report regarding the subject child alleging Inadequate Guardianship and Lack of Medical Care. ACDCYF interviewed the mother, made home visits, and made collateral contacts with the hospital staff and the assigned Case Manager. No credible evidence was found to substantiate the allegations and the report was unfounded on 3/1/13 and remained open for services .

Determination: Unfounded

Date of Determination: 03/01/2013

Basis for Determination:

Credible evidence was not found to substantiate the allegations that the mother had overdosed the subject child on his seizure medication or failed to seek proper medical attention. It was learned that an error had been made by the pharmacy and the pharmacy had filled the prescription for seizure medication at a higher dose than was prescribed.

OCFS Review Results:

While ACDCYF gathered sufficient information to substantiate the allegations, sufficient information was not gathered to assess safety of all children in the home or to assess risk of future abuse and maltreatment. Interviews were not conducted with the subject child's siblings living in the home, then 16 years old, seven years old, and three years old. Additionally, although ACDCYF made collateral contacts with medical staff and the Case Manager, collateral contacts with treatment providers and family members were warranted in order to fully assess safety and risk of future abuse and maltreatment.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

While ACDCYF gathered sufficient information to determine the allegations, sufficient information was not gathered to assess safety of all children in the home or to assess risk of future abuse and maltreatment. Interviews were not conducted with the subject child's siblings living in the home, then 16 years old, seven years old, and three years old. Additionally, although ACDCYF made collateral contacts with medical staff and the Case Manager, collateral contacts with treatment providers and family members were warranted in order to fully assess safety and risk of future abuse and maltreatment.

Legal Reference:

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

Action:

ACDCYF will need to develop and implement a plan that ensures staff are interviewing children in every investigation when applicable and contacting collateral sources of information to support case decisions.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/07/2013	4832 - Deceased Child, Male, 1 Years	4831 - Mother, Female, 33 Years	Lacerations / Bruises / Welts	Unfounded	No



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4833 - Sibling, Female, 7 Years	4831 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
4834 - Sibling, Female, 3 Years	4831 - Mother, Female, 33 Years	Lacerations / Bruises / Welts	Unfounded
4832 - Deceased Child, Male, 1 Years	4831 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated
4833 - Sibling, Female, 7 Years	4831 - Mother, Female, 33 Years	Lacerations / Bruises / Welts	Unfounded
4834 - Sibling, Female, 3 Years	4831 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated

Report Summary:

On 2/7/13 the mother was named as the alleged subject of a CPS report regarding the then 3 year old sibling alleging Inadequate Guardianship. ACDCYF spoke with the source of the report, interviewed the children and the mother, and made collateral contacts with the Case Manager, service providers, and medical staff. Credible evidence was found to substantiate the allegations of Inadequate Guardianship regarding the subject child and then seven year old and three year old siblings and the report was indicated on 3/8/13 and remained open for services.

Determination: Indicated

Date of Determination: 03/08/2013

Basis for Determination:

Credible evidence was found to substantiate the allegations as the mother tested positive with the subject child's seizure medication in her system. During this same time it was learned that the mother had canceled follow up appointments with the subject child's neurologist and was not fully compliant with her substance abuse treatment. The children were in the care and custody of Schenectady County DSS and home on trial discharge. Schenectady County placed the children back in foster care on 2/7/13 as a result of the positive drug screen and returned them to the mother on 2/11/13 with a safety plan in place.

OCFS Review Results:

ACDCYF gathered sufficient information during the course of this investigation to assess safety, risk of future abuse and maltreatment, determine all allegations, and assess service needs. ACDCYF concluded their investigation on 3/8/13 with the case remaining open for services.

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)
05/22/2013	4842 - Deceased Child, Male, 2 Years	4841 - Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	4843 - Sibling, Female, 7 Years	4841 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated	
	4843 - Sibling, Female, 7 Years	4841 - Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Indicated	
	4842 - Deceased Child, Male, 2 Years	4841 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated	
	4844 - Sibling, Female, 4 Years	4841 - Mother, Female, 33 Years	Inadequate Guardianship	Indicated	
	4844 - Sibling, Female, 4 Years	4841 - Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

On 5/22/13 the mother was named as the subject of a CPS report regarding the subject child and the then seven and four year old siblings alleging Inadequate Guardianship and Parent's Drug/Alcohol Misuse. ACDCYF made a home visit, interviewed the mother, and made collateral contacts with the maternal grandparents, paternal grandmother for the 16 year old sibling, and school staff. Credible evidence was found to substantiate the allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse regarding the subject child and seven and four year old siblings and the report was indicated on 6/5/13 and remained open for services.

Determination: Indicated

Date of Determination: 06/05/2013

Basis for Determination:

Credible evidence was found to substantiate the allegations that the mother was actively using drugs, the home was unkempt and had very little food. The children were dirty and the subject child and four year old sibling had soiled diapers. The 16 year old sibling also reported to his paternal grandmother that the mother was using again resulting in the 16 year old returning to the paternal grandmother's care. The subject child and siblings were removed and placed in the care and custody of ACDCYF on 5/24/13.

OCFS Review Results:

While ACDCYF gathered sufficient information to determine the allegations and immediate safety of the children, interviews were not conducted with the then seven and four year old siblings in order to obtain additional information regarding risk of future abuse and maltreatment and service needs.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

While ACDCYF gathered sufficient information to determine the allegations and immediate safety of the children, interviews were not conducted with the then seven and four year old siblings in order to obtain additional information regarding risk of future abuse and maltreatment and service needs.

Legal Reference:

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

Action:

ACDCYF will need to develop and implement a plan that ensures staff are interviewing children in every investigation when applicable to support case decisions.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/11/2014	4853 - Sibling, Female, 8 Years	4872 - Father, Male, 43 Years	Inadequate Guardianship	Unfounded	No
	4861 - Sibling, Female, 4 Years	4872 - Father, Male, 43 Years	Excessive Corporal Punishment	Unfounded	
	4853 - Sibling, Female, 8 Years	4872 - Father, Male, 43 Years	Excessive Corporal Punishment	Unfounded	
	4861 - Sibling, Female, 4 Years	4872 - Father, Male, 43 Years	Inadequate Guardianship	Unfounded	
	4853 - Sibling, Female, 8 Years	4872 - Father, Male, 43 Years	Sexual Abuse	Unfounded	
	4861 - Sibling, Female,	4872 - Father, Male,	Sexual Abuse	Unfounded	



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	4 Years	43 Years		
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Report Summary:
 On 3/11/14 the father was named as the subject of a CPS report regarding the then eight and four year old siblings alleging Excessive Corporal Punishment, Inadequate Guardianship, and Sexual Abuse. OCDSS spoke with the source, made a home visit, interviewed the children and made collateral contact with the mother's service provider. Queens County CPS attempted phone contact with the father as well as attempted a home visit at an address where it was believed the father was residing. No credible evidence was found to substantiate the allegations and the report was closed on 4/21/14 and remained open for services.

Determination: Unfounded **Date of Determination:** 04/21/2014

Basis for Determination:
 Credible evidence was not found to substantiate the allegations against the father as neither of the siblings made disclosures of sexual abuse. Although the then eight year old sibling disclosed her father used to strike her with a belt, no further information was obtained and the father was not located during the investigation.

OCFS Review Results:
 Although the eight year old sibling disclosed her father struck her with a belt, the sibling had not had any contact with the father in over three years and a petition had been filed in Albany County Family Court to terminate the father's right to the children. Queens County did make efforts to locate the father and it was believed the father was evading law enforcement in fear of deportation.

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 CPS history involving the mother regarding the subject child's siblings and half sibling between 2/28/97 and 8/30/11. The subject child's father has a CPS history involving one indicated report for Inadequate Guardianship (IG) regarding a child the father had with a different paramour dated 5/14/00 and an unfounded report regarding the subject child's siblings. Initial CPS involvement began with the receipt of a CPS report dated 2/28/97 which was indicated on 4/24/97 against the half sibling's father for IG. The mother had no role. Three reports dated 5/9/01, 5/14/01, and 1/25/05 were indicated against the mother on 8/24/01 and 5/24/05 respectively regarding the half sibling for IG and Parent's Drug and Alcohol Misuse. (PDAM) The 5/14/01 report was also indicated against the mother for Lack of Medical Care. The reports dated 6/1/05 and 6/24/05 were both indicated on 6/15/05 and 10/5/05 respectively against the mother regarding the sibling for IG and PDAM. The 6/24/05 report was also indicated against the mother regarding the half sibling for IG. The report dated 3/29/10 was unfounded on 6/14/10 against the mother and father regarding the siblings alleging IG and PDAM. The report on 3/4/11 was indicated against the mother and opened for preventive services on 4/5/11 regarding the subject child for PDAM. The father had no role. The report dated 8/30/11 was indicated against the mother and father on 10/4/11 for IG, PDAM, and Inadequate Food, Clothing, and Shelter regarding the subject child and siblings. The children were removed from the home and the case was opened for court ordered services.

Services Open at the Time of the Fatality



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Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The report was three days overdue.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

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

Yes No

Preventive Services History

ACDCYF opened a preventive services case on 4/5/11 for the subject child, siblings, and parents following a CPS investigation revealing parent's drug misuse as the subject child was born with a positive toxicology. While the parents both denied drug use, ACDCYF offered services for assessment and treatment and also engaged the family in a Family Team Meeting. The case was closed on 9/26/11 after the family moved to Schenectady County which ultimately resulted in the placement of the children in foster care.

ACDCYF also opened a preventive services case on 4/1/13 for the subject child, siblings, and mother after the children were discharged to the care of their mother after placement with SCDSS. Schenectady County Family Court transferred an order of supervision to Albany County. ACDCYF provided substance abuse treatment, transportation, housing, and day care services to the family. On 5/24/13 ACDCYF removed the subject child and siblings and placed them in foster care due to the mother's drug misuse, lack of food, and the hygiene of the children and home of concern.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 05/24/2013

Date of placement with most recent caregiver? 12/19/2014

How did the child(ren) enter placement? Emergency removal without Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The report was three days overdue.				
Was the most recent Service Plan Review consistent with case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 11/19/2013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 08/12/2013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 12/31/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

Due to the level of care needed to attend to the medical needs of the subject child, the subject child experienced four foster home movements. The last movement was to a pre-adoptive home on 12/19/14. During each placement, the foster parents were provided with services such as early intervention, Bridges to Health, and respite services.

Required Action(s)

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

Yes No

Foster Care Placement History

On 9/1/11 Schenectady County DSS (SCDSS) removed the subject child and siblings from the parents due to ongoing substance abuse by the parents, failure to follow through with medical appointment for the subject child, and concerns of domestic violence. The subject child and siblings were placed with approved relative foster parents in Orange County while the parents were court ordered services, including inpatient substance abuse treatment. The father was not compliant with court orders or engaged in services. The mother engaged in services including inpatient substance abuse treatment and the children were returned on a trial discharge on 10/19/12 with a final discharge from foster care on 3/12/13. During this placement, the subject child was experiencing seizure activity and was receiving extensive medical treatment. On 4/1/13 SCDSS closed their foster care case and transferred the case to ACDCYF for court ordered supervision. ACDCYF opened the case on 4/1/13 to continue to monitor the mother's progress in treatment and attention to the subject child's



medical needs. On 5/24/13 ACDCYF removed the subject child and siblings from the mother due to the mother's relapse in substance use, the children were dirty and unkempt, and hazardous items were accessible to the subject child. The subject child was placed in a certified foster home while the siblings remained with the maternal grandparents in non-LDSS custody. The courts ordered no visitation between the parents and children until receipt of substance abuse services. Mom engaged in substance abuse services in November 2013 and remained inpatient throughout most of the subject child's placement. Due to the medical fragility of the subject child and distance between the foster home and the maternal grandparent's home, sibling visitation was inconsistent, but did become more consistent beginning in May 2014. The subject child received an array of services including Bridges to Health, Physical Therapy, Speech Therapy, Occupational Therapy, and extensive medical services. In August 2014 as a result of genetic testing, it was learned that the subject child had Dravet Syndrome. ACDCYF filed an Abandonment petition against the father on 6/9/14. On 10/1/14 the courts made a finding of abandonment against the father for the subject child and siblings and on 12/17/14 the mother surrendered her rights to the subject child, thus freeing the subject child for adoption. Additionally on 12/17/14 the maternal grandparents were awarded Article 6 custody of the siblings. The subject child was moved to a pre-adoptive placement on 12/19/14 located in the same community as his siblings and an intent to adopt was signed by the foster parents on same said date. The subject child remained in this placement until his death on 2/24/15. The foster care case closed on 5/29/15 after receipt of the autopsy findings.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to 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:
09/06/2011	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	020742 Father Male 44 Year(s)	
Comments:		

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
05/28/2013	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	020741 Mother Female 35 Year(s)	
Comments:	The court adjudicated the subject child and two siblings as neglected children. The subject child remained in foster care and the two subject children were placed in non-local department of social services custody with the maternal grandparents.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
09/06/2011	Adjudicated Neglected	Care/Custody to Local Social Services District



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Respondent:	020741 Mother Female 35 Year(s)
Comments:	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
06/09/2014	Other, Specify	Transfer Custody and Guardianship (Surrender or TPR Only)
Respondent:	020742 Father Male 44 Year(s)	
Comments:	The father's rights were terminated regarding the subject child and siblings as a result of a finding of abandonment on 10/1/14 and the mother surrendered her rights to the subject child on 12/17/14.	

Have any Orders of Protection been issued? Yes	
From: 08/21/2013	To: 12/16/2013
From: 08/21/2013	To: 10/01/2014

Additional Local District Comments

none

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